Exploration of Hospital Management and Organization Strategies: A Literature Review of Health Services

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Abstract

**Background** - Healthcare management strategy and organization encompasses the principles and practices used to operate healthcare facilities efficiently and effectively. It involves the planning, implementation, and coordination of various activities to ensure the delivery of high-quality patient care while optimising resource utilisation. The literature review in healthcare provides valuable insights into various aspects of hospital management strategy and organization.

**Objective** - This article aims to find out the importance of management and organizational strategies in service businesses (hospitals) and related factors, so as to create improved human resource performance related to achieving effective and efficient organizational goals to face business competition and can be an organizational strategy in creating job satisfaction, can perform well and can create a competitive advantage for organizations in health services.

**Research Method** - The method used is the identification of previous articles with a total of 29 articles in the time span of 2000-2023. Search data for literature review was conducted in international journals to support the theory and take the topic of Management and Organizational articles, found 234,347 articles, scope Innovation, 2000-2023, Business, management and accounting, article, organization and management, English found 1,239 articles, Qualitative - 363 articles, Strategic - 134 articles, Performance - 95 articles, Effectiveness - 52 articles, Leadership, Health - 35 articles. Furthermore, articles that do not fit the topic will be ignored. Researchers only use data bases from Scopus and Web of Science because researchers only look for quality articles and the results are more accurate and very credible sources, because the results can be used as references and policies.

**Results** - The importance of the role of management and organization in hospitals and can have a major impact on healthcare organizations. As explained in previous research that Management has a big role to improve hospital performance in an organization. The
importance of management and organizational performance as they relate to each other. Human resources (HR) provide special attention in personal development and impact on performance in creating a health service.

**Conclusion** - Management and organization are important in the hospital business because human resources are the driving force of the service business. Good management and organization can create professional and talented human resources results that can improve performance and will have an impact on organizational goals, and services to patients can run well which has an impact on the main objectives of the hospital. Management can be seen from several things including training and development, management practices, organizational climate, and other things that have a relationship in creating effective and efficient management so as to provide optimal results for the organization.

**Managerial Implications** - The healthcare management needs to pay more attention to the evaluation of healthcare operational activities and feedback provided by patient families, the hospital management needs to increase the frequency of its discussions with employees to maintain excellent service quality for patient families, and the hospital management leaders need to set an example and encourage their employees to maintain a good organizational culture in order to maintain their service image.

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**Eksplorasi Strategi Manajemen dan Organisasi Rumah Sakit: Literatur Review Layanan Kesehatan**

**Abstrak**

**Latar Belakang** - Strategi dan organisasi manajemen layanan kesehatan mencakup prinsip dan praktik yang digunakan untuk mengoperasikan fasilitas kesehatan secara efisien dan efektif. Ini melibatkan perencanaan, implementasi, dan koordinasi berbagai kegiatan untuk memastikan pemberian perawatan pasien berkualitas tinggi sambil mengoptimalkan pemanaftaan sumber daya. Literatur review dalam layanan kesehatan memberikan wawasan berharga tentang berbagai aspek strategi dan organisasi manajemen rumah sakit.

**Tujuan** - Artikel ini bertujuan untuk mengetahui pentingnya strategi manajemen dan organisasi dalam bisnis layanan (rumah sakit) dan faktor-faktor yang terkait, sehingga menciptakan peningkatan kinerja sumber daya manusia yang berkaitan dengan pencapaian tujuan organisasi yang efektif dan efisien untuk menghadapi persaingan bisnis dan dapat menjadi strategi organisasi dalam menciptakan kepuasan kerja; dapat berkinerja baik dan dapat menciptakan keunggulan kompetitif bagi organisasi dalam layanan kesehatan.

Hasil – Pentingnya peran manajemen dan organisasi dalam rumah sakit dan dapat memberikan dampak yang besar bagi organisasi layanan kesehatan. Sebagaimana dijelaskan dalam penelitian sebelumnya bahwa Manajemen memiliki peran yang besar untuk meningkatkan kinerja rumah sakit dalam suatu organisasi. Pentingnya manajemen dan kinerja organisasi karena berhubungan satu sama lain. Sumber daya manusia (SDM) memberikan perhatian khusus dalam perkembangan pribadi dan berdampak pada kinerja dalam menciptakan sebuah layanan kesehatan.

Kesimpulan - Manajemen dan organisasi merupakan hal penting dalam bisnis rumah sakit karena SDM merupakan roda penggerak bisnis layanan. Manajemen dan organisasi yang baik dapat menciptakan hasil sumber daya manusia yang profesional dan berbakat sehingga dapat meningkatkan kinerja dan akan berdampak pada tujuan organisasi, serta layanan terhadap pasien dapat berjalan dengan baik yang memberikan dampak pada tujuan utama rumah sakit. Manajemen dapat dilihat dari beberapa hal yang diantaranya adalah pelatihan dan pengembangan, praktik manajemen, iklim organisasi, dan hal lainnya yang mempunyai keterkaitan dalam menciptakan manajemen yang efektif dan efisien sehingga memberikan hasil yang optimal bagi organisasi.

Implikasi Manajerial - Pihak manajemen layanan kesehatan perlu memberi perhatian lebih terhadap evaluasi aktivitas operasional layanan kesehatan dan umpan balik yang diberikan oleh keluarga pasien, manajemen rumah sakit perlu meningkatkan frekuensi diskusinya dengan para karyawan untuk menjaga kualitas layanan yang prima bagi keluarga pasien, dan pemimpin manajemen rumah sakit perlu memberi contoh dan dorongan kepada para karyawannya untuk menjaga budaya organisasi yang baik demi menjaga citra layanannya.
INTRODUCTION

Healthcare (hospital) management and organizational strategies play an important role in ensuring effective healthcare delivery, resource utilisation and patient satisfaction. Literature reviews in healthcare provide valuable insights into various aspects of hospital management and organizational strategies (Mc Daniel, et al, 2013; Scott, et al, 2017; Oborn, et al, 2013). Some of the key areas covered in the literature review have generally emphasised several important aspects.

The literature on leadership and management in hospitals examines various leadership approaches, such as transformational, transactional, and servant leadership (Gellis, 2001; Birasnav, 2014; Emery & Barker, 2007). It explores the impact of leadership on employee motivation, teamwork, and organizational culture. In addition, the literature explores management styles that promote efficiency, productivity, and innovation in healthcare organizations (Rad & Yarmohammadian, 2006; Nieva & Sorra, 2023).

Also the literature on healthcare innovation and technology adoption addresses the integration of new technologies (Sun, Wang, et al, 2013; Straub, 2009), such as electronic health records (EHRs), telemedicine, and healthcare analytics, into hospital management. It explores the challenges and benefits of technology adoption, the impact on workflow, and successful implementation strategies. The literature on collaborative partnerships and integration in hospitals examines the benefits and challenges of forming alliances, partnerships and networks with other healthcare organizations (Judge & Ryman, 2001; Guo & Acar, 2005; Green & Johnson, 2015). It explores strategies to foster collaboration between healthcare providers, improve care coordination, and achieve better health outcomes for patients.

These are some of the key areas covered in the literature on hospital management and organizational strategy. It is important for healthcare leaders and managers to stay abreast of the latest research and best practices to effectively navigate the evolving healthcare landscape and deliver high-quality care.

Health services are a service business that provides intangible products such as services and empowers human resources (HR) to run them (Ferry et al., 2021). Health service management in hospitals at this time is not only managed socially but as a service business that considers service and environmental aspects (Saifudin et al., 2020). Increasingly fierce business competition requires organizations to provide strategies that can make them superior and survive the competition. Organizations are also required to create quality and professional human resources in the face of this competition. Human resources are an important factor in the running of the organization in the Health service business, so it needs to be developed both in various knowledge and seeking and learning the latest information.
Maarif and Kartika (2017) explain that the success of human resources is highly dependent on having the opportunity to learn and practice new things and skills. Organizations can invest in education, training, and various other opportunities provided to their employees to grow and develop (Maarif and Kartika, 2017). Healthcare services are one of the organizations that need to consider HR as a strategy in facing business competition. The creation of qualified and professional human resources can have an impact on services for service users (patients), so as to provide patient satisfaction and hospital goals in service can be fulfilled.

At present, there is a lot of business competition so that quality human resources are needed and demand for high performance achievement. In this case, human resources have an important role in the changes and business competition that occur, so that the ability to optimise human resources can create maximum business performance (Tomcikova and Coculova, 2020). Tight business competition causes the need for problem solving by finding people who can help to solve problems and exchange ideas for business development. HR can be a problem solver to complement organizational weaknesses, especially in patient services found in hospitals.

The creation of effective and efficient human resources can be created with management and organization that are expected to provide optimal results. Handayani and Kasidin (2022) explained in their journal that management is the foundation for facing business competition and can be an organizational strategy in creating job satisfaction. In addition, Ferry et al. (2021) also explained in his research that in many healthcare systems around the world, increasing attention is focused on management. Employees with a competitive advantage can provide good service to hospital customers so that it can also have an impact on hospital customer satisfaction.

This study aims to explore hospital management and organizational strategies related to health services based on a literature review of previous research. And it is hoped that the results of this study can provide information, insights, views and references for determining policies related to health services correctly and can keep up with any changes that occur.

**RESEARCH METHODE**

According to Fink (2005, p. 3) 'a research literature review is a systematic, explicit and reproducible method for identifying, evaluating, and synthesising the existing body of completed and recorded work produced by researchers, scholars, and practitioners'. It typically reprocesses the current state of research by aiming at two objectives. First, it provides a summary of themes and issues within a particular research field. Second, it identifies the theoretical content within the analysed research field (Meredith, 1993). Therefore, theoretical and methodological strengths and weaknesses within the specified research area are discussed, and current
findings regarding a particular research question are analysed (Teuteberg and Wittstruck, 2010; Bortz and Doring, 2006).

Due to the growing number of journals, papers, books, conferences and workshops, literature review has become an 'indispensable method' (Teuteberg and Wittstruck, 2010, p. 1003 based on Fettke, 2006) in various sciences to synthesise a specific research field. Methodologically, literature reviews consider six important aspects, as identified by Abele and Becker (1991), which are followed in this article to support the quality and credibility of the review: clarity; breadth and appropriateness of the topic; importance of the topic; adequacy of coverage; and use of scientific methods and replicability.

Recognising other similar methods (e.g. Tranfield et al., 2003; Fink, 2005), the process model proposed by Mayring (2003) has been chosen for this literature review as it provides a clear structure for conducting the literature review on a detailed basis (see Figure 1). In addition, the realisation of this literature review is related to the approach of Seuring and Müller (2008). For this literature review, quantitative and qualitative aspects were mixed to assess descriptive issues and specific content. The process model followed contains four essential steps: collection of structured material (step 1); descriptive review (step 2); selection of categories (step 3); and evaluation of the material (step 4). Steps 3 and 4 simultaneously represent the content analysis process (Mayring, 2002, 2014), which is the research method followed to identify relevant issues arising in this field and therefore for the proposed framework (see Figure 3, Section 3).

**Structured Material Collection (Step 1)**

The structured material collection step involved a literature search, including the collection of relevant research material (scientific journal articles), which was defined and delimited. As the literature on the integration of corporate sustainability into strategic management is not limited to specific scientific journals, the search process was conducted using key terms instead of journals (Webster and Watson, 2002; Schiederig et al., 2012). Therefore, key terms from the research field of management and organizational exploration of healthcare based on the literature review were combined and used for title, abstract or keyword searches.

When conducting a literature review, it is important to set clear boundaries. In the field of study to explore the management and organizational strategies of hospitals: human resources at the cutting edge of healthcare, four important boundaries were set:

1. Included in this analysis are mainly peer-reviewed scientific journal articles written in English and with a focus on business management;
2. Only journal articles contributing to the subject of hospital management and organizational strategies: human resources at the cutting edge of healthcare were considered. With the identification of relevant literature based on both conceptual
and empirical research with a clear contribution to healthcare;
3. As this article follows the above-mentioned definition of healthcare, the journal article focuses on management and organizational strategies where human resources are at the forefront of delivering optimal healthcare; and
4. Empirical studies that focus on evaluating different types and profiles of strategies limited to specific geographic markets are excluded from contributing to theoretical clarification in exploring healthcare into management and organizational strategies.

After defining key terms and limitations for the literature search, research materials were collected from two major databases (Scopus, Web of Science) in June 2023. To ensure that the most recent publications were included in the literature review. The extracted materials were pre-analysed using a three-tiered approach to increase reliability and replicability. Firstly the found scientific journal articles were checked in terms of their 'definition match'. This was done using the title, keywords and abstract of each identified article. Secondly, the articles identified as relevant after the first level, were considered as a whole and examined with respect to pre-defined boundaries. Thirdly, the reference lists within the articles were used to identify potentially relevant literature, which was not found by the previous key term search.

Descriptive Overview (Step 2)

The method in this study is to identify previous research journals related to the exploration of management and organizational strategies (hospitals) in health services and related matters. Literature review is used to identify related journals and influencing factors that are expected to achieve organizational goals (Webster and Watson, 2002; Schiederig et al., 2012). This research is expected to answer questions related to the importance of management in the hospital business that can improve performance so that organizational goals can be achieved and it is hoped that this article can be input and material for further research.

The data used in the literature review is for the years 2000-2023. The keywords used are management in hospital business and the factors that influence it. The search data for literature review was conducted in international journals to support the theory and take the topic of Management and Organizational articles, found 234,347 articles, scope Innovation, 2000-2023, Business, management and accounting, article, organization and management, English found 1,239 articles, Qualitative - 363 articles, Strategic - 134 articles, Performance - 95 articles, Effectiveness - 52 articles, Leadership, Health - 35 articles. Furthermore, articles that do not fit the topic will be ignored.

Researchers only use data bases from Scopus and Web Of Science because researchers only look for quality articles and the results are more accurate and very credible sources, because the results can be used as references, input and references for writing this article.
with the title "Exploration of Hospital Management and Organization Strategies: Literature Review of Health Services".

By entering several keywords related to the article that we will make. So that a total of 29 articles were obtained. We also have not searched for articles from other data bases, given the limited time for post test assignments given to students. Articles from Scopus and Web of Science (WOS) journals were taken from the Unair library link.

The scientific journal articles were analysed descriptively to provide a summary of article distribution, journal name, author, and methodological approach, namely conceptual or empirical. Furthermore, the results of this study can contribute to the determination of policies in the management and organization of an institution or company for the future in the field of health services/hospitals.

Prism Flow Chart (Step 3)

After searching for data and producing 35 articles, further mapping was carried out using PRISMA Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Tetzlaff & Altman, 2009; Stovold, et al, 2014) as shown in the diagram below, finally obtaining the number of articles to 29 articles.
<table>
<thead>
<tr>
<th>No.</th>
<th>Author(s) / Year of Publication</th>
<th>Objective of paper (Tujuan Penelitian)</th>
<th>Results / Findings (Hasil)</th>
<th>Conclusion (Kesimpulan)</th>
<th>Keyword (Kata Kunci)</th>
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<tbody>
<tr>
<td>1.</td>
<td>Alison Brown, 2020</td>
<td>The importance of hospital board involvement in the work of regulating healthcare quality has been demonstrated in the literature. Research on the influence of effective corporate governance has traditionally focused on board architecture. Emerging research highlights the importance of governance dynamics. This paper contributes to the new research by highlighting how communication and leadership support effective engagement in governing healthcare quality.</td>
<td>Several key components of communication and leadership were found to influence healthcare quality governance. Clear logical narratives in reporting, open communication, effective questioning and challenge from board members were important elements of communication found to influence engagement. Leadership that has a focus on healthcare excellence and aligned quality improvement and promotes effective meeting processes were also found to drive governance engagement. Effective engagement in these communication and leadership processes facilitated valuable reflexivity at the governance level.</td>
<td>The findings highlight ways in which boards and senior managers can strengthen governance effectiveness through attention to key aspects of communication and leadership.</td>
<td>Governance, Leadership, Communication, Healthcare, Clinical Governance, Quality Health papers Research papers</td>
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<td>2.</td>
<td>Aoife De Brun dan Eilish McAuliffe, 2020</td>
<td>Achieving integrated care is a key focus for the health system and has resulted in various structures between and within organizations. The reorganization of the Irish health system into hospital networks/groups aims to encourage working across hospitals to integrate care. This study evaluates whether collective leadership emerges over time through increased interaction and collaboration after hospital organizations become networks. The second objective was to shed light on the potential of collective leadership, through understanding the barriers and enablers perceived by the participants.</td>
<td>While there is evidence that some parts of the network are beginning to operate collectively, the structures observed are more typical of hierarchical networks. Disruptions in the network and uncertainty about the permanence of the organizational structure negatively impacted the potential for collective leadership. However, progress was evident in building the foundations for collective leadership and integration, including developing trust, mutual understanding and creating space for change.</td>
<td>This study contributes to the literature by reflecting on the mechanisms and initiatives that are perceived as enabling/inhibiting collective leadership. Based on this research, it is important to communicate clear and consistent messages about the plans of the organizations involved and be clear about the roles and expectations for those involved.</td>
<td>Social network analysis, Leadership, Health, Systems, Collective leadership</td>
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<td>3.</td>
<td>Milena Vainieri, et al, 2019</td>
<td>The purpose of this study was to investigate the relationship between top management competence, information sharing, and organizational performance in the public healthcare system and to look at the role of management in ensuring information sharing on organizational strategies to achieve professional engagement.</td>
<td>The findings show that managerial competence is positively related to organizational performance. In addition, managerial competence is strongly related to the information sharing processes developed into the organization. Specifically, managerial competence plays an important role on overall performance, and the results are mediated by the use of mature information sharing instruments such as benchmarking of performance results.</td>
<td>A systematic process of sharing information on performance results, goals, and organizational structure provided by top management appears to be an effective strategy for engaging professionals.</td>
<td>Competence, human resources, organizational climate, performance management, top management</td>
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<td>4.</td>
<td>Aladeen Alloubani, et al, 2018</td>
<td>The purpose of this paper is to investigate managers' leadership styles, from the perspective of registered nurses, and their influence on the quality of nursing care in both the private and public health sectors. An additional aim is to assess the relationship between leadership style and specific organizational outcomes.</td>
<td>Positive correlations were found between transformational leadership style and leadership outcomes and quality of nursing care (r(40).811**, 0.759**, 0.789** and 0.877** for extra effort, job satisfaction, leader effectiveness and quality, respectively).</td>
<td>This study is proposed as a basis for future studies in the areas of education, nursing practice, research and quality. In addition, this study is expected to be a necessity for hospital management, to improve the current leadership, education models and advancement programmes for senior health sector staff.</td>
<td>Leadership, Healthcare Quality, Quality Management, Patient Satisfaction, Nursing Quality</td>
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<td>5.</td>
<td>Sanna Paulina</td>
<td>Patient complaints are one of the main procedures for exercising patients' rights in the Finnish healthcare</td>
<td>The results showed many unwanted complaints, but also revealed procedures used to improve the healthcare process.</td>
<td>Several previous studies have examined patient complaints in relation to strategy</td>
<td>Patient complaints, Strategy, Good</td>
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<td>6.</td>
<td>Jan Neumann, Andrew Robson, Diane Sloan, 2018</td>
<td>The work involved a case study based on a large industrial company from the energy sector. The change programme made particular reference to changes in business models, business processes, organizational structures as well as the Enterprise Resource Planning infrastructure.</td>
<td>The study identified responsibilities for carrying out evaluations along with appropriate methods and tools, thus focusing on the &quot;Who&quot; (roles, responsibilities for specific activities) and &quot;How&quot; (methods and tools) rather than the &quot;What&quot; of monitoring and evaluation.</td>
<td>The findings are presented in a generalised manner so as to offer new insights and transferability for practitioners involved in managing strategic change and related evaluations.</td>
<td>Evaluation Monitoring, Implementation of global strategic change programmes, Challenges, Barriers, Prerequisites Operationalisation, Responsibilities, Equipment Methods</td>
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<td>7.</td>
<td>Mohammad Karim Bahadori, Ehsan Teymorzadeh, et al, 2018</td>
<td>Strategic planning is the best tool for managers seeking informed presence and participation in the market without succumbing to change. Strategic planning enables managers to achieve their organizational goals and objectives. Hospital goals, such as improving the quality of care and increasing patient satisfaction cannot be achieved if agreed strategies are not implemented. The purpose of this paper is to investigate the factors that influence the implementation of strategic plans in one of the teaching hospitals using the structural interpretive model (ISM).</td>
<td>Five major factors affecting strategic plan implementation. Although all five variables and factors are top-level, &quot;senior managers' awareness and participation in the strategic planning process&quot; and &quot;creating and maintaining team participation in the strategic planning process&quot; have maximum driving force. &quot;Effect of organizational structure on strategic planning process&quot; and &quot;Effect of organizational culture on strategic planning process&quot; have maximum dependency power.</td>
<td>Identifying factors affecting the implementation of the strategic plan is fundamental to improving the quality of health services by analysing the relationships between factors and overcoming barriers.</td>
<td>Modelling, Service Quality, Organizational Performance, Strategic planning.</td>
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<td>8.</td>
<td>Christian Gadolin dan Thomas Andersson, 2017</td>
<td>The purpose of this paper is to describe and analyse the conditions that influence how employees engage in healthcare quality improvement (QI) work.</td>
<td>The main conditions that influence how employees engage in healthcare QI work are profession, work structure and work relationships. These conditions can both prevent and facilitate healthcare QI. Professions and work structures can reinforce existing institutional logics and thus prevent employees from engaging in healthcare QI work. However, efforts to align QI with professional logics, along with work structures that empower employees, can make these conditions enhance employee engagement, which can be achieved through positive working relationships that encourage institutional work, which bridge different</td>
<td>Healthcare QI has largely been studied from the perspective of implementers, and employees have been ignored or seen as passive resistors. The weak employee perspective makes healthcare QI research incomplete. In our study, healthcare QI work was carefully studied at the actor level to understand healthcare QI from the employee perspective.</td>
<td>Relationships, Employee Engagement, Quality Improvement, Institutional Logic, Profession, Work Structure</td>
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<td>9.</td>
<td>Patrik Nordin and Anna-Aurora Kork dan Inka Koskela, 2017</td>
<td>The purpose of this paper is to describe the potential of organizational learning to develop care effectiveness. Value-based healthcare measurement recognises patient value as a driver for improving health outcomes at the community and individual levels. Using action learning methods, this paper examines the phases of organizational learning in a private healthcare organization that has developed a new Big Data screening tool for the treatment of patients with type 2 diabetes mellitus.</td>
<td>Case organizations can identify patients at risk and improve their balance of care. Although the results of measuring patient outcomes led to questions about previous care processes and practices in the organization, increasing value for all stakeholders by incorporating social needs into business opportunities remains a work in progress.</td>
<td>With a focus on organizational learning and organizational value creation processes, this paper demonstrates the incorporation of patient outcome measurement in the care realignment process, enhancing organizational performance and improving the effectiveness and quality of care.</td>
<td>Action learning, Organizational performance, Triple learning, Health outcomes, Value-based healthcare.</td>
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<td>10.</td>
<td>Lisa Rogan dan Ruth Boaden, 2017</td>
<td>Principal-agent theory (PAT) has been used to understand relationships between different professional groups and explain performance management across organizations, but has rarely been used for research in primary care. The purpose of this paper is to explore whether PAT can be used to achieve a better understanding of performance management in primary care.</td>
<td>There are various elements of the principal-agent framework that can be applied in primary care. Goal alignment is relevant, but can only be achieved through clear, strategic direction and consistent interpretation of goals at all levels. There is confusion between performance measurement and performance management and a tendency to focus on things that are easy to measure while omitting aspects of care that are more difficult to capture. The use of appropriate incentives, good communication, clinical engagement, ownership and trust influence the extent to which information asymmetry can be overcome and goal alignment achieved. Achieving the right balance between accountability and clinical autonomy is important to ensure governance and financial balance without stifling innovation.</td>
<td>The lead agent theoretical framework can be used to achieve a better understanding of performance management in primary care; although it is likely that only partial goal alignment will be achieved, depending on the extent and degree of alignment of the various factors.</td>
<td>Performance, Primary care, Goal alignment, Management, Manager, Accountability, Clinician, Principal agent theory.</td>
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<td>11.</td>
<td>Michaela Kerrissey et al, 2017</td>
<td>This inductive qualitative study examined primary care clinics implementing improvement efforts to identify mechanisms that enabled implementation despite common barriers, such as lack of time and fragmentation across stakeholder groups.</td>
<td>Nine clinics implemented more successfully during the study period, while seven implemented less. Clinics that implemented successfully demonstrated the managerial practice of integration, which we define as achieving unity of effort among stakeholder groups in pursuit of shared and co-developed goals. We theorise that integrating is critical in improvement implementation due to the fragmentation observed in healthcare settings, and we extend the theory on the role of clinic managers in implementation.</td>
<td>We identified four integration mechanisms employed by clinic managers: engaging the group, bridging communication, understanding, and negotiation. Mean patient survey results for integrated clinics increased by 0.07 units over time, whereas other clinics' survey scores decreased by 0.08 units on a scale of 5 (p=0.02).</td>
<td>Manajemen menengah pelayanan kesehatan, implementasi, integrasi, peningkatan kualitas</td>
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<td>12.</td>
<td>Robert L. Schalock, Miguel Verdugoc dan Tim Lee, 2016</td>
<td>This article integrates the concepts of sustainability and quality improvement into a systematic approach to organizational sustainability.</td>
<td>(1) The role of leadership is transformative and essential. (2) Sustainability involves value, resources, and transformation. (3) Quality improvement needs to be a transparent, collaborative process that is sensitive to organizational buy-in, advances the organization's unique competitive position, delivers a mix of value to stakeholders, and is easily</td>
<td>It is essential to integrate the concepts of sustainability and quality improvement into a systematic approach to organizational sustainability.</td>
<td>Continuous quality improvement, Best practice indicators, Organizational Change, Organizational self-</td>
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<td>13</td>
<td>Sandra C. Buttigieg, Prasanta K. Dey, dan Mary Rose Cassar, 2014</td>
<td>This article aims to develop an integrated patient-focused analytics framework to improve the quality of care in accident and emergency (A&amp;E) units in Maltese hospitals.</td>
<td>The main and related issues faced by the staff of the studied hospitals were overcrowding in A&amp;E and shortage of beds, respectively. The combined framework ensured better A&amp;E services and patient flow. The implementation of the Quality Function identified and analysed A&amp;E issues and challenges and the LFA helped develop a project plan for healthcare quality improvement. Notable outcomes of implementing the proposed quality improvement programme were fewer hospital admissions, faster patient flow, expert triage and shorter waiting times. Improved emergency consultant cover and faster first significant medical encounters were required to start dealing with problems effectively. Overall, the combination of QFD and LFA methods is effective to address the quality of A&amp;E services.</td>
<td>Although QFD has been used extensively in healthcare settings to improve quality, little has been researched about combining QFD and LFA to identify problems, prioritise them, derive improvement measures and implement improvement projects. In addition, there has been no research on the application of QFD in A&amp;E.</td>
<td>assessment, Quality improvement strategies, Performance-based perspective, Sustainability.</td>
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<td>14</td>
<td>James Demetri Sideras, 2016</td>
<td>In the context of budget constraints and the current quality crisis facing UK healthcare, the aim of this paper is to examine the use of trans-disciplinary community groups (TCGs) - an innovative and low-cost initiative to improve patient care.</td>
<td>TCG led to increased patient activity and improved patient decision-making and confidence in self-advocacy. The main prerequisites are top management commitment, democratic leadership and employee empowerment. However, nursing staff resisted TCGs as they tended to exercise managerial control and their own independent clinical judgement.</td>
<td>Adopting TCG can enable healthcare managers to improve their services at little or no additional cost, which is particularly important in the context of the current budget constraints and quality crisis facing the UK healthcare service.</td>
<td>Total quality management, Organizational learning, Private healthcare, Patient centricity, Empowerment, Quality improvement.</td>
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<td>15</td>
<td>Hector P. Rodriguez, et al, 2015</td>
<td>We examined how huddles were implemented in the context of VA patient-centred medical home (PCMH) transformation, including assessing barriers and facilitators to regular huddles among small teams (“teamlets”). We assessed the extent to which huddled team members had higher self-efficacy for PCMH change, reported better experiences of teamwork, and perceived a more supportive practice environment.</td>
<td>Most members reported participating in grouplet huddles when asked in the survey (85%). However, a minority of interview participants described regular get-togethers focused on pre-visit planning that included all members. When members reported regular team meetings, activities included (a) pre-visit planning, (b) developing care plans for patients with special or complex needs, (c) addressing daily workflow and communication issues through collective problem-solving, and (d) ensuring awareness of what team members are doing and what actions are happening in the</td>
<td>Regular small team huddles can promote teamwork and improve the practice climate, but time constraints and misperceptions about the purpose of huddles and implementation requirements hinder their routine use. To increase the impact of team huddles on patient care, practice leaders should clearly communicate the purpose, requirements and benefits of huddles and provide adequate time and resources</td>
<td>Organizational change, practice redesign, team communication, teamwork.</td>
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<td>16</td>
<td>Larry R. Hearld, et al, 2015</td>
<td>The purpose of this study is to examine the relationship between leadership transitions in alliances and members' judgements of the benefits and costs of participation, indicators of the value that members derive from their involvement in the alliance.</td>
<td>Quantitative analyses showed that members of alliances experiencing leadership change reported higher and lower levels of participation benefits and costs, depending on the type of leadership change (i.e., alliance leader vs. programmatic leader). Qualitative analyses showed that the scope of responsibilities of different types of leaders played an important role in how members perceived the change. Similarly, interviews showed that timing influenced how disruptive the leadership transition was and whether it was perceived as positive or negative.</td>
<td>Leadership transitions present both challenges and opportunities; whether the effects are perceived positively or negatively depends on when the transition occurs and how it is handled by the incoming leader and the remaining members.</td>
<td>Aligning forces for quality, collaborative organization, leadership transition, mixed methods, value of participation.</td>
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<td>17</td>
<td>Sara Tolf, et al, 2015</td>
<td>To contribute to an increased understanding of the agile concept and its potential for hospital managers to optimise the design of organizational structures and processes to combine internal efficiency and external effectiveness.</td>
<td>Organizational agility rests on the assumption that environments are uncertain, ranging from frequently changing to highly unpredictable. Proactive, reactive or embracive coping strategies are described as possible ways to deal with such uncertain environments. Five organizational capacities are derived that hospitals need to use the strategies optimally: transparent and temporary inter-organizational relationships; market sensitivity and customer focus, management with support for self-organising employees, elastic and responsive organic structure, human capacity, flexible resources for just-in-time delivery. Agile is described as a “new paradigm” after lean, a necessary development on a lean base, / as a complement to lean in different hybrid strategies.</td>
<td>Environmental uncertainty needs to be matched with coping strategies and organizational capacity to design processes that are responsive to the real needs of healthcare. This implies that lean and agile can be combined to optimise hospital design, to meet the variety of different demands and create good patient management.</td>
<td>Agile, Lean, Organizational development, Healthcare.</td>
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<td>18</td>
<td>Sarah A. Birken, et al, 2015</td>
<td>Evidence suggests that top manager support influences middle managers' commitment to innovation implementation. What remains unclear is how top manager support affects middle managers' commitment. The results can be used to improve dismal levels of innovation implementation.</td>
<td>We found support for each hypothesised relationship: Results show that top managers increase middle managers' commitment by directly conveying to middle managers that innovation implementation is an organizational priority ($\beta = 0.37$, $p = 0.09$); allocating implementation policies and practices including performance reviews, human resources, training, and funding (bootstrap estimate for performance reviews = 0.08; 95 percent CI: 0.03, 0.17); and encouraging middle managers to leverage performance reviews and human resources to achieve innovation implementation.</td>
<td>Top managers can demonstrate their support by directly conveying to middle managers that the initiative is an organizational priority, allocating implementation policies and practices such as human resources and funding to facilitate innovation implementation, and assuring middle managers that innovation implementation is possible using the availability of implementation policies and practices.</td>
<td>Top managers, middle managers, initiatives, innovation implementation, policy availability, implementation practices.</td>
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<tr>
<td>19</td>
<td>David J. Hunter, et al, 2015</td>
<td>The purpose of this paper is to examine a bold and ambitious scheme known as the North East transformation system (NETS). The primary aim of NETS was to achieve incremental change in the quality of healthcare provided to people living in the North East of England. The paper</td>
<td>The fate of NETS is shaped and influenced by the eight factors comprising Pettigrew et al. The context is receptive to the change framework but four factors in particular stand out as being particularly significant: environmental pressures, policy quality and coherence, key people leading</td>
<td>The research findings indicate the importance of context for the likely outcome and success of complex transformational change initiatives. It takes time to become embedded and</td>
<td>Change Management, Leadership, Politics, Quality Improvement, Public Sector Reform, Health Services.</td>
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<td>20.</td>
<td>Jill Pattison dan Theresa Kline, 2015</td>
<td>The purpose of this paper is to identify managerial and organizational characteristics and behaviours that facilitate the development of a just and trusting culture in healthcare systems.</td>
<td>The factors of type of breach (ability vs. integrity), providing an explanation or not, blame vs. no blame by the manager, and blame vs. no blame by the organization were all significant predictors of perceived trust.</td>
<td>These findings can be useful in developing training systems for managers and executive teams of organizations to manage medical error events in a way that will help develop a culture of fairness and trust.</td>
<td>Patient safety, Incident reporting, Organizational culture.</td>
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<td>21.</td>
<td>Ali Mohammad Mosadeghrad, 2014</td>
<td>The purpose of this paper is to identify the determinants of successful Total Quality Management (TQM) implementation.</td>
<td>Successful TQM implementation requires adequate education and training, supportive leadership, consistent support from top management, customer focus, employee involvement, process management, and continuous process improvement.</td>
<td>Understanding the factors that tend to promote TQM implementation will enable managers to develop more effective strategies that will increase the chances of achieving business excellence.</td>
<td>Total quality management, Implementation, Healthcare quality, Critical success factors, Healthcare organizations.</td>
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<td>22.</td>
<td>Marit Støre-Valen, et al, 2014</td>
<td>The purpose of this paper is to assess the status of the physical assets of Norwegian hospital facilities in terms of technical condition, building performance, usability and adaptability, thereby understanding the main challenges of property management as part of facility management (FM) within the hospitals of the Norwegian Specialist Health Care Service and allowing discussion on the more strategic role of property management.</td>
<td>A severe technical backlog was documented together with a strong demand for structural upgrades, roughly estimated at around NOK 30-35 billion in 2012 (€3.75-4.4 billion). Improvements are needed in all areas of FM delivery within the limited economic framework, although some examples of good property management (as part of FM delivery) were found. There is a gap between the general strategy on hospital assets and the role of property management, particularly with regard to translating changing user needs into changing facilities. The need for increased professionalisation of the role is urgent, shifting attention from operational costs and controls to value-adding potential. This requires a shift in focus from property managers to implementing the vision and goals of the health sector, which involves several actions such as improved communication between stakeholders and technical upskilling, thus ensuring better recruitment and capability of property management staff and measurement processes.</td>
<td>The paper provides two main recommendations: first, stronger integration of the property management role as part of FM delivery with the executive management of Regional and Local Health Authorities and Health Trusts; and second, a nationally coordinated strategy for the development of property management in Specialist Health-Care Services (termed Strategic FM). The authors argue that the development of a competency pool at a national level is required to develop standardised tools, methods and measures to enable the changing use of the terms added value and sustainability.</td>
<td>Facility management, Adaptation, Technical conditions, Leadership and communication, Property management role, Strategic asset portfolio management.</td>
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<td>23.</td>
<td>Douglas R. Wholey, et al, 2014</td>
<td>The aim of this study was to examine the influence of complementary leadership by nurses and doctors involved in co-producing health care services on care team functioning.</td>
<td>Professional leadership by nurses and physicians is associated with different path readiness. Nurse leadership was associated with greater team interdependence, and interdependence was positively related to respect. Physician leadership was positively associated with greater psychological safety, respect, and shared goals but not interdependence. Respect was associated with engagement in learning activities, and shared goals were associated with coordination. Coordination and engagement in learning activities were positively associated with preparedness.</td>
<td>By focusing on increasing interdependence and a constructive climate, nurse leaders and clinicians have the opportunity to improve care coordination and engagement in learning activities.</td>
<td>Care team, chronic care, leadership, nursing, profession.</td>
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<td>24.</td>
<td>Dorothy Y. Hung, et al, 2014</td>
<td>This study examines organizational culture as a contextual feature of primary care clinics and its impact on adherence to evidence-based guidelines for treating tobacco use.</td>
<td>Providers in clinics with stronger &quot;group/plan&quot;, &quot;hierarchical&quot;, and &quot;rational&quot; culture types, compared to &quot;developmental&quot; cultures, reported greater adherence to 5A guidelines (p G .05). System-level structure and care processes were positively associated (p G .01), whereas the number of ongoing quality initiatives was negatively associated with 5A delivery (p G .05). Provider familiarity with the guidelines (p G .01), confidence with cessation counselling (p G .05), and perceived effectiveness in helping smokers quit were associated with more frequent 5A interventions (p G .01).</td>
<td>The findings suggest that organizational culture may influence provider adherence to discontinuation treatment guidelines, even when controlling for other factors known to influence practice patterns. In particular, a culture that emphasises human resources and performance standards is conducive to integrating the 5A guidelines into routine practice.</td>
<td>Evidence-based guidelines, organizational culture, provider behaviour, quality improvement, tobacco use treatment.</td>
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<td>25.</td>
<td>Aaron Spaulding, et al, 2014</td>
<td>The purpose of this study is to introduce a conceptualisation of multiproject management that emphasises project interdependencies and suggests synergies can be found to improve overall project and organizational performance. It examines this conceptualisation in the context of a health system pursuing several key initiatives to capture insights into the nature of such interdependencies.</td>
<td>Electronic medical record (EMR) implementation was empirically identified as the most central among many projects based on the dependency of other projects on EMR. Furthermore, concerns for data were identified most frequently as success factors across all projects. This reinforces the depiction of EMR as the central focus of the organization.</td>
<td>A unique perspective on multiproject management in hospitals and EMR projects In addition, the conceptualisation of interdependencies and their application and results provide insights into multiproject management.</td>
<td>Daya serap, rekam medis elektronik, manajemen multiproyek</td>
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<td>26.</td>
<td>Bita A. Kash, et al, 2013</td>
<td>The purpose of this study was to test the usefulness of ACAP by analysing healthcare administrators’ experiences with several strategic initiatives in two health systems.</td>
<td>Participants’ descriptions of various strategic change initiatives confirmed the importance of the four dimensions of ACAP. ACAP can be a useful framework for assessing an organization’s capacity with respect to its ability to implement multiple strategic initiatives simultaneously. This capacity specifically revolves around the human resource requirements of upper management based on the location or stage of initiatives within the ACAP framework.</td>
<td>Strategic change initiatives in healthcare can be useful from an ACAP perspective. There was a tendency for those strategic initiatives ranked higher in priority and time consumption to reflect the more advanced dimensions of ACAP (assimilation and transformation), whereas some initiatives were identified in the &quot;exploitation&quot; dimension of ACAP. This may indicate that healthcare leaders tend to no longer identify as innovation strategic initiatives.</td>
<td>Absorptive capacity, innovation, knowledge capacity, organizational change, strategic planning.</td>
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<td>27.</td>
<td>Suzanne Young, Timothy Bartram dan Pauline Stanton, 2010</td>
<td>This paper aims to explore manager and employee attitudes towards high performance work practices (HPWS) in a medium-sized Australian rural hospital.</td>
<td>At the management level, the importance of distinctiveness, consistency, and consensus in the interpretation of strategic HRM/HPWS practices across the organization was found. Findings suggest that social identification mediates the relationship between HPWS and affective commitment and also mediates the relationship between HPWS and job satisfaction.</td>
<td>High-performance work systems can play an important role in facilitating social identification at the unit level. Such management practices and support are likely to provide benefits in terms of high-performing employee commitment.</td>
<td>Performance management system, Australia, Work practices, Hospital, Human resource management, Personal health.</td>
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<td>28.</td>
<td>Marie Carney, 2011</td>
<td>The purpose of this paper is to identify if aspects of organizational culture may indicate new terrain in the healthcare culture-quality relationship. This research stems from the authors' belief that viewing the role of the head of department or directorate as pivotal in healthcare management is essential for healthcare planning and quality healthcare delivery.</td>
<td>Organizational culture is more complex than previously thought. Several cultural influences such as excellence in care delivery, ethical values, engagement, professionalism, value-for-money, cost of care, commitment to quality and strategic thinking were found to be key cultural determinants in the delivery of quality care.</td>
<td>Healthcare managers feel that in order to deliver quality-focused care, they need to act professionally, be committed and put excellence at the forefront of care delivery, while at the same time being able to manage the tension that exists between cost-effectiveness and quality of care.</td>
<td>Organizational culture, Quality of care, Health services, Managers, Cost of quality, Ireland.</td>
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<td>29.</td>
<td>Kane N, Clark J dan Rivenson H, 2009</td>
<td>We explored differences in board processes and behavioural dynamics between financially high- and low-performing hospitals, with the aim of developing a better understanding of best board practices in not-for-profit hospitals.</td>
<td>Boards of hospitals with strong financial performance exhibit behavioural dynamics and internal processes that differ in important ways from those of hospitals with poor financial performance.</td>
<td>The board needs to actively attend key processes and encourage positive group dynamics in decision-making to more effectively govern the hospital.</td>
<td>Hospital, governance, board, non-profit organization.</td>
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DISCUSSION

This research aims to identify and explore health services with the aim of optimising services. In this paper, an in-depth analysis of health services will be presented using the literature review method and using a database of international journal articles. This research is expected to provide new insights and important contributions in the field of health services. The following discussion results were obtained:

1. **Good Governance**

   Good governance for healthcare refers to the effective and transparent management and oversight of healthcare organizations and systems. It involves the establishment of structures, processes and policies that promote accountability, integrity and ethical behaviour in healthcare delivery. Good governance is essential to ensure high-quality care, patient safety, and efficient use of resources within the healthcare sector. Good governance promotes accountability and transparency at all levels of the healthcare organization. (Mosadeghrad, 2014; Eeckloo, et al, 2004; Andrews, 2010). This includes clear lines of responsibility, performance monitoring mechanisms, and reporting structures that ensure transparency in decision-making, financial management, and quality of care.

   Healthcare organizations should have clear vision and mission statements that outline their goals, values and objectives. These statements serve as a guiding framework for decision-making and provide direction and purpose for the organization. Good governance involves developing and implementing a strategic plan that aligns with the vision and mission of the organization (Bryson, 2018; Galpin, et al, 2015). Strategic planning helps identify priorities, set goals, allocate resources effectively, and monitor progress towards desired outcomes.

2. **Organizational Culture**

   Organizational culture is more complex than previously thought. Several culture influences such as excellence in care delivery, ethical values, engagement, professionalism, value-for-money, cost of care, commitment to quality and strategic thinking were found to be key cultural determinants in quality care delivery. Healthcare managers feel that in order to deliver quality-focused care (Crney, 2011), they need to act professionally (Glouberman, 2001), be committed and put excellence at the forefront of care delivery, while at the same time being able to manage the tension that exists between cost-effectiveness and quality of care.

   Organizational culture may influence provider adherence to discontinuation treatment guidelines, even when controlling for other factors known to influence practice patterns. In particular, a culture that emphasises human resources and performance standards is conducive to integrating the 5A guidelines into routine practice.

3. **Collective Leadership**

   The concept of collective leadership in healthcare refers to a collaborative and distributed approach to leadership in
healthcare organizations (D’amour & Goulet, 2008). It involves involving and engaging a wide range of individuals and stakeholder, such as healthcare professionals, administrators, patients and community representatives, in decision-making and problem-solving processes. Collective leadership recognizes that no single individual has all the knowledge, skills and perspectives necessary to effectively address complex challenges in healthcare. Instead, it emphasizes the importance of shared responsibility and collective wisdom in driving organizational and system-wide improvements.

Collective leadership encourages collaboration and teamwork across multiple disciplines and hierarchical levels. It fosters a culture of trust, respect and open communication, where diverse perspectives are valued and considered (West, et al. 2014). Rather than relying solely on top-down hierarchical structures, collective leadership promotes shared accountability among all members of the healthcare team. Each individual has a role to play in achieving shared goals and outcomes, and everyone is accountable for their role in delivering high-quality care. In the collective leadership model, decision-making is distributed across many individuals and teams. This involves utilizing the expertise and insights of various stakeholders to make informed choices that benefit the hospital, patients and the community.

4. Competence of Human Resources (HR)

Human resource competence in healthcare refers to the knowledge, skills, attitudes and abilities possessed by healthcare workers to perform their roles and responsibilities effectively (Cronenwett, et al, 2007). Competent healthcare workers are essential for delivering high-quality and safe care, as their expertise directly affects patient outcomes and the performance of the healthcare system as a whole.

Healthcare professionals must have a strong knowledge base in their respective fields (Chen, Evan, et al, 2004). This includes an in-depth understanding of medical and clinical principles, healthcare policies and regulations, evidence-based practices, and emerging trends in healthcare. Continuous learning and staying up-to-date with advancements are essential for maintaining competence. Competence in healthcare requires proficiency in a range of technical and clinical skills. These skills may vary depending on the particular healthcare profession or role.

5. Integration

Healthcare integration refers to the seamless coordination and collaboration between different healthcare services and providers to deliver comprehensive and holistic care to individuals and populations (Cohen & Davis, 2015). It involves breaking down organizational and professional boundaries to create a unified and patient-centred approach to healthcare delivery. Integration aims to ensure that individuals receive continuous and coordinated care throughout their healthcare journey. By connecting
different healthcare settings (such as primary care, hospitals and community services) and providers, it reduces fragmentation and gaps in care, leading to better health outcomes and patient experience.

Integration brings together different healthcare disciplines and services to meet the diverse needs of individuals (Nastasi, 2000; Boon, et al; 2004). It considers physical, mental, and social aspects of health, promoting a holistic approach to care. This may involve integrating primary care, specialty care, behavioural health services, preventive care, social services and other support system. Integration improves coordination of care between different healthcare providers, ensuring that information is shared effectively, care plans are harmonized, and transitions between services are smooth. It reduces duplication, avoids unnecessary test or procedures and improves patient safety.

6. Agile
Agility, or adopting an agile approach, in healthcare refers to the ability of healthcare organizations to quickly and flexibly respond to changes, challenges and emerging needs in the healthcare environment. It involves embracing a mindset of adaptability, collaboration and continuous improvement to improve care delivery, promote innovation, and drive positive outcomes. Agile healthcare organizations prioritise rapid decision-making to respond effectively to changing circumstances (Martin, 2015). This involves empowering frontline healthcare workers to make autonomous decisions within their scope of practice and providing them with the necessary information and support to do so.

Implementing agility in healthcare may require organizational restructuring, changes in leadership style, and the development of new processes and frameworks (Arronson, Abrahamsson, & Sepns; 2011). It requires a willingness to embrace change, learn from failure, and continuously adapt to the ever-evolving healthcare landscape. By adopting an agile approach, healthcare organizations can improve their ability to cope with uncertainty, respond effectively to emerging challenges, and deliver high-quality care that is responsive to patient and community needs.

7. Total Quality Management
Total Quality Management (TQM) is a management philosophy and approach that aims to improve the quality of products and services by focusing on customer satisfaction, continuous improvement, and the involvement of all employees in the organization (Karia & Asaari, 2006; Tsang & Antony; 2001). In the context of healthcare, TQM is an important framework to ensure the delivery of high-quality care and improve patient outcomes. TQM in healthcare emphasis a customer-centric approach, with the patient as the primary customer. It involves understanding patients needs and expectations, actively listening to their feedback, and incorporating their perspectives in the decision-making process. The goal is to deliver patient-
centred care that meets or exceeds expectations.

By implementing Total Quality Management in healthcare, organizations can improve patient safety, enhance patient experience, reduce medical errors, increase efficiency, and achieve better health outcomes. TQM requires commitment from leadership, a culture of continuous improvement, and active involvement and engagement of employees at all levels of the organization.

8. Value-Based Health Services (VBHS)

Value-Based Health Services (VBHS) is an approach to healthcare delivery and reimbursement that focuses on improving patient outcomes and experiences while controlling costs (Duane, Couglan, Quintonez & Johnston, 2023). It shifts the focus from volume-based care, where providers are reimbursed based on the number of services provided, to value-based care, where providers are rewarded for delivering high-quality, efficient care that results in positive health outcomes for patients. VBHS puts the patient at the centre of care. It emphasizes understanding and addressing the individual needs, preferences, and goals of the patient. Patient engagement, shared decision-making, and care coordination across the healthcare continuum are central to delivering patient-centered care.

Value-Based Healthcare aims to improve patient outcomes, enhance patient experience, and control healthcare costs by aligning incentives, promoting quality improvement, and focusing on patient-centered care. By moving from volume to value, VBHS strives to create a healthcare system that rewards providers for delivering high-quality, cost-effective care that results in better health outcomes for patients and population.

9. Innovation Implementation

Health service innovation carried out by hospitals is not a single innovation that only occurs in the service department. More than that, this innovation is a series of other forms of innovation that tend to be integral, but in some cases the process is not linear (Windrum & Garcia-Goni, 2008; Greenhalgh, et al, 2008). This means that there are several innovation at the internal management level of the organization that must be carried out to realize the service innovation.

Each innovation may be influenced by a particular form of innovation, or a form of innovation may influence the emergence of other forms of innovation. The emergence of various forms of innovation in hospital organizations is also heavily influenced by external organizations and the community as service users, where these actors are also influenced by environmental factors. Similarly, the impact is felt not only for service users but also for the organization itself. In other words, hospital innovation is not an activity that occurs in isolation, but there is involvement between actors in certain areas that contribute to the emergence of these innovation practices.
10. Planning and Implementation Strategy
Healthcare planning and implementation strategies require strong leadership, effective communication, and collaboration among stakeholders (Cresswell & Sheikh, 2013). By following a systematic and evidence-based approach, healthcare organizations and policymakers can effectively address healthcare needs, improve outcomes, and enhance overall service delivery to the community. Healthcare planning and implementation strategies involve developing a comprehensive roadmap and carrying out targeted actions to achieve specific healthcare goals. It includes analysing current healthcare needs, setting priorities, identifying resources and coordinating efforts to deliver services effectively.

Embrace a culture of continuous improvement by actively seeking feedback, learning from experience, and making necessary adjustments to optimize strategies (Ploeg, Davies & Edwards, 2007). Review and update the plan regularly based on new evidence, emerging needs, or changing healthcare dynamics. Foster collaboration and coordination among the various healthcare providers, organizations and sector involved in the implementation strategy. This may involve establishing formal partnerships, care networks, or shared governance structures to ensure a cohesive and integrated approach.

11. Strategic Asset Portfolio Management
Based on some of the strategies above, hospital management must be more responsive because the existence of responsive and responsive management is very important for organizations in managing, organizing, and using available human resources to function effectively and efficiently in hospital services (Imperiale, 2002; Killen, Judgev & Drouln, 2012). Services area important for large hospital that use investments to increase their revenue and provide more operational cash flow for investments, such as updated infrastructure, technology resources, and more and this must be supported by strategic asset management for hospital sustainability (Fabozzi & Markowitz, 2011). With some things like that, it is expected that human resource management runs and can be a good organizational culture for hospital services and can improve a good image for the hospital institution.

RESULTS
Management is the foundation for facing business competition. Organizational strategies related to management create satisfaction among employees so that employees can perform well and can create a competitive advantage for their organization. For organizations, human resources are valuable assets that require good management and maintenance. The influence of management on organizational and individual performance has emerged as a central study theme in the discipline in recent decades, as awareness of HR potential and the need for managerial
direction has grown (Ferry, et al, 2021). Elarabi & Johari (2014) added that management in health institutions is essential to enable efficient and effective delivery of medical services and to achieve patient satisfaction, as well as effectively having a strong impact on the quality of health services and improving the performance of hospital staff. Effective hospital management will generate and maintain competitive advantage, as well as improve organizational performance.

Hospitals must ensure that their investments in HR and HR procedures attract and retain competent employees (Viyi, et al, 2022). Community hospitals have made significant gains in recent years in managing their culture and people by hiring a competent HR manager (Khatri, et al, 2006). The presence of competent human resources is a distinct advantage for hospitals in providing services to patients.

Management in hospital services can be seen from several variables such as organizational climate, leadership, satisfaction, innovation, performance, and so on. These assessments can be related to one another as explained by Pulphon, et al (2021) in a study that provides an overview of creating innovations that can create sustainable competitive advantage, so it needs to be adapted to a paradigm where each stakeholder is encouraged to work together through a multidisciplinary approach and workflows that integrate all key functions related to education and health services. This can be achieved in a goal-oriented and future-moving organizational climate, despite the threats to the organization in terms of product and services development.

The model will lead to improved work processes that can occur even with limited resources, and can encourage hospitals to achieve excellence in sustainability. In this case, it is shown that with little human resources can provide maximum results with good management. Other management can be realized by training for hospital employees to increase knowledge and skills. Viyi, et al (2022) explained the same thing, namely the results of research showing that performance in hospitals can be influenced by management practices such as compensation / reward, training and development, employee participations, and performance appraisal.

Training will provide new skills to employee and can have an impact on employees ability to complete assigned work so that in the end employee performance will increase (Handayani & Kasidin, 2022). Increased employee performance can be related to employee commitment to their own organization, and employee training and development in hospitals have a significant influence on each other (Ikhsani, et al, 2022). However, if management does not run well and makes employees not have motivation to work, it can affect the process of running management running poorly, as in the research of Dewi, et al (2018) that in hospitals X which is still lacking in terms of motivation.
Management can be a strategy for innovation performance in an organization and can be applied in hospitals, as explained by Zubir et al. (2020) that the effect of strategic management can be created with innovation performance through knowledge management and can have the greatest contribution in improving performance.

The relationship between management practices and organizational performance is an important topic in organizational science, so the implementation of good management can provide effective results in employee performance in hospitals. Saif et al. (2013) showed that management practices have an impact on performance within a hospital and compensation has the greatest impact on improving employee performance levels. The new service management school of thought recognises a new set of management practices, underpinned by the concept of satisfaction mirror between customers and frontline workers.

Management practices in the success cycle include careful selection, high-quality training, well-designed support systems, empowerment, teamwork, proper measurement, rewards and recognition, and development of a service culture (Tomar & Dhiman, 2013). Most hospitals intend to keep their staffing levels to a minimum without compromising their quality of care. Healthcare employees expect their employers to provide infrastructure, HR practices, and support, which they can attribute to improved performance especially in relation to care (Tomar & Dhiman, 2013).

Management practices in hospitals can be seen between patient care outcomes and division of labour, as well as levels of service delivery (Liu et al., 2020). In this case, an example is a doctor who provides higher services in treatment, so there are differences in addressing management practices but these differences can be overcome by communication between hospital employees (e.g., doctors and nurses).

This can be related to cooperation between HR in the organization, including in decision-making. Onyango et al. (2017) explain that organizations must have good communication between leaders and employees to avoid turnover and in the management of the organization must communicate pay issues periodically to employees and reward policies must be enforced in the organization, and employees must be informed about how rewards are determined. Therefore, teamwork and commitment affect employee performance. These things explain that the importance of the role of management in hospitals and can have a big impact on the organization.

As explained in previous research that management has a big role to play in improving hospital performance in an organization (Amelia & Sijabat, 2020). The importance of management and organizational performance as they relate to each other. As a result, HR pays special attention to personal development and has an impact on performance (Fanaei, et al 2023).
CONCLUSIONS AND IMPLICATIONS

Management and organization are important in the hospital business because HR is the wheel for the running of the service business. Good and correct management can create professional and talented HR results so as to improve employee performance and will have an impact on organizational goals, and services to patients can run well which has an impact on the main objectives of the hospital. Management can be seen from several things including training and development, management practices, organizational climate, and other things that have a relationship in creating effective and efficient management so as to provide optimal results for the organization.

Management and organization can be strategic to innovation performance in an organization and can be applied in hospitals, that the influence of strategic management can be created with innovation performance through knowledge management and can have the greatest contribution in improving performance.

The existence of responsive and responsive management is very important for organizations in managing services, for large hospitals that use investments to increase their revenue and provide more operational cash flow for investments, such as updated infrastructure, technology resources, and more and this must be supported by strategic asset management in order to sustain the hospital.

However, it is important to note that the healthcare field is dynamic, and new research and best practices are constantly emerging. Therefore, staying abreast of the latest literature is essential for healthcare leaders and managers to adapt to the changing landscape and provide high-quality care.

LIMITATIONS OF THE STUDY

Research on management and organization in healthcare, unlike other fields of study has several limitations. Time constraints are important, as researchers have not been able to explore in detail and in a well-structured manner. In addition, the number of articles from reliable sources other than Scopus and Web of Science journal articles is limited.

Research results in healthcare management and organization often cannot be directly generalised to different contexts or settings. Each health system has unique characteristics, and different cultural, social, and economic factors may influence the implementation of health management. Therefore, it is important to interpret research findings carefully and consider the specific context when trying to apply them.

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