

AUSTRALIAN HEALTH SERVICES MANAGEMENT COURSES: A DISCUSSION ON SYLLABUS

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ABSTRACT

OBJECTIVE

The aim of this research was to understand core knowledge areas offered by master's courses in health services management in Australian universities.

DESIGN

A Google search identified relevant Masters' degrees in health services management. Course syllabus was then extracted from each university's website. Common core subjects were then collated and compared.

SETTING

Data for this study was collected from Australian university websites.

MAIN OUTCOME MEASURES

Findings were compared with those presented in a similar study conducted in 2013. Interpretation was also informed by an appraisal of key issues that characterise the current context of health care in Australia.

RESULTS

Masters' degrees in health services management were offered by 18 universities. Common core subjects included management, evaluation, evidence, health system, governance, law and human resource management. A comparison with an earlier study conducted by Ritchie and Yen [1] found an increase in the following subjects: health system, quality management, health economics, policy and research, and a decrease in health information, epidemiology and resourcing. New knowledge areas included leadership, planning and project management, change management, and strategy.

CONCLUSIONS

This paper presents a discussion on knowledge areas that comprise syllabus in Masters level health services management education nationally. Key findings revealed differences between courses and the responsiveness of core syllabus to the current health care environment. The emergence of leadership, planning and project management was unsurprising while an absence of subjects that gave explicit reference to First Nations peoples was a notable finding.

KEYWORDS

management, education, health services, syllabus, curriculum

BACKGROUND

The complexity of the environment in which managers and leaders of health services practice is well known. Challenges to service delivery brought about by the recent pandemic [2] as well as an ongoing network of issues including the health of First Nations peoples, staff retention and recruitment, service access, safety and quality matters including the persistent rates of adverse events, as well as health service resourcing, new technologies, and the influence of a wide range of stakeholders with diverging interests [3] are characteristic of the Australian healthcare environment as the context of health services management practice.

Understanding the nature of management practice in this environment is foundational to the design of learning experiences. Traditional views of management work as a rational process of planning, organising, coordinating and controlling are contested by contemporary research that seeks to unravel the nuances of management work as it is practiced in the dynamic environment of healthcare. A focus on management practice capabilities, rather than skills, that enable effective response to changing circumstances, recognises the diversity of management work including the nature of the settings in which it is practiced [4]. Adaptation to the evolving context including being able to initiate and respond to change is a key capability common to recent research on the evolving role of health services managers [5]. These findings have important implications for management development.

In response to professional development needs for existing and emerging managers, a range of educational approaches are available, including workplace in-house professional development courses as well as those offered by such institutions as the Health Education and Training Institute (NSW Health); the Australasian College of Health Service Management (ACHSM) [6] and various registered training organisations. Formal academic courses are available in universities nationally and are asked to map their courses against the ACHSM Master of health service management competency framework for the purpose of ASCHSM accreditation [7]. The number of university courses over time has grown, and our survey of websites identified 24 courses nationally. Our survey noted considerable variation in syllabus across these courses. This finding was consistent with that of Ritchie and Yen [1] who, in a previous study, identified a lack of consensus on core curriculum

and questioned the need for consistency. This paper aims to compare subjects offered in existing courses with those identified by Ritchie and Yen [1]. Further, the extent to which changes reflect the current context of healthcare will guide our discussion.

LITERATURE REVIEW

A search of the academic literature informed our understanding of current research relating to syllabus in post graduate health services management courses. Search terms included 'health services/care management/administration' 'health services/care leadership' and 'syllabus' 'learning' 'development', 'competency' and 'education'. Articles published from 2011-2022 from Australia and internationally, were sourced from the university data base as well as from Scopus, EBSCOhost, Informit and Google Scholar. Literature was also sourced from a snowballing approach involving a scan of reference lists and citations of identified articles.

Recent research justifies curriculum that is responsive to the dynamic nature of the healthcare context [8] [9]. The design and delivery of courses that include innovation and creativity [8] [10], cultural competence [11], diversity [12], and health informatics [13] were justified similarly on the basis of a need for sustained adaptation to the changing context. Pre pandemic literature identified knowledge and skill in epidemiology as fundamental to decision making in health services management [14]; a recommendation that has clearly increased in significance since the start of the COVID-19 pandemic. Other studies reported progress towards identifying knowledge areas to support competency development in health services management [15] although educational implications were not specific to university level learning. Overall, our review of the academic literature identified evidence supporting a broad range of content areas for inclusion in postgraduate courses in health services management, however none presented justification for a core syllabus.

Several studies have evaluated HSM curriculum in Australia. Further to the study conducted by Ritchie and Yen [1], HSM course websites in Australia have been analysed for evidence of content in creative and innovative thinking [8] and for inclusion of personal engagement, emotional intelligence and conflict resolution [16]. This research, drawing on a similar methodology, seeks to extend that of Ritchie and Yen [1] to determine areas of commonality and

difference in knowledge areas that constitute health services management syllabus.

METHODS

With the widespread availability of course information on the internet, university websites provide a ready source of information on course content. A content analysis, as a systematic approach for analysing and describing communication presented in various media including websites [17], enabled the researchers to extract, group and analyse subject areas identified in relevant courses. A Google search was undertaken using the search terms 'master/health/health services/health leadership/health management'. Course websites were analysed to ascertain their relevance to health services management practice. Courses that were specific to other sectors such as the welfare sector were eliminated owing to differences in the contextual influences on course design. Business courses that offered fewer than 50% health services

management subjects were also excluded. Of 24 courses, 18 were included in the study. A data base enabled organisation of collected data for each university. Two academics undertook analysis of data, thereby assuring consistency and accuracy of interpretation.

To ensure rigor and comparability between the current data set and Ritchie and Yen's [1] 2013 data set, the researchers agreed on a consistent approach to nomenclature. Identification of subjects listed as new from 2022 was based on the presence of the general topic area in their title and from supporting descriptors. This approach was similar to that taken by Ritchie and Yen in 2013.

FINDINGS

A comparison of core subjects identified in the 2013 and 2022 studies is presented in Table 1. Subjects that have been identified only in the current study are presented in Table 2.

TABLE 1: PERCENTAGE OF COURSES OFFERING CORE SUBJECTS IN 2013 AND 2022

Subject	2013 (% of courses)	2022 (% of courses)	% Difference (a/b-a)
Management	82	89	+8.5
Resourcing	53	6	-88.7
Health system	53	72	+35.8
Epidemiology	47	28	-40.4
Evaluation	35	28	-20
Quality	35	50	+42.9
Law	35	33	-5.7
Evidence	24	22	-8.3
Health economics/finance	24	72	+200
Research	24	56	+133
Governance	18	22	+22.2
Health information	18	6	-66.7
Bio data/statistics	18	28	+55.6
Human resource management	12	22	+83.3
Policy	6	67	+1016.7

TABLE 2: SUBJECTS OFFERED ONLY IN 2022

Subject	% of courses
Social determinants/competence PHC	17
Planning/project	44
Change/improvement	33
Leadership	72
Risk	17

Decision making with strategy (In finance)	28
Vision	11
Marketing	11
Accounting	6
Strategy	44

DISCUSSION

This research has identified similarities and differences between this data set and that reported by Ritchie and Yen [1]. Not surprisingly, across the two studies (Table 1), management was the most common subject, with little change in the percentage of courses offering evaluation, evidence, health system, governance, law and human resource management. Differences in the percentage of courses recorded in the two data sets that demonstrated a change included policy, resourcing, health economics/finance, health system, epidemiology, research, health informatics, and quality. Leadership, planning, project management, change management and strategy were among new subjects identified in the current study. The following discussion analyses these findings with reference to significant health care challenges and trends health services managers encounter in the current health care environment.

POLICY AND GOVERNANCE

Policy has increased in frequency across the courses (Table 1). Issues of significance in the healthcare sector such as aged care [18] and rapidly changing demands caused by the pandemic [19] have rendered policy a focal issue. Increasingly, health services management courses are addressing the needs of students working in a greater variety of health care services as the private sector is growing and the public sector is becoming more diverse. As these changes progress, governance of such services is also becoming a more relevant knowledge area [20].

RESOURCING, FINANCE AND ECONOMICS AND DECISION MAKING

Resourcing, finance, accounting and economics have always been essential aspects of health service management courses [1], however the current study (Table 1) found a movement away from the term 'resourcing' to 'health finance/economics' which could represent a broader perspective of health on the whole as not only providing a service that needs to be resourced, but a movement towards primary health care where prevention is now seen to be a greater part of the overall focus of

health care services [21]. Inclusion of subjects on decision making also demonstrates the broader appeal of teaching related to ongoing challenges of resource allocation and meeting efficiency targets [5].

HEALTH SYSTEM, SOCIAL DETERMINANTS, PUBLIC AND PRIMARY HEALTH CARE

While both studies included the Australian health care system as the contextual centrepiece of mainstream health care activity (Table 1), social determinants of health and primary health care emerged as new subjects in the current study (Table 2). Their presence is well justified as managers' understanding of social determinants, as indicators of the health of a population [22] is foundational to decision making in other dimensions of practice including service planning, evaluation and primary health care- as a focus for achieving quality health care in Australia today [23].

EPIDEMIOLOGY

Our study identified epidemiology and public health in 47% of courses in 2013 [1] and in only 28% of courses in the current study (Table 1). Public health was considered a foundational area of study in health services management in the nineties, although the escalation of Masters courses in public health since 2001 [24] may have contributed to a decline in this subject area. However, as the impact of the 2020 pandemic on health care practice, education and resourcing has implications for managers at all levels, it would be reasonable to expect an emphasis on this subject to resume.

RESEARCH

Although some courses (24%) identified by Ritchie and Yen [1] identified research as a core subject, this had grown substantially in the current review to 55% (Table 1). This likely reflects increased involvement by the Australian Government with the Tertiary Education Quality and Standards (TEQSA) Agency Act 2011 which established an independent agency to ensure quality and increase regulation of higher education. Course accreditation through this agency involves explicitly identifying 'research content' for all masters' courses offered in Australia [25].

HEALTH INFORMATION, HEALTH INFORMATICS

Health informatics, as a core subject, dropped from 18% of courses [1] to 5% in the current study (Table 1). The limited presence of this subject area across the courses was surprising given the escalation of digital health across the health care sector nationally and globally and in particular since the onset of the Covid 19 pandemic. Significant events in digital health include the introduction of My Health Record and accompanying legislation, and the rapid development of digital technology including telehealth, MHealth and electronic records [26]. The establishment of the Australian Digital Health Agency (ADHA) to lead the National Digital Health Strategy, a framework for enabling secure, quality healthcare through digital health development and integration, reflects digital health as an embedded knowledge area in health. Further collaboration between the nursing profession and the Agency to develop and implement the National Nursing and Midwifery Digital Health Capability Framework [27] exemplifies professional adoption of digital health. These events signal digital health as a dominant knowledge area across the sector and therefore worthy of greater visibility in health services management courses.

QUALITY

Our analysis revealed that quality has increased from 35% in the 2013 study [1] to 50% in the current study (Table 1). Concern with quality and safety has grown considerably across the intervening period, and despite efforts to curtail the frequency of adverse events, little has changed [28]. An increase in the percentage of courses offering this subject is therefore unsurprising. Recognition of safety and quality in health care as a priority area has been endorsed nationally by the Australian Commission on Quality and Safety in Health Care [29]. The mandate for managers to advance quality and safety constitutes a foundational knowledge area for health services management practice.

EMERGING KNOWLEDGE AREAS

The following subjects emerged as new subject areas.

LEADERSHIP

Leadership was the most frequently cited subject across all courses (72%) in the current study (Table 2), although notably absent from core units identified in the earlier study [1] (Table 1). The need for health services to generate innovation and engagement as they adapt to the complex and dynamic environment of health care [5] has

seen a growing emphasis on leadership as a means for building relationships and garnering commitment alongside management practice [30]. Furthermore, an influence of post graduate leadership education has been found to positively impact practice [31] and leadership has been given emphasis across health care accreditation and quality policies, for example, the National Safety and Quality Health Service Standards [29] and health professional standards including the Master of Health Service Management Competency Framework [7]. Its growing emphasis in health services management curricula is therefore unsurprising.

PLANNING, PROJECT AND CHANGE MANAGEMENT

In the current study, change and improvement management (33%), planning and project management (44%) emerged as new subject areas (Table 2). While a justification for these subjects was not explicit on the websites encountered, innovations in service delivery arising from population health including the increases in chronic illness and a move towards primary health service [22], and an ongoing mandate to enhance the quality and cost performance for health care [3], form a credible basis for the inclusion of these subject areas. Project management methodology in health care has surfaced as a particularly valuable approach to enhancing quality and safety and leveraging change [32] and as an active and authentic learning approach in higher education [33].

STRATEGY AND VISION

Strategy, absent from the earlier study [1] was identified in 44% of courses in the current study, and vision as a related knowledge area, in 11% (Table 2). Strategic management, supported by effective leadership in health care has been recognised as a means for responding positively to complex, rapid, discontinuous and unpredictable change in health care environments [34]. As complexity in health care environments continues to escalate, a growing focus on knowledge areas in management education that embrace strategic management is unsurprising.

FIRST NATIONS' PEOPLES

While it is conceded that subject names do not clearly reveal the nature of the subject content, it is noted that as one of the most significant health care challenges in Australia, the health of First Nations peoples [35] [36] is not more explicit within the data collected. Managers of health services often deemed leaders of change, and innovative thinkers [8] [9][10] have great capacity to influence the health outcomes of First Nations peoples. Given the significance of this issue, their role in advancing the health

of First Nations peoples, while likely embedded in subject content, could be made more explicit in published subject titles and accompanying information across the courses.

LIMITATIONS

The data collected in this research was confined to publicly available information on university websites and does not reflect knowledge of subject content, learning and teaching approaches or curriculum experiences. The authors interest in publicly available information sought to establish a collective understanding of common knowledge areas that reflect university priorities and shape potential student choices.

CONCLUSION

This research reports knowledge areas included in health services management courses as represented on university websites to be diverse. This finding is consistent with conclusions made by Ritchie and Yen [1] that concluded there is a lack of consensus between courses. This is not necessarily a weakness, as areas of difference present courses with a basis for reflective critique and curriculum deliberation, and prospective students with a choice that meets their learning needs and preferences. Of interest were omissions in some of the more obvious knowledge areas that have significance to the current healthcare landscape. The health of First Nations' people is conspicuous by its absence, and in a world that has been shaped by the pandemic inclusion of health informatics, and reinstatement of public health data and epidemiology could be reasonably expected. It is recommended that publicly available health services management course information is more explicit in reflecting knowledge areas of current relevance to health service management practice.

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