

**The lived experience of health service managers, their
perceptions of the health system and
the health management role**

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Abstract

Health managers are central to, and responsible for, the implementation of health system reform in Australia. There has been little research in the Australian and New Zealand context that describes, from the health managers' perspectives, their perceptions of the impact of the changing health system on their role. This qualitative study utilises a hermeneutical phenomenological approach to explore how health managers perceive and undertake their role. Semi-structured interviews were conducted with 19 health managers across Australia and New Zealand. The interviews explored why and how the participants became health managers, how they learned the role, the challenges they faced and are facing and how they think health systems might be better organised and managed.

This study uses an eclectic Theoretical Framework. The framework was adopted to help understand the influence of change through: complexity theories, as synthesised by Dann (2006) and applied in healthcare by Kernick (2003) and Anderson and McDaniel (2000); neo-institutional theory and the typology of archetypes of Greenwood et al. (1993) and Brock (2006); the sensemaking theory of Weick (1993; 1995); and the structural interests theory of Alford (1975).

This study found that health managers perceived and described the health system in terms of constant complex change. The change was viewed by the participants in mostly negative terms because of the highly centralised control of bureaucratic and political structural interests that have limited the adaptation and integration within the system. Consequently, their description of the role suggests a major sensemaking focus. Despite the shared negative perception of the health system, the health managers were positive about their role, but held contested and dual views about who should manage based on professional backgrounds. Their motivation in the role is values based, influenced by other managers, good and bad, and by the use of role models and mentors. The study respondents agreed that for health managers to be successful they need highly developed contextual health system knowledge. Health managers favoured work-based

informal learning ahead of formal knowledge, even though the latter was credited with providing credibility, confidence and context.

The respondents suggested solutions that included clarification of roles and separation of the funder and provider government role with a single level of government involvement. They also proposed changes to the education and development of the health workforce; these changes should mediate the differences of the professions and give greater emphasis to understanding and engagement of the professions in the management and delivery of healthcare.

The study concludes that the respondents' reality of the health system, their perceived archetype, is not consistent with the claimed positive characteristics of the emergent systemic archetype of the health system proponents, the political and bureaucratic structural interests. Further, a broad health contextual knowledge, greater than that acquired from a single professional discipline, is important to being an effective health manager. The study also concluded that there needs to be greater recognition and support to the education and professional development of health managers and for health reform to be effective, organisational and management approaches need to provide a more balanced and inclusive approach to the structural interests. Recommendations are made for further research based on the findings of this study.

Authentication

I certify that I am the sole author and that the substance of this thesis has not already been submitted for any degree and is not being currently submitted for any other degree.

I certify that to the best of my knowledge any help received in preparing this thesis, and all sources used, have been acknowledged in this thesis.

David Briggs

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Abbreviations

ABS	Australian Bureau of Statistics
ACHSE	Australian College of Health Service Executives
ADT	Australasian Digitalised Thesis
AIHW	Australian Institute of Health and Welfare
ANOVA	Analysis of Variance
ANZSCO	Australian and New Zealand Standard Classification of Occupations
ASCO	Australian Standard Classification of Occupations
CAM	Complexity Application Model
CAS	Complex Adaptive System
CES	Complex Evolving Systems
CEO	Chief Executive Officer
CRM	Complexity Representation Model
DOCAS	Dynamic Open Complex Adaptive Systems
FCHSE	Fellow, Australian College of Health Service Executives
FHKHSE	Fellow, Hong Kong College of Health Service Executives
GMTF	General Metropolitan Task Force
ICU	Intensive Care Unit
IDPM	Innovation Development Process Model
IT	Information Technology
NHS	National Health Service
NPM	New Public Management
NZIHM	New Zealand Institute of Health Management
PAM	Professions Allied to Medicine

SHAPE	Society for Health Administration Programs in Education
TQM	Total Quality Management
UK	United Kingdom
US	United States
WHO	World Health Organisation