

# Quality of healthcare services and its relationship with the leadership styles: A study of hospitals in the Maldives

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## Background

The evaluation of service quality in healthcare is a rather new field in the developing countries. The author's experience of living and working in the Maldives as a healthcare professional inspired the research topic. Business leadership can play a critical role in employee motivation and quality of services but there seems to be an assumed generalization that quality of healthcare is dependent on sole expertise of a care provider. Nonetheless, patients around the globe are getting more concerned about the quality of services they receive, apart from the treatment outcome. The aim of the study was to examine the effect of leadership on the quality of healthcare services in Maldivian healthcare context. The following research objectives were made to facilitate this research aim:

1. The first objective was to assess the predominant leadership style at research sites by conducting a leadership-style survey among care providers of the hospitals using care providers questionnaire.
2. The second objective of this research was to assess the current level of patient-satisfaction from the quality of available healthcare services by conducting a quality-related survey among Maldivian patients.
3. The third objective was to assess the strength of relationships in studied variables.
4. The final objective was to formulate recommendations for improving the quality of healthcare services by explaining the role of the leadership in the process.

Major research to date on the topic has been focused on the western context and it is hoped that gaps can be filled by including data from developing countries such as Maldives.

## Methodology

Research data was gathered using two questionnaires made on Google Form. Healthcare professionals (HCP) questionnaire was developed to evaluate the perception of care providers and distributed among nurses and doctors at the research sites. Patient (PT) questionnaire was developed using modified SERVQUAL instrument and distributed among randomly selected patients to assess perception of patients about the quality of health services. English questionnaire for patients was translated to the local language of Maldives called Dhivehi and patients were given a choice to choose from two language options (English and Dhivehi). Total 262 respondents were randomly selected from the following three hospitals that showed willingness to participate in this research:

1. Indira Gandhi Memorial Hospital (Public Hospital)
2. ADK Hospital (Private Hospital)
3. Addu Equatorial Hospital (Public Hospital)

Written permissions were taken from each participating hospital for data collection. Approvals were also obtained from the National Health Research Council (NHRC) and the Research Ethics Committee of the University of Liverpool. Compliance with the University's ethics guidelines as well as the ethics guidelines of research in Maldives were ensured at each stage of the research process.

The quantitative approach adopted for this research allowed generation of data in quantitative form which was subjected to rigorous statistical analysis using descriptive as well as inferential statistics for finding correlations using SPSS. Primary as well as secondary data from relevant literature were used to draw conclusions.

## Results/Findings & Implications

The first objective of this study was to assess the predominant leadership style used in the Maldivian healthcare. It was observed that Distributive Leadership (DL) style was more prominent but other leadership styles such as Servant Leadership (SL) and Transformational Leadership (TFL) were also used by the healthcare managers. Transactional Leadership (TAL) was found to be the least common among all.

The second objective of this study was to assess patients' level of satisfaction from Maldivian healthcare services at the research sites. It has been found that the outdoor patients are predominantly satisfied with the overall service quality. Patients have indicated highest satisfaction from the cleanliness and equipment available at the hospitals whilst lowest rating was seen for the responsiveness of the healthcare services. Low responsiveness rating indicates that patients had to spend a substantial amount of time in the hospitals waiting before seen by physicians and other healthcare worker. According to the Maldives Health Profile (2016), the population for every practicing doctor was 447, the population per practicing nurse was 147 in 2014 and for every 10,000 of the population there were 9 specialists available. Therefore, it can be assumed that the shortage of healthcare personnel could be one of the reasons causing prolonged waiting time. Nonetheless, additional investigation is needed to identify factors contributing to the long waiting time within Maldivian healthcare context.

The data revealed strongest correlation of Maldivian patient satisfaction with tangibility and assurance dimensions of the service quality. These results indicate that hospitals in the Maldives should give special attention to the physical aspects of the healthcare services, such as cleanliness, modern

equipment and orderly environment for patient satisfaction. In addition, assurance conveyed to the patient through commitment, efficiency and professionalism of the staff need to be emphasized to gain satisfaction from the patients in the Maldives. The following recommendations have been made to help improve healthcare quality in Maldivian healthcare context:

1. It is recommended to replicate the same study with larger sample size. A large sample size will yield reliable results with greater power and precision, therefore, will provide a better reflection of the population under study (Littler, 2020)
2. From author's own experience of working in Maldives, it was found that leadership style evaluation is uncommon in Maldivian healthcare. It is recommended to incorporate leadership style assessment of institutional leaders (CEO, Directors), service leaders (Clinical HOD, Nursing head, Research director) and frontline leaders, working at the interface of patient care (Doctors, Nurses) at Maldivian hospitals as recommended by Mountford and Webb (2009). A continual evaluation of leadership at individual as well as group level should be part of the formal assessment of healthcare workers (Stoller, 2009).
3. In Maldives, medical resources are unevenly distributed and are mainly concentrated in the regional hospitals of the country (Maldives Health Profile, 2016). This research only included high-level hospitals of the main islands; therefore, the findings of high patient satisfaction cannot be generalized. It is recommended to study the patient satisfaction level at community hospitals of different atolls and compare the satisfaction level with the patient's getting treatment from the regional high-level hospitals to see the clear picture.
4. This research found low level of job satisfaction among HCPs. High staff turnover is one of the major issues in the Maldivian hospitals which impacts quality of healthcare services (Maldives Health Profile, 2016). It is recommended to conduct a separate study on job satisfaction of healthcare employees in Maldives. Job satisfactions need to be measured in detail, especially relevant to the specific areas such as satisfaction from the manager, task, working conditions and professional career building support by utilizing a validated job satisfaction scale (Neuberger and Allerbeck, 1978). In addition, an investigation into the factors that can improve job satisfaction of the Maldivian healthcare staff is also important.
5. It is recommended to construct healthcare satisfaction index and periodically compare the outcomes of different hospitals. For patients to benefit from such standards, public dissemination of quality index is important to enable patients in making informed choice about selection of hospital.
6. Orthodox managerial practices attribute partially to the fact that in most hospitals, management roles remain in the hands of physicians who are trained only to heal the afflicted and not to practice modern management practices due to lack of their own management training (Andaleeb, 2001). A strong managerial orientation needs to be introduced to the hospitals. HCPs (physicians and nurses) should be encouraged to get formal leadership training (additional management training, such as MBA/MPH) to deliver quality services and keep pace with the changing business climate.

7. This study could only incorporate outpatient perspective. Differences and similarities in the experience of service quality needs to be explored from the perspective of outpatients as well as inpatients. It is recommended to replicate the study by including inpatient perspective.
8. It has been recommended to conduct a separate study on the total waiting time (TWT) in the Maldivian hospitals and its variance with the international standards. The average waiting time should be determined and factors leading to long waiting times need further investigation. The determination of long waiting time within the findings of this study suggests that the improvement within the practice is necessary. An enquiry into the waiting time will have dual benefits. On one hand TWT will be determined for hospitals in the Maldives and on the other hand, patients could be informed about an average TWT which will reduce the gap between patients' expectation and perception, which in turn will increase patient satisfaction.

Keeping in view of the significance of leadership in organizational performance, healthcare-specific leadership competencies need to be emphasized at all levels to improve quality of health delivery.

## Conclusion

Leadership styles of the care providers (clinical/non-clinical) need to be identified and how leadership as a process affects patients, employees and organizational outcome need to be assessed. Recognized leadership competencies are to be emphasized at organizational level and resources should be provided to train clinical and administrative leaders of the hospitals to improve effective communication, critical thinking, and teamwork. The gaps identified in this study provides opportunities for the future researchers/health care policy makers of Maldives to contribute by:

- Exploring leadership styles of the healthcare administrators
- Studying healthcare employee's performance after additional management training
- To explore clinician's journey towards management position in hospitals, identifying drivers and barriers
- Further research on the quality of care after leadership interventions in a healthcare setting

It is challenging to establish a clear relationship between leadership and service quality because a direct causal analysis cannot be met under certain complex conditions. However, a distinct approach for healthcare leadership needs to be furnished which can clearly define roles and responsibilities of the healthcare employee, priority-setting of the complex tasks and efficient resource utilization for the provision of high-quality services. It is high time to cultivate the concept of leadership in healthcare to support the changing connections between medicine and management and contribution of educational preparedness (additional management training, such as MBA/MPH) to leader's effectiveness.

