ORIGINAL ARTICLE HEALTH SERVICES

NORTH CLIN ISTANB 2022;9(6):646–653
doi: 10.14744/nci.2021.59837

Evaluation of health managers' opinions about decentralization in health services

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ABSTRACT

OBJECTIVE: It was aimed to determine the opinions of health-care managers on theimplementation of decentralization in health-care services.

METHODS: The research is a cross-sectional and descriptive study.Sample of the study included 261 health managers. Research data were collected from health-care managers between June 8 and July 17, 2020, using face-to-face interviews technic by a questionnaire, in an average of 20–25 minutes. The obtained data were transferred to the computer environment and analyzed with the number, percentage, and Chi-square tests.

RESULTS: About 52.5% of the health managers stated that health-care services should be provided by the public, 63.2% of them stated that health-care services should be a form of empowered decentralization, 41.8% of them stated that decentralization could be successful in Turkiye, 62.6% stated that decentralization would provide flexibility in health-care management, 70.3% of them said that it could find solutions to the problems, and 73.3% of them stated that it will improve employee performance whereas 44.9% of them stated that it would negatively affect providing services in integrity, 67.2% of them stated that it would cause regional inequalities, 73.2% of them said that local factors will intervene in health-care services, and 57.9% reported that it would weaken the central power.

CONCLUSION: The majority of health-care managers prefer that health-care services are provided by the public health-care service and prefer the empowered decentralization of health-care services. More than half of the health-care managers expressed their positive views such as the fact that decentralization provides flexibility in health-care services, improve the performance, and participation in service along with the negative views such as the fact that decentralization negatively affects the service delivery, causes regional inequalities and intervention of local factors, and weakens the central power.

Keywords: Decentralization; health; health-care management; local administration; management.

Cite this article as: *Bas K, Sur H. Evaluation of health managers' opinions about decentralization in health services. North Clin Istanb 2022;9(6):646–653.*

Management refers to the effective and efficient use of the resources of an organization or enterprise by planning, organizing, directing, coordinating, and controlling [1]. Managers have primary responsibilities in achieving the organization's goals. The new public administration process, which started in the seventies, has gone through three stages until today. The first stage (1970–1985s) includes the removal of subsidies in public goods and services and deregulation policies in the public sector. In the second stage (1985–1990s), privatization practices and efficiency policies were adopted in the public sector. The third phase started after 1990 and included a new management process with such policies as quality, transparency, participation, governance, and

This research has been produced from the doctoral thesis.

Received: February 15, 2021 *Revised:* March 12, 2021 *Accepted:* April 04, 2021 *Online:* December 22, 2022

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accountability in public services [2, 3]. In this process, the decentralization that takes into account the economic use of resources and satisfies public needs based on local demands in the production of service through effective and efficient presentation has come to the fore [4]. With the decentralization, it is aimed to "transfer of authority and responsibility for public functions from the central government to the local government units, to quasi-independent government organizations, to functional authorities, local government authorities, or non-government organizations other than the government [5]".

Although decentralization is a complex issue for the health system, it has been stated that it has some disadvantages as well as important advantages. It was also emphasized that it is difficult to make a generalization about decentralization across countries [6]. Because through decentralization, the health system could imply a change in the role, contain changes in various management functions, and can be affected by the unique historical experience of each country [7, 8]. Decentralization has been the main component of the reforms made in the health sector in most countries after the 1990s. Decentralization is believed to be an effective tool to promote improvements in the health-care delivery system, to provide a better resource allocation process, including the community in decision-making regarding priorities,and facilitate the reduction of health inequalities [9]. Decentralization is widely recommended as it can have a major impact on the health-care sector and will increase the service delivery, financing, and service quality in healthcare [8].

It is emphasized that the subject of implementations of decentralization that was tried to be performed through the Health Transformation Program (HTP) in Turkiye failed to achieve the expected objective [10]. This study aims to determine the opinions of health-care managers working at different levels in health institutions on the implementation of decentralization in health-care services.

Research Questions

1. What are the opinions of the health-care managers about the management of health-care services in Turkiye?
2. Could the implementation of decentralization in health-care services in Turkiye be successful?
3. What is the most appropriate form of decentralization in health-care services in Turkiye?
4. What are the advantages and disadvantages of the implementation of decentralization in health-care services?

Highlight key points

- More than half of health-care managers prefer empowered decentralization in healthcare.
- According to health-care managers, the most appropriate form of decentralization for our country is administrative.
- Decentralization in health-care services would provide a flexible management approach,could find solutions to the problems more easily, and will improve employee performance and participation in health-care services would increase.
- According to health-care managers, the disadvantages of decentralization in health-care services are intervention of local elements in health-care services, causing regional inequalities, reducing the power of the central government, and negatively affecting the providing of health-care services in integrity.

MATERIALS AND METHODS

The descriptive cross-sectional study was conducted between June 8andJuly 17, 2020, in public hospitals in Elazig and Tunceli city centers and districts, Health Department and Family Health Centers, Oral and Dental Health Centers, and Firat Research Hospital in the city center. The research data were collected using a face-to-face interview technique in an average of 20–25 minutes by the researcher in the institutions and units where the health-care managers work.

The study population consisted of 322 health-care managers working at the public hospitals in Elazığ and Tunceli city centers and districts, at Health Department and Family Health Centers, and Firat Research Hospital. Before undertaking sampling, all health-care managers were included in the study, and the sampling unit of the study consisted of 261 health-care managers who could be reached between the dates of the research data and volunteered to participate in the study.

A questionnaire form that was achieved through the reconnaissance of the relevant literature by the researchers was used as a data collection tool [5–9]. The questionnaire form consists of two parts and 41 questions in total. The first part consists of 12 questions that contain sociodemographic data of health-care managers, and the second part consists of 29 questions aimed at evaluating their views on decentralization.

Table 1. Distribution of the demographic characteristics of the managers

Features	Percent
Age (Mean±SD)	39.86±8.56 (Min=24, Max=60)
Gender	
Female	49.4
Male	50.6
Marital status	
Single	23.0
Married	77.0
Educational status	
Associate degree	9.2
Bachelor's degree	54.0
Master's degree	28.4
Doctor's degree	8.4
Average monthly income	
5000≥ TL	39.0
5001–10.000 TL	43.7
10.001≤ TL	17.3
Years of service in the institution (Average±SD) (Min=1 year, Max=37 years)	15.47±9.46
Management time (n=252)*	
0–1 year	25.8
2–5 years	32.9
6–9 years	22.6
10≤ years	18.7

SD: Standard deviation; Min: Minimum; Max: Maximum.

Table 2. Distribution of managers' opinions on the presentation and management of health-care services

Features	Percent
Delivery of health care	
Public	52.5
Private	2.7
Public and private sector together	44.8
Management of health-care services	
Centralization	36.8
Empowered decentralization	63.2
The autonomy of public hospitals	
Yes	35.6
No	64.4
Authorizations to be given to public hospitals*	
Setting price	31.2
Hiring and firing employee	30.4
Managing finance	29.2
Buying medical devices and supplies	76.2
Buying and selling real estate	9.6
Finding the public hospital association model successful	
Successful	21.1
Unsuccessful	39.8
No idea	39.1

*: Number of respondents giving more than one answer.

Statistical Analysis

We performed statistical analysis using the IBM SPSS Statistics for Windows, V.24.0 (IBM, Armonk, New York, USA). The data obtained in the study were analyzed using the number, percentage, and Chi-square tests after it was transferred to the computer-aided SPSS package program by the researchers.

Ethical Approval

This study was conducted in accordance with the Declaration of Helsinki. Before starting the study, ethics committee approval (decision number: 06) was obtained from Munzur University Non-Invasive Ethics Committee with a letter of February 20, 2020-E.565, and necessary permissions were obtained from the institutions where the research was conducted. A face-to-face interview was held with the health-care managers and the purpose of the study was explained. After the written and verbal consents of the health-care managers who accepted to participate in the study were obtained, the questionnaire was applied.

RESULTS

It was observed that the average age of the health-care managers was 39.86±8.56, 50.6% were male, 77.0% were married, and 54.0% had a bachelor's degree. It has been determined that 43.7% of the health-care managers have an averagemonthly income of 5001–10,000 TL. It was also observed that health-care managers had an average of 15.47±9.46 years of service in the institution where they work and 32.9% of them had 2–5 years of management experience (Table 1).

It was observed that 52.5% of the health-care managers stated that health-care services should be provided by the public, 63.2% of them stated that health-care services should be a form of empowered decentralization.

TABLE 3. Distribution of opinions of the health-care managers concerning the implementation of decentralization in Turkiye

Features	Percent
Decentralization implementation in health-care services in Turkiye (n=252)*	
Yes	29.0
No	71.0
If yes, type (n=61)*	
City hospital	24.6
Administrative power	24.6
Family practice	23.0
University hospital	19.7
Private hospital	8.1
Appropriate form of decentralization in our country**	
Administrative	71.5
Fiscal (income/consumption expenditure)	42.3
Market (privatization and legal regulation)	26.2
Political (politic)	18.8
The success of decentralization in health-care services in our country (n=256)*	
Yes	41.8
No	58.2
Suggestions for the implication of decentralization (n=93)	
Merit system should be regarded and managers should be trained	32.2
Not the right form of management for our country	31.1
Regional differences should be taken into account	15.1
The administrative authority should be given to the local	10.8
No political interference	9.7
A decision should be made after running the pilot scheme	1.1

*: Number of respondents; **: Number of respondents giving more than one answer.

Furthermore, 64.4% of these managers stated that public hospitals should not be run by autonomous management. About 31.2% of health-care managers stated that public hospitals should be given the authority to set prices, 30.4% to hire and fire employees, 29.2% to manage finance, and 76.2% to buy medical devices and supplies, and 9.6% to buy and sell real estate. Furthermore, 21.1% of the managers considered the public hospital union model established by Decree-Law No. 663 in 2011 in Turkiye to be successful while 39.8% of them have found it unsuccessful, and 39.1% of them stated that they do not have any idea about the model (Table 2).

About 29.0% of the health-care managers stated that implementation of decentralization in health-care services is applied in our country. About 24.6% of the managers mentioned the city hospitals, 24.6% administrative authorities, 23.0% family practitioners, 19.7% university hospitals, and 8.1% private hospitals. According to health-care managers, the most appropriate forms of decentralization for our country are respectively 71.5% of administrative, 42.3% of fiscal, 26.2% of the market, and 18.8% of political. About 41.8% of the health-care managers stated that decentralization in health-care services would be successful. About the implementation of decentralization in health management in our country, 32.2% of the health-care managers suggested that the managers should be appointed and trained based on the merit system, 15.1% suggested consideration of regional differences, 10.8% suggested granting administrative power to the local, 9.7% suggested that there should be no political interference in health-care services, and 1.1% recommended a making decision after pilot implementation (Table 3).

About 62.6% of the health-care managers stated that health-care services will have a flexible management approach through decentralization, 70.3% of them stated that the problems experienced in health-care services can be solved more easily, 73.6% of them stated that the performance of the employees will improve, and 73.3% of them stated that participation in the service will improve. About 44.9% of the health-care managers stated that decentralization would negatively affect providing services in integrity. About 67.2% of them stated that it would cause regional inequalities, About73.2% of them stated that local factors may interfere with health-care services and 57.9% reported that it would weaken the central power. Furthermore, it was observed that the managers expressed that there may be problems related to the implementation of decentralization in health-care services. It was stated that 82.5% of these problems are political between the center and the local, 69.3% are problems related to administrative functioning, 68.6% are resource shortages, 57.1% are related to human resources and management, and 3.4% are some problems such as appointments not based on merit system (Table 4).

As the education level and average monthly income of health-care managers increase, their preference for empowered decentralization in health-care services also increases. The difference between health-care service management styles according to the education level and average monthly income of the managers was found to be statistically significant ($p<0.05$). As the education level and average monthly income of health-care managers' increase, their perceptions that decentralization in health-care services is successful increases. The difference between the educa-

Table 4. Distribution of positive and negative aspects of decentralization according to managers

Positive aspects	%	Negative aspects	%
Flexible management approach (n=254)*		Negatively affecting the delivery of services in integrity (n=256)*	
Yes	62.6	Yes	44.9
No	37.4	No	55.1
Providing solutions for problems in health-care services (n=256) *		Causing regional inequalities (n=256)*	
Yes	70.3	Yes	67.2
No	29.7	No	32.8
Improving employeeperformance (n=254)*		Local intervention to health-care services (n=257)**	
Yes	73.6	Yes	73.2
No	26.4	No	26.8
Increasing participation in health-care		Reducing the power of central government (n=259)**	
services (n=255)*	73.3	Yes	57.9
Yes	26.7	No	42.1
No			
Problems related to decentralization in health-care services**			
Political problems between center and local			82.5
Administrative problems			69.3
Resource shortage			68.6
Problems related to human resources and management			57.1
Other (appointment not based on a merit system, not holistically providing the service)			3.4

*: Number of respondents; **: Number of respondents giving more than 1 answer.

tional status and average monthly income of the managers and their views of finding decentralization successful were found to be statistically significant ($p<0.05$) (Table 5).

DISCUSSION

When the views of the health-care managers on the delivery of health-care services were examined, it was seen that nearly half of the managers stated that health-care services should be provided by the public, and more than half stated that the form of health management should be mainly based on empowered decentralization.As the education level and average monthly income of health-care managers increase, their preference for empowered decentralization and perceptions that decentralization in health-care services is successful increases. When the literature is examined, it was observed that health-care services have been seen as non-profit organizations for years, and the role of the state (government) has been limited to supporting and developing the health sector [11]. It is emphasized that the purpose of the concept of health-care services, together with products and services considered necessary for public participation, is not profit but social benefit [12–14]. It was also stated that in the public health sector, more equitable and evidence-based care is generally provided [15]. Implementation of decentralization has been seen as the solution to various problems in health-careservices [9, 12, 16]. Decentralization in the public sector has become a global phenomenon and is supported in most countries to provide good public service, increase accountability, and promote a more stable and peaceful state administration by supporting economic development [8, 17]. The reason for the successful implementation of decentralization practices has been attributed to the observing and supportive function of mass (community) participation against services planned andprovided by the center [18]. Based on the results of quantitative and qualitative research conducted in 25 low-, middle-, and high-income countries, it has been reported that decentralization generally has a positive impact on achieving equity in the health system, efficiency, and durability of the system [16]. It can be said

Table 5. Opinions of the managers about decentralization according to education and income levels

Features	Health-care management		p
	Centralization (n=96) %	Empowered decentralization (n=165) %	
Educational status (n=261)*			
Associate degree	33.3	66.7	df=3
Bachelor's degree	44.7	55.3	X^2=9.427
Master's degree	28.4	71.6	p=**0.024**
Doctor's degree	18.2	81.8	
Average monthly income (n=261)*			
5000≥ TL	46.1	53.9	df=2
5001–10.000 TL	35.1	64.9	X^2=9.382
10.001≤ TL	20.0	80.0	p=**0.009**
Total			
Features	**Would decentralization be successful?**		
	Yes (n=107) %	No (n=149) %	
Educational status (n=256)*			
Associate degree	37.5	62.5	df=3
Bachelor's degree	36.0	64.0	X^2=8.332
Master's degree	47.2	52.8	p=**0.040**
Doctor's degree	66.7	33.3	
Average monthly income (n=256)*			
5000≥ TL	32.0	68.0	df=2
5001–10.000 TL	45.1	54.9	X^2=7.935
10.001≤ TL	55.8	44.2	p=**0.019**

*: Number of respondents.

that implementation of decentralization in health-care services has been approved significantly in this study and other studies related to the subject.

More than half of the health-care managers stated that public hospitals should not be run by autonomous organizations. Furthermore, according to health-care managers, the authorizations that should be given to public hospitals are, respectively, purchasing medical devices and materials, price determination, hiring and firing employees, managing finance, and buying and selling real estate. When the literature review is conducted, it is observed that since public hospitals increase the costs of health-care services, hospital autonomy in the health sector has been one of the most important reforms to increase the equitable delivery, efficiency, and effectiveness of health services [19–21]. It was also emphasized that public hospitals will be transformed into enterprises with administrative and financial autonomy through the HTP in Turkiye [22]. In this study and other study results, some of the health-care managers think that public hospitals should be managed autonomously and some authorities should be left to hospitals.

While about 1/5th of health managers considered the public hospital union model established by Decree-Law No. 663 in 2011 in Turkiye to be successful, 39.8% of them have found it unsuccessful.When the literature is examined, it is stated that Turkiye Public Hospitals Authority affiliated with the Ministry of Health will be established by "Decree-Law No. 663 on the Organization and Duties of the Ministry of Health and Affiliated

Institutions," which entered into force in Turkiye in 2011. It has also been stated that the hospital management affiliated to it in the provinces will be fulfilled by the Public Hospital Unions. However, this regulationwas not successful. Thus, in 2017, the management of public hospitals was changed by stating that "Hospitals are managed by the chief physician" with Decree No. 694 [23–25]. It was observed in this study that a large number of health-care managers did not find this model successful.

In the study, only 29.0% of the health-care managers stated that implementation of decentralization in health-care services is applied in our country. It was reported that decentralization law in health-care service in Turkiye is adopted [4, 26, 27]. There are examples of implementation of decentralization in health care in Turkiye. However, a significant number of health-care managers stated that there is no implementation of decentralization in health-care services in our country.

According to health-care managers, the most appropriate forms of decentralization for our country are respectively administrative, fiscal, market, and political.When the literature is examined, the implementation of political, administrative, fiscal, and market decentralization can occur in different forms and components among countries, within countries, and even within sectors [28]. Along with the experiences of decentralization in the public sector of the countries; it is stated that it has four types named as political, administrative, fiscal, and market, as well as four subtypes, namely, the width of authority (deconcentration), transfer of authority (delegation), devolution, and privatization [6, 14, 29]. It was reported that there are implementations of deconcentration and delegation that are the major types of decentralization in the health sector in Turkiye; however,the application of devolution has not yet been applied in health-care services [10].

More than half of the health-care managers in the studystated that decentralization in health-care services would provide a flexible management approach, could find solutions to the problems more easily, and will improve employee performance and participation in health-care services would increase. According to another study; 76% of healthcare workers stated that employee absenteeism reduced thanks to self-managed institutions, 71.2% provideduseof a higher fund rate, 85% positively affected the motivation of the health workforce, 88% increased the performance of health units, 75.9% stated that there was a decrease in waiting time of the patients due to local responsiveness, and 62% expressed a significant increase in local accountability [30]. When the literature is examined, it has been emphasized that decentralization is a complex issue for the health system as well as a potential advantage [6, 31–34]. It has been reported that decentralization in particular has important roles such as performance enhancement [35, 36]. According to health-care managers, the negative aspects of decentralization in health-care services are, respectively, the intervention of local elements in health-care services, causing regional inequalities, reducing the power of the central government,and negatively affecting the providing of health-care services in integrity. When the literature is examined, it has been reported that some negative situations would be experienced through decentralization in health-care services related to the historical, political, economic, and administrative experience of the countries [6, 7, 10].

One of the strengths of the study is that the research is conducted in more than 1 province and institution. In addition, the second strength of the study is due to the limited studies in this field in Turkiye. So that study will contribute to the field. The fact that the data of this study are based on self-reports of health-care managers constitutes the limitation of the study.

Conclusion

The majority of health-care managers prefer empowered decentralization in addition to public health-care provision. Moreover, the managers stated that decentralization in health-care services in Turkiye would be successful and the majority of them stated that administrative decentralization is appropriate. A significant number of managers think that the public hospital association model has failed. Furthermore, health-care managers have such positive views on the decentralization in the health-care services as the fact that it would provide a flexible management approach in health-care services, increase the performance and participation, and provide solutions to the problems. Along with the positive views, the managers also stated some negative views such as the fact that decentralization would negatively affect providing services in integrity, cause regional inequalities, and intervention of local elements in the health-care services.

Acknowledgements: The authors thank the healthcare administrators who participate the research.

Ethics Committee Approval: The Munzur University Non-interventional Ethics Committee granted approval for this study (date: 20.02.2020, number: 06).

Conflict of Interest: No conflict of interest was declared by the authors.

Financial Disclosure: The authors declared that this study has received no financial support.

Authorship Contributions: Concept – KB, HS; Design – KB, HS; Supervision – KB, HS; Materials – KB, HS; Data collection and/or processing – KB; Analysis and/or interpretation – KB, HS; Literature review – KB; Writing – KB, HS; Critical review – KB, HS.

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