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Design and implementation of a contemporary health administration program for health managers

Abdullah Lbrahim Alsulaiman

KSA, National Guard Health Affairs

Khalid Ali Almzairie

KSA, National Guard Health Affairs

Khaled Minawir Almotairi

KSA, National Guard Health Affairs

Muteb Saeed Saud Alharbi

KSA, National Guard Health Affairs

Shahad Mohammed Bin Saeed

KSA, National Guard Health Affairs

Futun Khaled Abdullah Al-Qarni

KSA, National Guard Health Affairs

Abstract---Background: Effective healthcare management programs are essential for preparing health service managers with the requisite skills to navigate the complexities of the healthcare sector. Although undergraduate programs exist, there is increasing recognition of the value of postgraduate education in fostering practical competencies and addressing the evolving challenges in healthcare management.

Aim: This study outlines the design and implementation of a contemporary Master of Health Administration (MHA) program in Australia, emphasizing stakeholder engagement, pedagogical innovation, and the introduction of specializations to meet diverse industry needs. **Methods:** A comprehensive gap analysis involving multiple stakeholders informed the redesign of the MHA program. This included consultations with alumni, employers, and current students, as well as market research to identify future needs and core competencies essential for health service managers. **Results:** The newly designed MHA program integrates real-life case studies and flexible delivery options, with specializations in digital health, public

health, and other relevant areas. Feedback indicated that alumni valued the program's emphasis on practical skills and its alignment with industry demands. **Conclusion:** The implementation of the MHA program serves as a model for addressing the unique challenges faced by health managers in a dynamic landscape. Future evaluations will focus on the efficacy of specializations and their impact on career advancement in the health sector.

Keywords--health administration, master of health administration, gap analysis, healthcare management, specializations, stakeholder engagement.

Introduction

Healthcare management programs are pivotal in equipping future health service managers with the skills necessary to provide effective and appropriate care within the healthcare sector (1, 2). While undergraduate health administration degrees exist, there is a growing consensus that postgraduate education is more effective for preparing the health management workforce. Generally, these postgraduate programs not only build upon students' foundational knowledge but also equip them with practical skills (3, 4). Nonetheless, there is considerable variation in the content and delivery of these courses. For instance, Bonica et al. utilized an open pedagogy approach to cultivate competencies within healthcare programs (5). The authors contended that access to open resources significantly enhanced students' soft skills and management capabilities. This pedagogical method was supplemented with assignments and discussions that emphasized outcomes, promoting self-directed learning through the use and creation of open educational resources. The authors further posited that this approach aligns well with the self-directed and exploratory nature expected of health managers, which is conducive to developing softer competencies, including achievement orientation, information seeking, team leadership, and organizational awareness (5). Despite the varied backgrounds of health managers, empirical evidence indicates that a core set of management skills is essential for achieving high organizational performance regarding both the organization itself and its employees, consumers, and other external stakeholders (6, 7). In some countries, professional organizations in health management and administration have begun to establish a unified competency framework (4, 8). The competencies recognized by these bodies encompass leadership, knowledge of health and healthcare environments, business acumen, communication and management skills, and professional responsibilities (9, 10). They may also encompass social responsibilities from a public health standpoint, addressing matters such as cultural diversity and health disparities (11–13).

Over time, health administration training programs have adapted to meet the competencies emphasized by various health management professional associations (4, 10). However, a limited number of published programs have referenced a pedagogical framework for their curricula. For example, a study by Abad Jorge et al. explored pedagogical methods for integrating cultural competency within a healthcare management program. This framework was

utilized to tackle health disparities in culturally diverse populations (8). The program included educational content focused on cultural competency, diversity management, and the advantages of diversity leadership in healthcare. The authors employed a variety of teaching methodologies to accommodate different learning styles (8). More recently, Caron et al. published a paper discussing the application of population health pedagogy to address the evolving challenges in healthcare (14). This pedagogical approach involves using real data to evaluate community health needs, analyzing and interpreting diverse data sets, developing practical solutions for complex health issues based on evaluations, and effectively communicating with a wide range of stakeholders.

A student-centered participatory approach is essential for acquiring the competencies required in health administration (8, 15). A recent integrative review identified several innovative pedagogical practices employed in higher education to enhance student engagement, motivation, and critical thinking. Approaches designed to foster reflection, higher-order thinking, and deep learning are crucial for student learning outcomes (16). Collaborative learning strategies, where students engage with peers and faculty, have been shown to increase engagement and deepen conceptual understanding (17, 18). Additionally, various digital simulation tools, including videos for concept explanation, feedback mechanisms, and exit surveys for teaching evaluation, are also utilized (19, 20). The adoption of flipped classrooms has been advocated for large classes due to its effectiveness in managing student numbers (21, 22). Allowing students to access materials in advance encourages them to generate ideas for discussion with peers and learn from one another through case studies and shared experiences. This paper outlines the development of a contemporary Master of Health Administration (MHA) program in Australia that employs an integrative pedagogical approach for implementation. It is noteworthy that many health administration programs are still evolving, with curricula being continually updated to respond to the dynamic nature of healthcare and the challenges faced by health managers. Recent challenges include the COVID-19 pandemic, increasing care costs, and rising consumer demands for quality health services.

Method

In 2020, a redesign of an existing Master of Health Administration (MHA) course was carried out through comprehensive consultations with various stakeholders. Both the original and revised courses underwent accreditation by the Australasian College of Health Service Management, adhering to its management competency framework. This framework encompasses several competencies established by the College, including leadership, health and healthcare competencies, business skills, communication and relationship management, and professional and social responsibility. These competencies are derived from the Global Consortium's compilation (23).

Gap Analysis and Content Design

A thorough gap analysis of the educational needs of health managers was conducted, involving multiple stakeholders. The gap analysis methodology is a recognized approach for quality assurance in service delivery organizations (24).

However, its application within the university sector is infrequent, often due to challenges in interpretation (25). The gap analysis was structured into four steps:

1. **Current State Assessment:** The initial step involved evaluating the existing course by consulting MHA alumni who graduated between 2012 and 2019, covering both local and international programs offered by the university. Ethics approval was obtained for the alumni evaluation component of the project.
2. **Future Needs Identification:** To determine the necessary components of the new course design, an independent consulting firm was engaged to conduct market research. This research facilitated discussions with potential employers, students, and international agencies regarding the evolving needs of health services managers and the requisite skills and knowledge for success in this dynamic field.
3. **Gap Identification:** The current course was analyzed against a set of competencies and comparable courses offered by other Australian universities with publicly available curricula. The competencies were selected based on the frameworks provided by the Royal Australian College of Medical Administrators (RACMA), the Australasian College of Health Services Management (ACHSM), and the Commission on Accreditation of Health Management Education (CAHM). Key areas of focus included knowledge of health systems, systems improvement, finance, health policy, epidemiology, leadership, capstone/research projects, and work-integrated learning. Expectations from students and external stakeholders were summarized and discussed in internal teaching and learning workshops.
4. **Improvement Planning:** A plan for enhancing the existing course was developed, incorporating adult learning principles and informed by consultations with current students and faculty members.

Implementation Plan for the Newly Designed Course

The implementation of the redesigned program was guided by an integrative pedagogical approach, which has been effectively applied during the transition to online delivery of the MHA course. This approach aligns with adult learning principles, as articulated by Knowles et al., emphasizing general ability-based outcomes to define learning opportunities, as well as case-based, problem-based, and experiential learning, complemented by comprehensive assessments (26). Several strategies were employed to deliver this design effectively, including:

- Extensive utilization of digital technologies to foster engagement and motivation, as observed in various courses.
- Clear and concise instructions to assist learners in navigating course content.
- Alignment of subject outcomes with overall course objectives, along with the weekly topics and ensuring that assessments are pertinent to the delivered content.
- Fostering a culture of support and maintaining an online presence among faculty members to provide guidance and timely feedback.

- Incorporation of real-life case studies and data in all assessments to engage learners and demonstrate the relevance of the content to their professional environments.

MHA Alumni Evaluation

The findings from the evaluation of the MHA alumni are detailed comprehensively in another publication. In summary, 44 alumni identified with knowledge in project management, health services resource management, program evaluation, and human resources as essential for their professional roles. Skills related to emotional intelligence, strategic thinking and planning, and resilience were also deemed critical by all alumni. Notably, over 90% of the alumni reported receiving promotions within their current organizations or being appointed to higher roles in other organizations. Additionally, alumni emphasized the significance of the course's flexible delivery mode, as 80% were engaged in full-time employment and required part-time study options due to work and personal commitments. Suggestions for course improvement included the incorporation of guest lectures from industry professionals and the integration of work placements.

Mapping of MHA Courses

A review identified ten health administration courses offered at Australian universities, mapping their core contents against the common areas recognized by the Royal Australian College of Medical Administrators (RACMA), the Australasian College of Health Services Management (ACHSM), and the Commission on Accreditation of Health Management Education (CAHM). Each subject within the university curricula was categorized according to relevant themes. Over 75% of Australian health administration programs included subjects aligned with the themes outlined by these accreditation bodies. The core subjects addressing systems improvement comprised 26% of the overall content. Examples of such subjects included program development and evaluation, evidence-informed decision-making, and utilizing healthcare data for decision-making. Management and leadership, along with knowledge of the health system, each constituted approximately 19% of the curriculum, with subjects like health leadership and workforce management and the Australian health system fitting into these categories. Furthermore, 90% of the universities provided a choice between a capstone project or a research project. Only one university in Australia offered a 12-week placement.

Market Research

One of the primary challenges in redesigning the MHA course is to address the diverse needs of students. In Australia, the MHA program typically spans 1.5 years for students with a cognate degree in health and 2 years for those without. To accommodate the diverse needs of the health sector, seven specializations were proposed: Applied Research, Health Promotion, Health Policy, Public Health, Community Engagement, Ageing in Society, and Ergonomics, Safety, and Health. The marketing brief aimed to explore the value of these specializations in enhancing employment prospects and career development, assess overall appeal, align with industry demands, and identify gaps in the existing specialization

offerings that could increase prospective students' employment opportunities. The target groups for the market research included ten participants, comprising employers in the health administration field, university alumni, international agents recruiting for the MHA program, and prospective students. The findings underscored the importance of specializations, which were viewed as critical differentiators from a generic master's degree. Additionally, the research highlighted the need for clear information regarding students' selection criteria for specializations and the distinctions among them. The market research findings suggested three key themes for potential specializations:

- Specializations that elevate the MHA's focus on strategic thinking within the health system.
- Specializations that could integrate into any master's program, reflecting long-term changes anticipated as a result of the COVID-19 pandemic.
- Specializations that cater to niche interests or specific future career paths.

Current Students and Staff Consultation

Prior to finalizing the content of the redesigned course, consultations with current students and staff were conducted to gather their perspectives on the course content and delivery mode. Both groups supported the overall structure of the redesigned course while emphasizing the necessity of maintaining flexible delivery options and updating course content and resources. Subject development integrated previous feedback from students who had taken the course in prior years. Subjects that received poor ratings were identified as needing significant revisions in content, assessment, and delivery.

Accreditation of the MHA Program

The redesigned MHA course was submitted for accreditation by the Australasian College of Health Services Management. This process required the course to demonstrate alignment of its subjects with the core competencies established by the college and to ensure effective teaching delivery arrangements. Further refinements to the subjects' content were made at this stage to meet accreditation requirements. The redesigned MHA course comprises eight core subjects: PHE5HHS - Health Systems; PHE5SOM – Strategy and Operations Management; PHE5FMH – Financial Management in Health Services; PHE5MLH - Management and Leadership in Health; PHE5HCQ - Health Care Quality; PHE5EPB - Epidemiology and Biostatistics; PHE5LAE - Health Law and Ethics; and PHE5STL - Systems Thinking and Leadership. These core subjects encompass all necessary competencies, including leadership, knowledge of the health and healthcare environment, business skills, communication and relationship management, and professional and social responsibilities. The course also offers a choice of specializations comprising four subjects. Examples of specializations include digital health, data for decision-making, aging strategy, public health, health promotion, international development, advanced practice, and applied research. The total course consists of 180 credit points, with each subject valued at 15 credit points, equating to approximately 10 hours of study time per credit point.

Discussion

The design and implementation of the new MHA course were based on the best practices that included consultations with multiple stakeholders and evaluations from past students currently in practice. To our knowledge, this is the first course in Australia developed from a gap analysis that engaged various stakeholders, employed robust pedagogy, and incorporated contemporary teaching methodologies. The course relied on a solid blueprint of learning outcomes that aligned with both the subjects' intended learning outcomes and the assessments, which included numerous real case studies to promote learner engagement and facilitate sharing of experiences from their workplaces. The introduction of specializations represents a significant change in the course and has been positively received by employers and prospective students. This necessity was emphasized by potential employers due to the ongoing challenges faced by the health system, including the pandemic, rising healthcare costs, and shortages of trained professionals equipped to meet the forthcoming challenges and increased demands for health managers as projected by the Australian Health Workforce agency (27, 28).

The specialization arrangements can also be better tailored to the diverse work needs of students from different professional and cultural backgrounds. Examples of specializations include digital health, data for decision-making, aging strategy, public health, health promotion, international development, advanced practice, and applied research. The student profiles in the MHA course often reflect the diversity found in the health industry workforce. Management position descriptions can vary significantly across different levels and disciplines. A major change in subject development in the redesigned course is the expansion of the focus from the Australian health system to international health systems. This approach will not only attract international students but also appeal to domestic students, highlighting the importance of learning from global best practices from the global. The successful design and implementation of the course utilized the triple C model, focusing on consultation, collaboration, and consolidation (29, 30). This model, previously applied to address complexities in health service organizations (31, 32), proved beneficial for course design and delivery. The process relied on a collaborative teaching team with expertise in subject development and an innovative approach to aligning assessments and content with the learning outcomes of each subject and the course overall. Improving health systems presents significant challenges for many countries, including the United States, due to increasing constraints on government resources, a heightened focus on patient-centered care, clinician overload, and politicized work environments. This study can be replicated in other countries to create tailored health administration courses that address the evolving needs of changing health systems across various contexts (33). Future efforts will concentrate on evaluating this course to adapt to the sector's changing demands and assess the relevance of the specializations introduced. Identifying the most popular specializations will provide valuable insights into industry demands and the support future managers require to tackle their work challenges.

Conclusion

The design and implementation of the new Master of Health Administration (MHA) program in Australia represent a significant advancement in preparing health service managers to meet the evolving demands of the healthcare sector. This initiative emerged from a rigorous gap analysis that engaged a diverse range of stakeholders, including alumni, employers, and current students. By incorporating their insights, the program aligns closely with industry expectations and the competencies necessary for effective management in health services. The introduction of specializations, such as digital health, public health, and health promotion, marks a pivotal shift in the course structure, allowing students to tailor their learning experiences to their professional and cultural backgrounds. This adaptability is crucial in addressing the diverse workforce within the health industry, where management positions vary significantly across disciplines. By expanding the curriculum to include a global perspective on health systems, the program not only attracts international students but also enriches the learning experience for domestic students. The application of the triple C model—consultation, collaboration, and consolidation—was instrumental in the course's development. This model facilitated a collaborative teaching environment where faculty members could innovate and align assessments with the intended learning outcomes effectively. By leveraging the collective expertise of the teaching team and continuously incorporating feedback from students and alumni, the MHA program aims to cultivate essential management skills that are critical for high organizational performance in healthcare. As health systems worldwide grapple with increasing constraints and shifting priorities—exacerbated by challenges such as the COVID-19 pandemic—this program offers a replicable framework for developing tailored health administration courses that meet the specific needs of varying healthcare contexts. Future evaluations will focus on the effectiveness of the introduced specializations, providing insights into the skills and knowledge that health managers require to navigate their roles effectively. By identifying popular specializations, the program can remain responsive to industry demands and continue to enhance the career trajectories of future health managers, ultimately contributing to improved healthcare delivery and outcomes.

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تصميم وتنفيذ برنامج إدارة صحية معاصر لمديري الصحة
الملخص:

الخلفية: تعتبر برامج إدارة الرعاية الصحية الفعالة ضرورية لإعداد مديرى خدمات الصحة بالمهارات الالزمة للتعامل مع تعقيدات قطاع الرعاية الصحية. على الرغم من وجود برامج دراسات بكالوريوس، فإن هناك اعتراضاً متزايداً بقيمة التعليم بعد التخرج في تعزيز الكفاءات العملية ومعالجة التحديات المتطورة في إدارة الرعاية الصحية.

الهدف: يوضح هذه الدراسة تصميم وتنفيذ برنامج ماجستير الإدارة الصحية (MHA) المعاصر في أستراليا كمثال، مع التركيز على مشاركة أصحاب المصلحة، والابتكار البيداغوجي، وإدخال التخصصات لتلبية احتياجات الصناعة المتنوعة.

الطرق: تم استخدام تحليل شامل للفجوات بمشاركة العديد من أصحاب المصلحة لتوجيه إعادة تصميم برنامج MHA. شمل ذلك مشاورات مع الخريجين، وأصحاب العمل، والطلاب الحاليين، بالإضافة إلى أبحاث السوق لتحديد الاحتياجات المستقبلية والكفاءات الأساسية الضرورية لمديري خدمات الصحة.

النتائج: يدمج برنامج MHA المصمم حديثاً دراسات حالة من الحياة الواقعية وخيارات تقديم مرنة، مع تخصصات في الصحة الرقمية، والصحة العامة، وغيرها من المجالات ذات الصلة. أظهرت الملاحظات أن الخريجين يقدرون تركيز البرنامج على المهارات العملية ومواءمه مع متطلبات الصناعة.

الاستنتاج: يعد تنفيذ برنامج MHA نموذجاً لمعالجة التحديات الفريدة التي يواجهها مديرى الصحة في بيئه ديناميكية. ستتركز التقييمات المستقبلية على فعالية التخصصات وتأثيرها على التقدم الوظيفي في قطاع الصحة.

الكلمات المفتاحية: إدارة الصحة، ماجستير في إدارة الصحة، تحليل الفجوات، إدارة الرعاية الصحية، التخصصات، مشاركة أصحاب المصلحة