

# Complementary education for healthcare personnel: a strategy to increase hospital performance

## Komplementäre Ausbildung für das Personal im Gesundheitswesen: eine Strategie zur Leistungssteigerung im Krankenhaus

### Abstract

**Introduction:** The German healthcare system is facing ongoing radical change and development. The increasing tendency to urge hospitals and medical staff to work in a profit-oriented way constitute among other factors clear present and future challenges. Physicians and surgeons in particular increasingly complain of increasing stress attributed to measures aiming at cost reduction in hospitals. The highest priority must always be patient satisfaction and the delivery of good medical and human service.

**Problem description:** The health care market in Germany has become an increasingly complex business with uncertain and unpredictable future events. Strategic planning has to enable hospitals to quickly and flexibly adapt strategies to changes in the environment that become essential to their success. The most important task is to develop a strategy that can be applied with success in all possible future scenarios. This is known as the core strategy.

**Discussion:** The core strategy for hospitals in Germany is complementary education of the medical staff as well as top management. Accordingly, courses, workshops or even part-time graduate or postgraduate education in business and economics are recommended for the medical staff. As far as non-medical hospital executives are concerned, there is no better way than to host them in a hospital department for a period of 6–12 months. This paves the way for understanding and accepting each others' opinion which increases hospital performance.

**Conclusion:** Proper and complementary education of the medical staff as well as of non-medical top executives and managers of hospitals is recommended as the core strategy. This harmonizes both professional medical and managerial efforts with a synergy effect that allows soundly facing the increasingly challenging environment of the health care sector in general and in hospitals in particular.

**Keywords:** complementary education, core strategy, hospital personnel

### Zusammenfassung

**Einleitung:** Das deutsche Gesundheitswesen steht vor anhaltenden Umbrüchen und Entwicklungen. Die zunehmende Tendenz, Krankenhäuser und medizinisches Personal zu drängen, ertragsorientiert zu arbeiten, stellt zusammen mit anderen Faktoren eine Herausforderung für Gegenwart und Zukunft dar. Ärzte und Chirurgen klagen über zunehmenden Stress, der auf Maßnahmen zur Kostensenkung in Krankenhäusern zurückzuführen ist. Die höchste Priorität muss immer die Zufriedenheit der Patienten und die Sicherstellung von gutem medizinischen und menschlichen Service haben.

**Problembeschreibung:** Der Gesundheitsmarkt in Deutschland wurde zu einem immer komplexer werdenden Geschäft mit unsicheren und unvorhersehbaren zukünftigen Ereignissen. Die strategische Planung muss den Krankenhäusern ermöglichen, die Strategie schnell und fle-

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xibel an die Veränderungen in der Umwelt anzupassen, da dies für ihren Erfolg wesentlich ist. Die wichtigste Aufgabe ist es, eine Strategie zu entwickeln, die mit Erfolg in allen möglichen Zukunftsszenarien angewendet werden kann. Diese ist als die Kernstrategie bekannt.

**Diskussion:** Die Kernstrategie für Krankenhäuser in Deutschland ist die komplementäre Ausbildung des medizinischen Personals sowie des Top-Managements. Dementsprechend sollen Kurse, Workshops oder auch Teilzeit-Studium oder weiterführende Ausbildung in Betriebs- und Volkswirtschaft für das medizinische Personal empfohlen werden. Soweit nicht-medizinische Krankenhausführungskräfte betroffen sind, gibt es keinen besseren Weg, als sie in medizinischen Krankenhausabteilungen für einen Zeitraum von 6–12 Monaten hospitieren zu lassen. Dies bahnt den Weg für besseres Verständnis und bessere Kooperation und somit erhöhte Krankenhausleistung.

**Fazit:** Die angemessene und komplementäre Ausbildung des medizinischen Personals und der nicht-medizinischen Top-Führungskräfte und Manager von Krankenhäusern wird als Kernstrategie empfohlen. Dies bringt die Bemühungen der Mediziner sowie die der nichtmedizinischen Führungskräfte in Einklang. Somit wird den Krankenhäusern der erfolgreiche Umgang mit dem zunehmend herausfordernden Umfeld des Gesundheitswesens ermöglicht.

**Schlüsselwörter:** komplementäre Ausbildung, Kernstrategie, Krankenhauspersonal

## Introduction

The German healthcare system is facing an ongoing radical change and development [1], [21]. Rapid advances in medicine, medical technology and pharmaceuticals, the ageing of the population, the increasing tendency to urge hospitals and medical staff to work in a profit-oriented way constitute among other factors clear present and future challenges [1], [21]. The health sector has become an enormously dynamic and complex market that also implies continued escalation in health spending [1], [17]. Physicians and surgeons in particular increasingly complain of increasing stress attributed to measures aiming at cost reduction in hospitals [1], [13], [21].

In the German healthcare system, priorities were always put on free choice, ready access, high number of providers and high-tech equipment than on cost effectiveness or cost containment and, indeed, this was always supported by the public [24]. In the last 20 years, substantial changes have been implemented to allocate resources more efficiently aiming at meeting the health needs of the increasingly demanding population [8]. Whether the high level of spending on health improves quality care is becoming doubtful [8]. Therefore, cost-efficient use of resources is essential [5], [6], [8], [12], [22]. This issue was mentioned by the World Health Report 2000, which ranked Germany at number 25 in health system performance [8], [23]. Despite the fact that this report was criticized for its methodological weaknesses, Figueras considered the general conclusion regarding Germany as valid [8].

According to the German Federal Ministry of Health, nearly 2,200 hospitals and over 300,000 doctors care for about 72 million members of the statutory and 8.5 million

privately insured [2], [3], [18]. Furthermore, an increasing number of people (currently about 4.3 million) find jobs in the health care system in spite of the difficult economic situation [2], [3], [18]. Annual health care expenditure totaled to approx. 293.8 billion Euros in 2011, which amounts to 11.3% of the gross domestic product [4], [19].

Germany is well known as the largest market in Europe. Therefore, it highly attracts the industry of medical technology, pharmaceuticals, and biotechnology. According to the German Federal Ministry of Health, in 2005 over 3,000 new patents in the medical field were noticed, Germany being second to the United States among world market leaders in the sector of medical technology [2]. However, a health care system is not a “normal” market. The highest priority must always be patient satisfaction and the delivery of good medical and human service. Patient satisfaction is relatively high in Germany compared to other European countries [10].

## Problem description

The health care market in Germany has become an increasingly complex, dynamic and volatile business in which future events become largely uncertain and unpredictable. Strategic planning has to keep up with these challenges. It must enable hospitals to quickly and flexibly adapt strategy to changes in the environment that become essential to their success [9], [26].

To achieve this task, a modern strategic planning tool is needed with strategic planning processes offering the alignment and integration of external and internal perspectives enabling hospitals and managers to plan for

multiple outcomes and options and therefore provides a sound basis for facing increasing challenges [9], [25], [26].

There are several strategic planning tools [14], [15], [16], [20], [26]. According to these tools, future scenarios are developed with corresponding strategies for each scenario. Yet, the most important task is to develop a strategy that can be applied with success in all possible scenarios. This is known as the *core strategy* [26].

## Discussion

*Increasing hospital performances by getting healthcare professionals to speak the same language: complementary education as a core strategy!*

Sound management is the pillar of good performance in hospitals. This is common sense. This fact has been supported by findings of recent research from McKinsey & Company and the Centre for Economic Performance at the London School of Economics [7]. In this study, the management practices were assessed in nearly 1,200 hospitals in seven countries (Canada, France, Germany, Italy, Sweden, UK, and USA). A further report pointed out that priority must be given to increasing the number of managers that possess both the clinical and the managerial skills [11].

The *core strategy* for hospitals in Germany is complementary education of the medical staff as well as top management. The medical field is a vast and fascinating one, but it is limited within the boundaries of hospitals. Medical practice is a huge responsibility. Further, doctors always try to keep up with scientific and medico-technological development. This necessitates continuous self-education in the medical field, attending workshops, seminars and engaging in scientific research, especially in university hospitals. This hardly leaves any time or mental capacity for perception of non-medically oriented fields of life. Their sight outside the health care field is very short. Economic and business principles and guidelines are particularly foreign to medical professionals. It is, indeed, a different line and a different kind of thinking. Therefore, doctors must be educated in business and economics. Non-medical hospital executives, on the other hand, are already diving in a totally different medium. They possess the know-how of business and economics. But they definitely lack the insight in the facts of the medical profession ranging from the art of dealing with human nature and human body up to the enormous responsibility carried by the medical staff and the tremendous workload they are exposed to.

The only way to deal with challenges facing the health care system, at least on the hospital level, is to get all parties to speak a common language paving the way for understanding and accepting each others' opinion. This is the only way to get them together in the same boat. Otherwise, the medical staff and non-medical hospital executives will continue speaking different languages and setting totally different priorities. It is not a matter of

who is right or wrong; it is not an issue of who thinks better or worse. It is simply a matter of getting both parties to set common priorities and search for the strategy line that yields mutual benefit.

Proper and complementary education is, indeed, the core strategy. Accordingly, courses, workshops or even part-time graduate or postgraduate education in business and economics is recommended for the medical staff. The question raised here is: who should pay for this? Well, either doctors are willing to invest in themselves seeking a broader insight in life or complementary qualifications that make them more competitive, or hospitals introduce conditioned sponsoring programs, e.g. financing workshops or seminars or education requiring a minimum duration of further employment of the candidate. If the candidate decides to quit, she or he has to pay back to the hospital.

As far as non-medical hospital executives are concerned, there is no better way than to host them in a hospital department for a period of 6–12 months, introducing them to the daily medical activities, of course without self-performing sophisticated medical care. This should be certified by the supervising medical staff. And this certificate and training program should be considered as a prerequisite for occupying management and top management positions in hospitals.

Further, it is time to reconsider the long tradition of appointing the head of medical departments based solely on the medical academic career. I believe that choosing the head of a hospital department or a clinic must be based on the personal ability or potential to lead and to manage in addition to the experience on the pure medical field. The ability to lead and manage is a gift. It can be stimulated, strengthened and developed by complementary education in business, economics and leadership.

## Conclusion

The health care sector has become enormously dynamic, complex and volatile market in which future events are uncertain. Strategic planning has to allow hospitals to quickly and flexibly adapt strategy to changes in the environment. This is essential to ensure a sustainable success. Proper and complementary education of the medical staff as well as of non-medical top executives and managers of hospitals is recommended as the core strategy. This harmonizes both professional medical and managerial efforts with a synergy effect that allows soundly facing the increasingly challenging environment of the health care sector in general and in hospitals in particular.

## Notes

### Competing interests

The author declares that he has no competing interests.

## Author's statement and acknowledgment

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## References

- Bräuninger D. Health Policy in Germany. Deutsche Bank Research. 2006 Jun 13. Available from: [http://www.dbresearch.com/PROD/DBR\\_INTERNET\\_DE-PROD/PROD000000000198021.pdf](http://www.dbresearch.com/PROD/DBR_INTERNET_DE-PROD/PROD000000000198021.pdf)
- Bundesministerium für Gesundheit [Federal Ministry of Health]. Health care system and health care reform in Germany. Facts and figures on Germany's health care system. 2009 Apr 15.
- Bundesministerium für Gesundheit [Federal Ministry of Health]. Health care system and health care reform in Germany. The Health Fund: a fair and transparent financing scheme. 2009 Apr 15.
- Bundesministerium für Gesundheit [Federal Ministry of Health]. The German financial health care reform. 2013 Aug 30. Available from: <http://www.bmg.bund.de/ministerium/english-version/health/health-care-reform.html>
- Busse R, Nimptsch U, Mansky T. Measuring, monitoring, and managing quality in Germany's hospitals. *Health Aff.* 2009 Mar/Apr;28(2):w294-w304. DOI: 10.1377/hlthaff.28.2.w294
- Busse R, Riesberg A. Health care systems in transition: Germany. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies; 2004. Available from: [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0018/80703/E85472.pdf](http://www.euro.who.int/__data/assets/pdf_file/0018/80703/E85472.pdf)
- Dorgan S, Layton D, Bloom N, Homkes R, Sadun R, van Reenen J. Management in healthcare: why good practice really matters. London: McKinsey & Co and the Centre for Economic Performance; 2010. Available from: [http://cep.lse.ac.uk/textonly/\\_new/research/productivity/management/PDF/Management\\_in\\_Healthcare\\_Report.pdf](http://cep.lse.ac.uk/textonly/_new/research/productivity/management/PDF/Management_in_Healthcare_Report.pdf)
- Figueras J, Saltman RB, Busse R, Dubois HFW. Patterns and performance in social health insurance systems. In: Saltman RB, Busse R, Figueras J, editors. *Social health insurance systems in Western Europe*. Buckingham: Open University Press; 2004. p. 81-140. Available from: [http://www.who.int/health\\_financing/documents/shi\\_w\\_europe.pdf](http://www.who.int/health_financing/documents/shi_w_europe.pdf)
- Ghanem M. Scenarios for the German health care system using the example of a university hospital [Master Thesis]. Leipzig: HHL Leipzig Graduate School of Management; 2010.
- Grol R, Wensing M, Mainz J, Jung HP, Ferreira P, Hearnshaw H, Hjortdahl P, Olesen F, Reis S, Ribacke M, Szecsenyi J; European Task Force on Patient Evaluations of General Practice Care (EUROPEP). Patients in Europe evaluate general practice care: an international comparison. *Br J Gen Pract.* 2000 Nov;50(460):882-7.
- Homkes R. Good hospital management can save lives and increase much needed productivity at a time of budget constraints. *British Politics and Policy at LSE (BPP)*. 2011 Apr 8. Available from: <http://blogs.lse.ac.uk/politicsandpolicy/archives/9473>
- PwC's Health Research Institute (HRI). You get what you pay for: A global look at balancing demand, quality, and efficiency in healthcare payment reform. PricewaterhouseCoopers; 2008. p. 1-42.
- Rosta J, Gerber A. Arbeitszufriedenheit bei Krankenhausärzten und -ärztinnen in Deutschland. Ergebnisse einer bundesweiten Erhebung im Herbst 2006 [Job satisfaction of hospital doctors. Results of a study of a national sample of hospital doctors in Germany]. *Gesundheitswesen.* 2008 Aug-Sep;70(8-9):519-24. DOI: 10.1055/s-2008-1077053
- Schoemaker PJH. Scenario Planning: A Tool for Strategic Thinking. *Sloan Management Review.* 1995 Jan 15;36(2):25-40.
- Schwartz P. The Art of the Long View. Planning for the Future in an Uncertain World. New York: Doubleday Publishing; 1996.
- Shell International BV. Scenarios: An Explorer's Guide. Edition 2. The Hague; 2008. Available from: <http://s05.static-shell.com/content/dam/shell/static/public/downloads/brochures/corporate-pkg/scenarios/explorers-guide.pdf>
- Statistisches Bundesamt. 10.6% of the GDP spent on health. Press release No. 327. 2006 Aug 16.
- Statistisches Bundesamt. 2.2 million employees performing a health service occupation. Press release No. 149. 2006 Apr 4.
- Statistisches Bundesamt. Gesundheitsausgaben 2011: 3590 Euro je Einwohner. Available from: <https://www.destatis.de/DE/ZahlenFakten/GesellschaftStaat/Gesundheit/Gesundheitsausgaben/Aktuell.html>
- van der Heijden K. Scenarios: The Art of strategic conversation. 2nd ed. Chichester: John Wiley & Sons; 2005.
- von Salis-Soglio G. Medizin und ärztliches Ethos im Jahr 2008. *Ärzteblatt Sachsen.* 2008;(9):453-5. Available from: <http://www.slaek.de/de/04/aerzteblatt/archiv/2008/archiv/aeb10908.pdf>
- Wenke A, Franz D, Pühse G, Volkmer B, Roeder N. G-DRG-Systemanpassung 2009 [Adjustment of the German DRG system in 2009]. *Urologe A.* 2009 Jul;48(7):774-84. DOI: 10.1007/s00120-009-1999-z
- World Health Organisation (WHO). The world health report 2000 – Health systems: improving performance. Annexe statistique. Table 1. 2000. p. 153. Available from: <http://www.who.int/whr/2000/en/>
- Wörz M, Busse R. Structural reforms for Germany's health care system? *Euro Observer.* 2002;4(4):1-3. Available from: <http://www.lse.ac.uk/LSEHealthAndSocialCare/pdf/euroObserver/ObsVol4no4.pdf>
- Wulf T, Meissner P, von Bernewitz F. Future scenarios for the German photovoltaic industry. Leipzig: HHL – Leipzig Graduate School of Management; 2010. (HHL-Arbeitspapier/HHL Working Paper; 99). Available from: <http://www.hhl.de/fileadmin/texte/publikationen/arbeitspapiere/hhlap0099.pdf>
- Wulf T, Meissner P, Stubner S. A scenario-based approach to strategic planning – integrating planning and process perspective of strategy. Leipzig: HHL – Leipzig Graduate School of Management; 2010. (HHL-Arbeitspapier/HHL Working Paper; 98). Available from: <http://www.hhl.de/fileadmin/texte/publikationen/arbeitspapiere/hhlap0098.pdf>

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