

# CHALLENGES FACED BY HOSPITAL MANAGEMENT BOARDS: A CASE OF CENTRAL HOSPITALS IN THE EMERGING MARKET

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## Abstract

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Zimbabwe's health care sector has been on the decline since the attainment of political independence in 1980 with the blame leveled against the hospital's governance system. Responding to the blame, The Ministry of Health and Child Care, responsible for all public hospitals in Zimbabwe, has revamped the hospital governance system by introducing what is referred to as the hospital management board (HMB) tasked with the responsibility to provide the oversight role (Moyo, 2016; Sikipa, Osifo-Dawodu, Kokwaro, & Rice, 2019). The study, therefore, sought to establish the challenges faced by HMBs in the management of public hospitals with a focus on six (6) central hospitals in Zimbabwe. A mixed-method design was employed using the questionnaire and interviews to collect data from 66 censured board members for the quantitative study, and 12 purposively selected board members for the qualitative study. The study revealed that HMBs faced numerous challenges that include an uncondusive economic environment responsible for high costs in hospital health care and services, ineffective policies, a weak referral system, and inexperienced board members. The study recommends that HMBs should be appointed based on relevant experience in public hospital leadership. Drawing from the findings, most HMBs must be reconstituted to include members with relevant experience, a focus on policy issues towards improving the ineffective hospital referral system.

**Keywords:** Hospital Management Board, Zimbabwe, Hospital Governance, Policy, Central Hospital

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## 1. INTRODUCTION

The challenges facing public hospitals in contemporary Zimbabwe can be traced back to the attainment of political independence in 1980 which leaves one with no option, but to blame those responsible for hospital governance (Mazikana, 2019). The deteriorating public health care is not akin to Zimbabwe alone, as several developing

countries seemingly face similar challenges, due to the inability of hospital management boards (HMBs) in providing effective governance with a lack of autonomy singled as the main challenge. Following the realization that lack of autonomy is the reason for hospital service deterioration, respective governments have moved a step further by introducing techniques and strategies that strengthen the performance of public hospitals.

Thus, to date, hospital autonomy has been introduced by most countries that have seen the appointment HMBs to oversee the functionality of hospitals (Vö & Löfgren, 2019). Unfortunately, despite the introduction of HMBs, public hospitals in developing countries continue to face deteriorating health standards rooted in weaker hospital governance structures that are worsened by policy inconsistency throughout (De Geyndt, 2017).

Interestingly, Ngongo, Ochola, Ndegwa, and Katuse (2019) argue that the solution to effective hospital functionality lies in the hands of HMBs due to the critical oversight role they play as part of the governance structure. It is critical to underscore the fact that the leadership of hospitals can only achieve the desired goals provided HMBs are given the mandate to provide overall executive strategic governance (Ngongo et al., 2019). Cristian and Monica (2017) argue that public hospital governance is a function of all key stakeholders as part of the reforms. In introducing such reforms to strengthen the governance structures, authority, accountability, openness, participation, and coherence must always be ensured.

Globally, stakeholder participation and involvement in the governance of public hospitals is significant particularly on matters related to board member accountability. For example, in Belgium, the decision-making process within public hospitals differed from one hospital to another. To be more specific, public hospitals whose stakeholder committees were active had more impact than those that were less active or inactive (Malfait, Van Hecke, Hellings, De Bodt, & Eeckloo, 2017). In the Republic of Romania, efforts have been made to introduce stakeholders' participation in the affairs of public hospitals as means to standardize hospital functionality and processes (Duran, Chanturidze, Gheorghe, & Moreno, 2019). The application of effective governance structures in Romania, however, faced impediments, such as poor decision-making, policy inconsistencies, lack of autonomy, and outdated regulatory frameworks. The case of the Republic of Romania revealed that the challenges were due to ineffective operational strategies, and poor governance systems. Yet, it has become common knowledge that, globally, healthcare reforms are a function of a policy change towards operational efficiency (Braithwaite et al., 2017).

In Africa, studies on public health service delivery are drawn from the experiences of different countries (Gilson & Agyepong, 2018). According to Mooketsane, Bodilenyane, and Motshekgwa (2017), leadership practice within central hospitals is the source of de-motivation that then affects the overall performance of hospitals. This development, therefore, demonstrates that leadership within the health sector ought to be transformed towards ensuring the effectiveness of central hospitals.

In the Southern African Development Community (SADC) countries, most governments have re-aligned hospital governance structures to ensure effectiveness and efficiency by employing HMBs as the governance structure. Specifically, studies conducted in South African hospitals on hospital governance proved, beyond reasonable doubt, that governance is central to hospital functionality and efficiency (Fusheini, Eyles, &

Goudge, 2016). The studies demonstrated that besides good governance, stakeholder involvement remains a key leadership intervention. In pursuit of effective governance, political will has emerged as a key player in hospital leadership for the simple reason that it enables the execution of policies that address the challenges facing hospitals (Gilson & Agyepong, 2018).

Botswana introduced bureaucratic decentralization of its health service delivery, with coordination retained by the Ministry of Health and Wellness leaving all public hospitals across the country without autonomy. Thus, the challenge facing Botswana's public hospitals is brewed by the government due to the hierarchical structure that resides in the central government. In modern-day Botswana, HMBs report to the Ministry of Health and Wellness's Head Office, taking away HMB autonomy (Mooketsane et al., 2017). Against this background, this calls for a study to establish challenges faced by HMBs. The study is aimed at exhuming challenges faced by hospital management boards, thus certain, complex, and some that are within the control of the boards. The analysis of the challenges is based on the themes that emerge from the interviews conducted. Decision or policy makers and implementers, for example, bankers, donor community, politicians, auditors, and Ministry of Finance and Economic Development officials will be influenced in their decisions based on challenges proffered through the study.

The remainder of the paper is structured as follows. Section 2 provides a literature review. Section 3 provides the methodology used to collect and analyse data, detailing research approaches, study population, study sample, and data collection tools. Section 4 provides the study results while Section 5 entails a discussion and interpretation of the study findings. Section 6 provides the conclusions of the study focusing on implications, limitations of the study, as well as a perspective for future research.

## 2. LITERATURE REVIEW

Due to the ever-changing operating environment, financial sustainability and patient safety are paramount, but the greatest hindrance is the high risk in service provision and unstable political environment (Chambers, Harvey, & Mannion, 2017a). There is a number of challenges that HMBs face in carrying out their good corporate governance mandate. The challenges include financial, adherence to regulations, patient safety, patient experience, staff engagement, staff shortage, workforce capability, and organizational viability (Chambers et al., 2017b). These challenges, that the hospital boards face, are categorized into organizational structure, work-related, context-related, leadership, and human resources (Ghiasipour, Mosadeghrad, Arab, & Jaafaripooyan, 2017).

Zimbabwe has embarked on an aggressive measure to reform public health by introducing new governance systems in the form of HMBs. According to Mooketsane et al. (2017), the introduction of such reforms has been met with implementation challenges in the form of health center committees for rural health facilities, advisory boards for district and provincial hospitals, and hospital management

boards for central hospitals. To achieve effective public health, hospital leadership ought to embrace effective governance principles and practices. For example, China's hospital HMBs are empowered to provide leadership and they have been doing so with success (Nong & Yao, 2019). In performing their duties, they enjoy the advantage of authority to govern, have the skills, to manage and make decision effective decisions (Sikipa et al., 2019).

## **2.1. Financial challenges in public hospitals**

Health systems in African countries are mostly affected by inadequate human resources for health, scarcity of funds or inadequate budgetary allocations, and poor leadership and management (Oleribe et al., 2019). Financial resources are among the major challenges that hospital managers face, both in public and private hospitals (Barati, Sadeghi, Khammarnia, Siavashi, & Oskrochi, 2016). The COVID-19 pandemic has affected all countries, thus the low, medium, and developed countries. Vital goods are required to combat the virus, such as facemasks, respirators, medicines, sanitizers, and other raw materials (Kaye et al., 2021). In both the developed and low-income countries, health financing is often below the expectations of the public and remains a matter of dissatisfaction among the citizens. In the case of Bangladesh, inadequate financial support hinders the execution of various health care commitments, which included primary health care services, universal emergency healthcare facilities, and combating the rising cases of non-communicable diseases. The other commitments, which could not be implemented, were health insurance for the government employees and free-of-cost medical services for ultra-poor, deprived, and disabled populations, thus the rise in treatment costs. Other financial-related challenges hospital management often faces are the inadequacy of allocation, inequity of distribution, and inefficiency of the utilization of allotted funds in health (Fahim et al., 2019).

A study that was conducted in Iran concentrated on leadership challenges that are met in hospitals (Ghiasipour et al., 2017); results revealed that the inadequacy of financial resources and its damaging effects on hospital activities, bonus and welfare facilities actually led to a conflict of interests and operational malpractices in the health system. Furthermore, the inadequate financial resources resulted in unfavourable conditions and a lack of equipment and accessories. All these tended to cause stress and conflict in the working environment (Ghiasipour et al., 2017).

## **2.2. Staff shortage in hospitals**

The shortage of staff, especially nurses and medical doctors, is quite problematic in most hospitals and this leads to a high workload of managers who end up with little time to adequately attend to all their responsibilities (Barati et al., 2016). Austerity measures in South Africa led to a reduction in staff levels, benefits, shortages of equipment, and delayed the recruitment and procurement process (Fana & Goudge, 2021). In Iran, the shortage of human resources and its improper allocation became an obstacle in hospital management. Due to the rising workload and scarcity of the required

staff, hospitals experienced an escalation in tensions and conflicts among management and staff. Furthermore, the increase in workload and staff shortage resulted in a decrease in the opportunity to establish friendly relationships between subordinates and superiors (Ghiasipour et al., 2017). The shortage of human resources for health worldwide is an enormous challenge to both national and international health care systems (Figueroa, Harrison, Chauhan, & Meyer, 2019).

In a study that was conducted at four regional hospitals in KwaZulu-Natal Province in South Africa by Govender, Proches, and Kader (2018), the results revealed that the shortage of critical health staff like doctors, nurses, allied therapists, and other support staff who include drivers, cleaners, porters, and security officers was causing an increasing workload, low staff morale and even negative attitude from existing staff (Govender et al., 2018). Strategies should be devised to close the critical staff shortage through initiatives such as training, coaching, and other strategies for staff empowerment as part of capacity building in hospitals. Furthermore, the capacity-building programme should cover leadership, management, and staff in hospitals since some members lack the necessary skills and competencies required for the desired results (Govender et al., 2018). Staff shortages at public hospitals have a negative impact on normal service delivery of care by nurses, while ultimately leading to violations of both the patients' and staff rights (Letsie, 2021). Fundamentally, healthcare organizations require a multisectoral approach to leverage various capabilities that foster the delivery of high-quality care. There are problems associated with the system and organizational level, which disproportionately affect institutional leaders, middle- and low-level managers. The resultant effect of this scenario is an increase and often conflicting responsibilities among the hospital management. In some countries, the number of professionals with health background is ballooning, while there is a crisis in other countries (Figueroa et al., 2019).

## **2.3. Organizational viability**

The autonomy in most public hospitals is not fully implemented, thus the implementation of management skills is highly compromised. This is because most of the instructions are issued from the top management and are little comprehended at the lower levels of the organizational structure. There is a lack of necessary authority in the role of hospital boards, hence limited congruence between authority and responsibility with accountability (Barati et al., 2016). In many countries, public hospitals significantly depend on public funds, negatively impacting on budgets at national level. Arising from such budgetary constraints, public hospital experience operational challenges (Pereira de Campos, Rodrigues, & Jorge, 2017).

The general change in a health care setting globally increased incidences of chronic illnesses, which in itself increases expectations coupled with cost escalations of health services. In an effort to address this situation, Egypt embarked on health system reform to maximize benefits to the citizens and overcome health care challenges in hospitals. In a study on corporatization of public hospitals,

that was conducted in that country (Egypt), on the corporatization of public hospitals, the findings revealed that there is a high percentage of poverty and the general population depends on government hospitals to get health care services. Hence, the transformation of public hospitals into revenue-generating organizations affects accessibility for the poor in the country. Fundamentally, in responding to the financial challenges of the vulnerable, the Egyptian authorities established an insurance scheme that is designed to protect the poor against the commercialization of healthcare services (Abdelaleem, 2018). In a bid to ensure sustainable organizational performance, hospital management should minimize medical errors. Medical errors negatively impact the hospitals' reputation and the determination of customers' demands (Al Hammadi & Hussain, 2019).

The highest disease burden of 24% is being experienced in the Sub-Saharan Africa region. Due to the unresponsive, inefficient, inequitable, and unsafe conditions, a study was undertaken in Northern Ethiopia's West Amhara public hospitals on the motivation of healthcare employees. The results suggested that human resource factors hinder the provision of quality healthcare. Generally, the quality of health service greatly relies on the motivation of health staff to offer better quality (Weldegebriel, Ejigu, Weldegebreal, & Woldie, 2016). Therefore, it is critical to note that the changes in the trend of disease burden require a well-motivated workforce to manage and enhance the quality of service provided in public hospitals. Public organizations like hospitals should be highly innovative in service delivery, hence the great need to bridge knowledge transfer gaps to facilitate knowledge generated from outside of healthcare (McLoughlin, Burns, Looi, Sohal, & Teede, 2020).

The National Health Strategy for Zimbabwe (2016–2020), proffered that the public health system financing was greatly reduced due to the general economic challenges. The available statistics revealed that in Zimbabwe, HIV/AIDS (54.41%), influenza and pneumonia (4.8%), tuberculosis (3.7%), and malaria (2.9%), hence the biggest hindrances bedevilling the health system. Hence, the economic setbacks that started in the late 1990s and were exacerbated in the hyperinflationary environment of the 2000s strained the public health system. The economic challenges resulted in a reduction in budgetary allocations for the public health systems. As a result, citizens are forced to rely on the out of pocket health expenditure to access health care services. Therefore, the government of Zimbabwe is now considering the private sector as an important partner in efforts to increase access to health by the general population (Mugwagwa, Banda, & Chinyadza, 2017). Faced with these challenges, hospital management boards in Zimbabwe should devise strategies to satisfy the needs of various stakeholders and as well as manage the high disease burden. Govender et al. (2018) suggested that hospital leaders should be transformational, embrace innovation and creativity as core competencies aimed at achieving strategic goals and objectives of the hospitals.

In a study that was conducted in four regional hospitals in South Africa (2018), the results revealed that the aging infrastructure and obsolete medical

equipment in hospitals resulted in an increase in maintenance and refurbishment costs. It was noted that the situation hindered the health care delivery system in a number of ways. Furthermore, the continuous shortage of essential supplies in hospitals is yet another bottleneck to efficient and effective health care service delivery. Examples of hospital supplies that were reportedly often in short supply include medicines, drugs, syringes, linen, and pharmaceuticals (Govender et al., 2018). The challenge of infrastructure requires urgent attention from relevant stakeholders. In fact, a functional hospital infrastructure enables hospital leaders and managers to execute their duties and responsibilities efficiently and effectively.

#### 2.4. Adherence to regulations

The policy inconsistency in terms of the multiplicity of rules and regulations and frequent changes in such rules is a great challenge faced by hospital boards (Barati et al., 2016). In a health system setting, there is a challenge in compliance with diversity in professional guidelines which are implemented concurrently. Furthermore, in terms of clinical guidelines, they need alignment to external demands, which have to be adhered to by both leaders and hospital managers. Examples of external demands in the health system include rules, regulations, standards, norms, and performance indicators. Fundamentally, hospital boards are responsible for compliance management. In the case of Dutch hospitals, hospital boards of directors have the mandate to ensure that all quality standards in a hospital are adopted and implemented correctly (Blume, van Weert, Busari, & Delnoij, 2017). Therefore, it is imperative that hospitals with hospital boards need a degree of autonomy, such that they can make independent decisions. The CEOs and boards are obliged to deliver government policy, hence the central government routinely scrutinizes performance against targets. The CEO is expected to meet the set targets, failure of which dismissal is proffered (Janke, Propper, & Sadun, 2019).

A study conducted by Blume, van Weert, Busari, and Delnoij (2016) to establish levels of adherence to guidelines in Dutch hospitals revealed that hospital boards have a mandate to adopt all quality standards, hence they have an oversight role to enforce adherence to guidelines by all professions within their respective hospital organizations. However, one of the respondents was quoted saying, "The number of guidelines is so large that I do not dare to say that we are aware of all guidelines". Therefore, in the process of ensuring adherence, boards experience the challenge of organizing tasks for compliance within their organizations (Blume et al., 2016). Therefore, regular training of healthcare workers and support staff are required to ensure timely and effective monitoring in the implementation of existing national guidelines (Letho et al., 2021).

#### 2.5. Patient safety

The patient safety and quality improvement approaches are relevant to ensure performance and minimize harm while promoting accountability, transparency, and justice (McCadden et al., 2020).

The hospital boards are increasingly being scrutinized and this has led to the management of patient safety as a great challenge in all health systems (Freeman, Millar, Mannion, & Davies, 2016). Therefore, effective hospital management at all levels is required to enhance or improve patient safety (Boamah, Laschinger, Wong, & Clarke, 2018). The general consensus is anchored on the assumption that the greatest hub on patients' information is the patients themselves, hence the need to pay attention to patient experience. Patient experience is concerned with the provision of feedback on the patients' receiving of care and treatment. The feedback from patients' experience is key in the provision of extraordinary quality medical service (Xie et al., 2019).

It is important that professional bodies or organizations, foundations and the government through health ministries support efforts to change how clinicians are educated, creation of safe learning environment, integration of care, safety for healthcare workers, engagement of patients and their families at all levels of care and promote transparency (Gandhi et al., 2018). Furthermore, the active participation by patients is a priority in healthcare. The hospital boards and management should understand the patients' preferences and needs for care. Therefore, it is critical to establish a good relationship with various categories of patients. This can be achieved through sharing of information, being informed, possession of knowledge, taking part in discussions and decision-making process, having a voice and participating in specific safety activities (Ringdal, Chaboyer, Ulin, Bucknall, & Oxelmark, 2017).

The organizational interventions include clinical governance systems and frameworks for safety, clinical incident reporting, integrated complaints reporting systems, human resources interventions, and medical equipment sterilization guidelines or protocols. In addition, building a positive safety culture, surveillance systems, infection detection and reporting are some of the operational interventions. Examples of clinical interventions include medication management, transcription of error minimization, and procedural or surgical checklists (Slawomirski, Auraaen, & Klazinga, 2018). Patient safety culture has a greater influence on the quality of healthcare offered by healthcare professionals. However, optimal patient safety culture can be hindered by barriers like support, staff resources, and response error (Al Hamid, Malik, & Alyatama, 2020). The gaining of an in-depth understanding of patients' satisfaction would enable a deeper knowledge of patients' experiences, with the aim of improving service delivery. This can be achieved through the patient satisfaction surveys to include demographic questions and items in which patients report their experiences of care and of the facility (Rapport et al., 2019). The patient experience can be measured using the WHO Patient Responsiveness Survey measurement, which includes four pillars, namely communication, autonomy, dignity, and confidentiality (Wang, Loban, & Dionne, 2019). A culture of patient safety is positively associated with greater patient safety, hence hospital leadership and management should play a key role in promoting a safety culture and patient safety in healthcare organizations. Therefore, efforts should

be channeled towards the provision of sufficient staffing and hospital-wide support for patient safety (Lee & Dahinten, 2020).

### 3. RESEARCH METHODOLOGY

#### 3.1. Research design

The study employed a mixed research design using both the quantitative and qualitative method to gather data from 66 censured participants using a Likert scale questionnaire while the qualitative data was gathered from 12 purposively selected participants based on their lived experiences within 6 selected central public hospitals in Zimbabwe. The mixed-method complemented one another, to address issues that could not be addressed by the other method (Rahman, 2017). The Cronbach's alpha test revealed the reliability of the questionnaire as an appropriate research instrument.

Table 1. Cronbach's alpha test

<i>Reliability statistics</i>	
<i>Cronbach's alpha</i>	<i>No. of items</i>
0.716	33

Table 1 above indicates that Cronbach's alpha was 0.716, which reflects a high level of internal consistency of the analyzed data in the questionnaire. Therefore, according to De Souza and Dick (2009), the reliability of the questionnaire at 0.716 was acceptable, hence, the data collection instrument was considered sufficient to address the research objectives. Furthermore, the suitability of the questionnaire was conducted through a pilot study undertaken at one of the central hospitals. On completion of the pilot-testing of the questionnaire, adjustments were made to the set of questions and format.

#### 3.2. Study population and data source

Six (6) central HMBs with each consisting of 7 non-executive and 4 executive board members that include 42 and 24, respectively, as the study population adding to a total of 66 study participants. All the participants deal with hospital governance in respective hospitals. The commonality of participants is key in identifying a study population (Blumberg, Cooper, & Schindler, 2014).

#### 3.3. Sampling technique and sample size

A census was used to determine study participants for the quantitative study meaning that all the 66 board members participated. Participants for the qualitative sample were identified purposively with 12 board members selected based on 5 years' experience in hospital board management (Creswell, 2014; Sekaran & Bougie, 2013).

#### 3.4. Data collection technique

The questionnaire was the main instrument for collecting data for the study. Basically, a set of standardized items were given to participants in order to collect individual data from the quantitative study. The questionnaire was therefore used to

gather data from 66 participants while the interview schedule was used to gather qualitative data from 12 participants. Quantitative data were analysed using the SPSS Statistics software while interviews were transcribed using the NVivo software for analysis (Burns & Grove, 2009).

#### 4. RESULTS

Quantitative data were analysed using SPSS Statistics software Version 25, using descriptive analysis in the form of tables and graphs with percentages used as a measure of expression. The NVivo software Version 12 was used to analyze qualitative data gathered through interviews. Thus, qualitative data was then coded, captured, and processed leading to themes as the basis of interpretation of results.

##### 4.1. Challenges that are experienced in the discharge of good corporate governance mandate

In short, hospital management boards are expected to perform in line with the expectations of their stakeholders. However, during the carrying out of a board's good corporate governance mandate, challenges or limitations are sometimes encountered, which impact negatively on the overall performance of the hospital concerned.

##### 4.2. Major challenges highlighted by the respondents

The analysis in Table 2 below revealed that the major challenge faced by hospital management boards is the unstable macro-economic environment prevailing in the country. Four respondents from Mpilo, Harare, Chitungwiza, and Ingutsheni echoed that price instability and inflation negatively impact the operations of central hospitals. CEO 4 suggested that the economic situation prevailing in Zimbabwe is a hindrance to health service provision as quoted:

*"The greatest challenge that we have is the economic environment. Our economic environment specifically in Zimbabwe where we have to import most of the items we that we use or even the suppliers that we rely on, they import their products. So, one of the biggest challenges is lack of foreign currency. You might flight a tender and you may identify people who would supply certain equipment for example anaesthetic machines. They respond and go through the adjudication process and award. After you have awarded as you follow up you find six months will lapse and they are telling you we are looking for foreign currency. This actually works against the institutional goals"* (CEO 4).

Table 2. Major limitations as highlighted by CEOs

Briefly explain the major limitations that your hospital board experience in the discharge of good cooperate governance		Attributes									
		Central hospital						Region		Number of years as a board member	
Themes emerged on major limitations hospital board faced in the discharge of cooperate governance	Number of interviewees who mentioned the same	UBH	MP	HRE	PARI	CHT	INGU	N	S	1-5	More than 5
Economic environment (price instability and inflation)	4		✓	✓		✓	✓	✓	✓✓	✓✓✓✓	
Bad policies	2	✓			✓			✓	✓		✓✓

Source: Field data (2019).

To support the notion that a good corporate governance mandate cannot be achieved as perceived due to economic challenges, CEO 1 proffered that:

*"Good corporate governance it may not be the board issues, it's not about the board. The fluid micro economic environment we are operating in is a very big hindrance because even if you plan your plans can be compromised by price inflation or price instability on the market. Price instability will affect the staff your motivation. There are factors that are outside the health sector that can affect the way you do business and how you can achieve that you are supposed to be doing"* (CEO 1).

Financial constraints have a negative effect on hospital boards resulting in failure to achieve the desired goals as expected by stakeholders. CEO 3 highlighted that *"The institutions might have very strategic plans but however, shortages of both financial and material resources hinder progress"*. The limitation in financial resources was reinforced by CEO 5 who proffered that:

*"The major limitation is the scarcity of financial resources. The budget is not adequate to cater for the various needs of the institution. The other limitation is the increase on the rate of inflation and price distortions which ultimately affect the supply chain or procurement cycle"* (CEO 5).

Bad policy is a limitation in the achievement of good corporate governance mandate as was echoed by CEO 4 who suggested that:

*"The staff freeze and staff establishment is another limitation. The current establishment in terms of manpower there is a serious limitation in that you cannot quickly improve the numbers as you wish because everything has to go through Treasury concurrence. The principles which the Treasury people look at is for how long has this post been vacant, if it has been vacant for the past five years so you can do without. So we are operating with a very old establishment which cannot meet the current demand"* (CEO 4).

The sentiments for bad policies were bolstered by CEO 3 who was quoted saying, *"Furthermore, the employment freeze is affecting the achievement of strategic goals and plans considering the high disease burden and trends"*. The analysis revealed that the staff freeze negatively affects staffing levels or requirements, hence the governance of hospitals is highly compromised.

CEO 5 highlighted staff shortage as a limiting factor in the achievement of a good corporate governance mandate. CEO 5 was quoted saying, *"...the staff shortage and the current freeze on recruitment is also a major limitation"*. The staff shortage was bolstered by CEO 4 who was quoted saying:

*“The other challenge that is quite serious is that of human resources in terms of specialists. When you do not have certain specialists then as a referral centre you end up referring to other referral centres. So in the end you are like a referral centre working like a district or provincial hospital when you are supposed to be the last level of reference”* (CEO 4).

This entails that staff shortage, for example, medical specialists in health institutions is a cause for concern in the achievement of the desired goals.

The weak referral system in health institutions is negatively affecting the achievement of good corporate governance mandate as was highlighted by CEO 4 who proffered that:

*“The other challenge is a weak referral system. While running a central hospital which should deal*

*with complicated cases but you find sometimes operating like a clinic, where you find patients from the community wake up one morning with a headache and they just walk in and we cannot chase them away. Rather as a referral centre we should be receiving complicated cases like caesarean section”* (CEO 4).

Hospital equipment breakdown is a hindrance in the achievement of a good corporate governance mandate. The sentiments were echoed by CEO 5 saying, *“The equipment breakdowns at the institution also affect the smooth running of the institution”*. This entails that hospital management boards might be having good corporate governance practices but without functional hospital equipment, they might fail to fulfill their mandate.

**Table 3.** Major limitations as highlighted by board chairs

Briefly explain the major limitations that your hospital board experience in the discharge of good cooperate governance		Attributes									
		Central hospital						Region		Number of years as a board member	
Themes emerged on major limitations hospital board faced in the discharge of cooperate governance	Number of interviewees who mentioned the same	UBH	MP	HRE	PARI	CHT	INGU	N	S	1-5	More than 5
Economic environment (price instability and inflation)	2			✓			✓	✓	✓	✓✓	
Lack of funds	1			✓				✓		✓	
Lack of experience from appointed board members	1				✓			✓		✓	

Source: Field data (2019).

The analysis in Table 3 above revealed that 2 board chairs are of the view that the harsh economic environment greatly affects hospital management boards in discharging the good corporate governance mandate. Board Chair 3 suggested that the economic turbulence greatly affects hospital operations as was quoted saying:

*“It’s very difficult in this environment as we are speaking right now. Most businesses are struggling so its difficulty for us to approach any business and say we want to partner. We had lots of banks who have been partnering before but i think they are hitting into very difficult times. Actually projects failed to commence due to the economic turbulence”* (Board Chair 3).

Financial resources is a limiting factor that hinders the discharge of good corporate governance mandate as was echoed by Board Chair 4 who was quoted saying, *“Obviously our elephant in the room is the fact that we are being asked to run these hospitals on meagre resources”*. The lack of financial resources was supported by Board Chair 3 who suggested that *“There is also a limitation in terms of staffing since the government does not have enough resources to employ more staff since the institution is huge and so it needs staff levels which commensurate with the volume of work”*. The institutions cannot employ the much-needed staff who are key in health service delivery due to limitations in resources from the government.

Lack of experience by board members who are appointed is considered as a limitation in that some board members might be having experience in other sectors that are not health-related, hence failure to articulate health-related issues. This was highlighted by Board Chair 4 saying:

*“The major limitation is that the people that get appointed on these boards, they are just nice citizens who love their country but are not equipped to run*

*a hospital. You can take the CEO of Delta Corporation or any major company but their knowledge of management does not equip them to run a hospital. So there is need for this board member to be trained on what are the issues that are required to run a hospital, key expenditures of a hospital, how to form a five year strategy of a hospital and how to monitor clinical activities. On average, the people that are appointed are not up to the expected standard. Even the people that get appointed as senior managers in hospitals, some of them are just clinicians, nurses, doctors or pharmacists. That doesn’t mean they are managers. They need to be taught on what is it like to run a hospital”* (Board Chair 4).

Bad policies are considered a limitation in achieving good corporate governance practices as was proffered by Board Chair 3 who was quoted saying:

*“The other challenge is failure to obey the referral chain. We are trying to engage the public and the people who refer patients so that they should not just have people being referred. However, patients just come because the government has got a policy which we have got to honour. Pregnant mothers and children are treated for free. We face challenges of consumables and water to facilitate the delivery of service to our clients”* (Board Chair 3).

It is government policy as provided in the Public Health Act (Chapter 15:17) that every patient should receive medical treatment regardless of gender, social or economic status and political affiliation. It is, in this regard, that patients are aware of legal instruments available, hence visiting health facilities of their choice.

In this regard, the study found that the limitations that affect good corporate governance mandate are bad policies, limited financial resources, staff freeze, staff shortage,

unstable economic environment (thus leading to price instability and high rate of inflation), weak referral system, hospital equipment breakdowns, and inexperienced board members. The board might have good plans but adversely affected by unfavourable operating or economic environment and this normally leads to the derailed achievement of planned performance levels.

## 5. DISCUSSION

From the findings presented, it is evident that 5 dimensions emerged with regard to challenges faced by hospital boards in discharging their mandate. These are as follows:

- 1) unstable economic environment;
- 2) current staff establishment;
- 3) staff freeze;
- 4) composition and educational requirements of the board;
- 5) shortage of foreign currency.

Each one of these is discussed further.

### *Major challenges in achieving good corporate governance mandate*

The study results have revealed some unique limitations which actually hinder the achievement of good corporate governance mandate or practice. The general consensus across the central hospitals is that the unstable economic environment is adversely affecting the smooth running of institutions. For example, the negative impact of inflation on prices of basic goods and services. The hospitals might be having the best and most well-articulated plans, but due to limitation or diminished purchasing power of financial resources, the plans may not be fully implemented thereby reducing the level of attainment of goals or objectives. Thus, the challenge is beyond the aspect of a good corporate governance mandate.

The current staff establishment is not commensurate with the volume of work in hospitals. Most central hospital management boards are keen to offer the best service to their stakeholders, but the staff complement in terms of specialist services is always not adequate for the required services. This actually results in clients seeking services in other expensive private hospitals in Zimbabwe or even outside the country.

Staff freeze was identified as a major stumbling block in the achievement of a good corporate governance mandate. Institutions have to seek Treasury concurrence in the filling of vacant posts and this often causes a delay in getting the required employees. This automatically affects the smooth flow of operations in hospitals, which is beyond the control of hospital management boards.

The study results have also revealed a weak referral system as a major limitation in central hospitals. Central hospitals are supposed to be the highest level of care in the referral health service chain but quite a number of patients seek services at this level without proper referral and this leads to

an over-burden of resources. The government policy is that patients should not be turned away once they approach a hospital. Central hospitals are then obliged to attend to such patients or clients using limited resources.

The shortage of foreign currency is another limitation that is beyond the hospital management board's control. Most medicines and hospital equipment are procured from outside the country and they require foreign currency. The study results revealed that, often, the shortage of foreign currency negatively affects the procurement process, due to price variations. Hospitals might be in need of such equipment urgently but can take long before delivery; hence the service provision is certainly compromised.

## 6. CONCLUSION

Hospital management boards are faced with a number of challenges in carrying out their good corporate governance mandate. While they had sound professional backgrounds and with the level of commitment required, the study found that some of the drawbacks they faced were beyond their control like the economic stress in the country. Specifically, the study results revealed that the unstable economic environment impacts negatively on rate of inflation, shortage of foreign currency, and pricing of goods and services, as well as bad policies that have a negative bearing on staff freeze by the government, weak referral system, and the lean staff establishment. These aspects are the major challenges that hinder the effectiveness of good corporate governance practice in public hospitals. This paper is a springboard for future research in that, the challenges highlighted have to be independently explored further to give a synopsis of their impact on good governance and healthcare service provision. Furthermore, the magnitude of challenges proffered calls for a multifaceted approach and interventions from external stakeholders, such as the government and other renowned financial institutions. Hospital boards might have clear visions and detailed strategic plans but without the necessary resources, it is less likely that the desired level of performance will be achieved. The study was targeted at both executive and non-executive board members, hence certain limitations were encountered during the process. Financial resources were required for transport and accommodation, time constraints due to the board members' tight schedules, and the sample profile only considered board chairs and CEOs who ultimately represent the interests of external and internal stakeholders, respectively. Purposive sampling was employed on the 12 research participants instead of the whole population of 66 board members.

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