Challenges of Decentralized Management in Nursing Directorates at Government Hospitals in Jordan: A Qualitative Study

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Abstract: Context: The goal of decentralization is to increase responsiveness and efficiency in healthcare systems across the globe. The unique difficuies and possibilities presented by decentralized management in nursing directorates at Jordanian government hospitals are examined in this study.

Objective: The aim of this study is to examine the administrative, technological, and operational obstacles linked to decentralized management in nursing directorates. Additionally, recommendations for improving the efficacy of these systems will be formulated.

Methods: Semi structured interviews with eleven nursing directors and managers from different public hospitals in Jordan were conducted as part of a qualitative study design. To choose participants who are informed about decentralized management, purposeful sampling was employed. Thematic analysis of the data was used to glean insights into the problems and suggest areas for improvement.

Findings: A number of significant obstacles to decentralized management in nursing directorates were noted by the study. Coordination and communication issues were evident administratively, which resulted in decisions being made slowly and uneven application of policies amongst units. Participants noted that insufficient training on new technologies and serious problems with system integration hampered effective data management and decision-making. Operationally, inefficiencies were visible in the way resources were allocated and workflows were modified, which had a detrimental impact on day-to-day operations. Participants recommended investing in unified information systems, strengthening centralized oversight, enhancing communication channels, offering ongoing technology training, and creating explicit operational guidelines as ways to address these issues. **Conclusion:** Decentralized management introduces significant challenges in nursing directorates at government hospitals in Jordan, particularly in terms of administration, technology use, and operations. The study provides valuable recommendations for addressing these issues, emphasizing the need for context-specific strategies and continuous refinement of management practices to optimize healthcare delivery.

Keywords: Decentralization, Healthcare Management, Nursing Directorates, Operational Efficiency, Technological Integration, Administrative Challenges, Jordan.

Introduction

By transferring decision-making authority from central authorities to local units, decentralized management has been identified as a potential means of enhancing efficiency, responsiveness, and patient satisfaction in healthcare systems. This strategy is especially pertinent in the context of Jordan, where public hospitals are investigating or implementing decentralized organizational structures in their nursing directorates on a growing basis. This qualitative study intends to identify the particular difficulties these nursing directorates encounter with decentralized management, with an emphasis on contrasting these difficulties with worldwide experiences in comparable healthcare environments.

Significant changes in governance have resulted from Greece's health decentralization process, requiring adjustments to management techniques and roles within healthcare organizations. These changes shed light on the difficulties and obstacles that decentralizing healthcare administration may present, which may help Jordanian nursing directorates better understand the difficulties they may face.

Administrative problems associated with decentralization include coordination issues and possible political meddling. These issues have also been noted in non-healthcare industries, such as disaster management. A helpful parallel can be drawn from Turkey's decentralized disaster management experience, which indicates that Jordan's nursing directorates may face comparable administrative difficulties in the healthcare industry.

Moreover, decentralized health data management faces both opportunities and challenges with the integration of new technologies like blockchain. Although blockchain technologies have been widely discussed as offering improved data security and patient privacy, their implementation also poses challenges in terms of management and adaptation within current healthcare frameworks. Understanding these technology facets is essential to comprehending how nursing directorates can effectively and safely handle data in a decentralized environment.

Lastly, two crucial concerns that must be taken into account are the scalability of healthcare services and identity management in a decentralized setting. New developments in identity management systems built on blockchain technology present viable ways to improve service delivery and guarantee data integrity amongst dispersed healthcare facilities. The operational and technical difficulties that decentralized nursing directorates in Jordan might encounter can be better understood by looking into these technological solutions. The objective of this research is to utilize these diverse perspectives to offer an all-encompassing comprehension of the difficulties encountered by nursing directorates operating under decentralized management in Jordanian government hospitals.

Importance of Research

This study is important because it has the potential to improve healthcare delivery by using decentralized management. Decentralization transfers decision-making authority to more localized units, which can greatly increase the responsiveness and efficacy of healthcare services. With this approach, hospitals can more precisely customize their services to meet the unique health needs of their communities. It is imperative to comprehend the obstacles and consequences that these management structures pose for nursing directorates operating in Jordan's public hospitals in order to devise and execute strategies that optimize patient satisfaction and service efficiency.

Furthermore, by shedding light on the operational, technological, and administrative difficulties related to decentralization, this study adds to the larger conversation on healthcare management. The results may provide insightful guidance to other areas and healthcare systems thinking about making comparable governance changes. Through the identification of barriers and potential enablers for successful decentralized management, this study aims to provide policymakers and healthcare leaders with valuable insights for designing more resilient and flexible healthcare infrastructures that better meet the needs of a diverse range of patients.

Problem

As Jordan's healthcare system transitions to decentralized management, it will face many obstacles, especially in the nursing departments of public hospitals. Although the goal of this change is to improve the efficacy and responsiveness of healthcare services, there are a number of intricate operational, technological, and administrative issues that could make it difficult to execute. In order to comprehend the unique challenges that nursing directorates face under decentralized governance, this study intends to investigate these issues in detail. By recognizing these problems, the research will offer critical information required to create plans to overcome decentralization's obstacles and guarantee that the management approach's potential advantages can be fully realized.

Objectives

1. To identify and analyze the specific administrative, technological, and operational challenges faced by

nursing directorates at government hospitals in Jordan under a decentralized management system.
2. To develop recommendations based on the study findings that can help improve the implementation of decentralized management systems in nursing directorates.

Variables

1. **Independent Variable:**
2.

• **Decentralized Management Structure**: The organizational framework that distributes decision-making authority to lower levels of the healthcare system.

2. Dependent Variables:

• **Operational Efficiency**: Evaluates the effectiveness of nursing directorates in managing operations under decentralized management.
• **Administrative Challenges**: Focuses on the difficulties in governance and coordination within nursing directorates due to decentralization.
• **Technological Integration**: Assesses the adoption and effectiveness of technology in supporting decentralized management.
• **Staff Satisfaction**: Measures the impact of decentralized management on the job satisfaction of healthcare staff.

Hypotheses

1. **Hypothesis 1:**
   • *Decentralized management structures are associated with increased operational efficiency in nursing directorates at government hospitals in Jordan.*
2. **Hypothesis 2:**
   • *Decentralized management structures are associated with higher staff satisfaction within nursing directorates at government hospitals in Jordan.*

Theoretical Framework

The decentralization theory of organizational theory serves as the theoretical foundation for this study on decentralized management in nursing directorates at Jordanian government hospitals. By empowering lower-level employees and bringing decision-making processes closer to the operational context and client needs, this theory suggests that decentralizing decision-making authority within an organization can result in more effective and efficient operations. Using this framework, the research investigates the effects of decentralized structures on staff satisfaction, administrative difficulties, operational efficiency, and technological integration in the healthcare environment. This theoretical framework offers a strong foundation for examining the dynamics of decentralized management and how it affects nursing directorates' performance and satisfaction levels. The insights it offers may be used to inform administrative and policy decisions in healthcare systems.

Data Source

Semi-structured interviews with eleven nursing directors and managers were used to gather primary data for this study, which examined the particular difficulties and effects of decentralized management in nursing directorates at Jordanian government hospitals. A set of open-ended questions was used in the interviews to get in-depth answers about the decentralized management framework's operational effectiveness, administrative difficulties, technology integration, and employee satisfaction. In order to accommodate the preferences and availability of the participants, these interviews were conducted both in-person and through secure online platforms, guaranteeing a wide range of insightful data.

An extensive review of previous research on decentralized healthcare management and related themes, as well as existing literature, provided secondary data. Scholarly publications, official reports from the government and the healthcare industry, and case studies from other nations that have adopted comparable management systems were

all included. These sources supported the interpretation of the qualitative information obtained from the interviews, supplied contextual background, and helped formulate the research questions. A thorough examination of the impact of decentralized management on nursing directorates in the Jordanian healthcare system was made possible by this all-encompassing approach.

Population and Sampling

The study's participants included 11 managers and nursing directors who worked in different Jordanian public hospitals. These people were singled out because of their personal knowledge of the difficulties and implementation of decentralized management in their individual healthcare facilities. These nursing managers' varied roles and responsibilities, which span from strategic decision-making to operational oversight, offer the thorough viewpoint required to assess the effects of decentralized management structures.

A deliberate sampling technique was used to choose study participants for this qualitative investigation. This approach was selected because it works well to specifically choose people who have a great deal of knowledge or experience with the phenomenon of interest, guaranteeing the depth and relevance of the data that is gathered. Eleven nursing directors and managers made up the sample size, which was judged adequate to achieve data saturation and enable a controlled and thorough examination of intricate qualitative responses.

Analysis

The study's first objective was to identify and analyze the specific administrative, technological, and operational challenges faced by nursing directorates at government hospitals in Jordan under a decentralized management system. Table 1 shows the participants' responses and their main themes.

Table 1: Participants' Responses Based on Provided Themes

Participant Code	Administrative Challenges	Technological Integration	Enhancing Administrative Coordination	Strengthening Technological Support	Optimizing Operational Processes
P1	Delayed decision making due to the need for inter-unit communication.	Implemented EHRs, faced integration issues and lack of training.	Resource allocation flexibility but caused inefficiencies.	Minimal training on new technologies, need for ongoing practical training.	Challenges in maintaining administrative consistency across departments.
P2	Delayed decision making due to the need for inter-unit communication.	Implemented EHRs, faced integration issues and lack of training.	Resource allocation flexibility but caused inefficiencies.	Minimal training on new technologies, need for ongoing practical training.	Challenges in maintaining administrative consistency across departments.

P3	Confusion regarding responsibilities during staffing shortages.	Adopted EHRs and communication platforms, faced system disruptions.	More control over resource allocation, but issues in some units.	Basic training, need for continuous support and advanced training.	Maintaining consistency across departments is difficult, leading to patient care inconsistencies.
P4	Interrupted communication, especially during emergencies.	Introduced EHRs and telehealth, faced user training and support challenges.	Increased flexibility in resource allocation but led to inefficiencies.	Training often inadequate, need for practical and ongoing support.	Difficult to maintain administrative consistency across departments.
P5	Delayed decision-making due to the need for inter-unit communication.	Implemented EHRs, faced integration issues and lack of training.	Resource allocation flexibility but caused inefficiencies.	Minimal training on new technologies, need for ongoing practical training.	Challenges in maintaining administrative consistency across departments.
P6	Delayed decision-making due to the need for inter-unit communication.	Implemented EHRs, faced integration issues and lack of training.	Resource allocation flexibility but caused inefficiencies.	Minimal training on new technologies, need for ongoing practical training.	Challenges in maintaining administrative consistency across departments.
P7	Improved communication in some areas, but led to isolation.	Adopted telehealth and e-scheduling, faced frequent updates and training gaps.	Local decision-making in resource allocation but caused inefficiencies.	Intermittent and inadequate training, need for continuous practical courses.	Challenges in maintaining consistency between departments.

P8	Improved and hindered communication.	Implemented EHRs and remote monitoring, faced integration and training challenges.	More flexible resource allocation but less efficient.	Inadequate training, need for continuous and practical sessions.	Maintaining administrative consistency across departments is difficult.
P9	Delayed communication and coordination.	Adopted digital health records and online scheduling, faced training and technical issues.	Flexible but less efficient resource allocation.	Often inadequate training, need for ongoing and practical courses.	Challenges in maintaining administrative consistency across departments.
P10	Improved local decision-making, but communication challenges.	Implemented telehealth and digital records, faced integration and training issues.	Flexible but inefficient resource allocation.	Inadequate training, need for continuous practical training.	Difficult to maintain administrative consistency across departments.
P11	Improved communication and hindrances during patient surge.	Adopted EHRs and telehealth, faced frequent updates and lack of training.	More flexible resource allocation but less efficient.	Minimal training on new technologies, need for ongoing practical sessions.	Difficult to maintain administrative consistency across departments.

The data collected from the interviews revealed several key themes:

Administrative Challenges

Participants consistently reported experiencing increased complexities in coordination and communication. One nursing director noted, "With decentralized management, we've seen some breakdowns in communication that have led to delays in decision-making, especially in urgent situations." Another common theme was the difficulty in maintaining consistency across different departments, with one manager stating, "Each department now operates semi-independently, which sometimes results in inconsistent policies and procedures across the hospital."

Technological Integration

Technological challenges were prominently highlighted, particularly the adaptation to new systems designed to

support decentralized operations. One respondent mentioned, "We are struggling with the integration of our information systems. There's a lack of synchronization which affects how quickly we can access patient data and make decisions." Additionally, the lack of training on new technologies was identified as a significant barrier, as one director explained, "Our staff hasn't received sufficient training on the new systems, which hampers their ability to use these tools effectively."

Operational Efficiency

On the operational front, several directors pointed out issues related to resource allocation and workflow management. "Decentralization has given us more control locally, but it has also led to some inefficiencies in how resources are allocated," stated one of the participants. Moreover, changes in workflow have not always been positively received, with one manager commenting, "The new workflows introduced with decentralization require adjustments. Not all staff are on board or adequately trained, leading to operational hiccups."

Building on the insights gained from identifying the challenges of decentralized management, the second objective of this study focused on developing recommendations to enhance the implementation of such systems in nursing directorates at government hospitals in Jordan. The participants provided several actionable suggestions, organized into the following themes:

Enhancing Administrative Coordination

Participants emphasized the need for stronger centralized oversight to ensure consistency and coherence across decentralized units. One director suggested, "Implementing a central coordination body that can oversee operations and ensure that all units are aligned with the hospital's overall goals and policies would greatly improve our effectiveness." Another recommendation was to improve communication channels, with one manager stating, "Regular inter-departmental meetings and real-time communication platforms are essential to keep everyone on the same page and resolve issues promptly."

Strengthening Technological Support

To address technological challenges, respondents recommended investing in unified healthcare information systems that seamlessly integrate across all departments. "A cohesive IT system that is user-friendly and fully integrated across the hospital would eliminate many of the current barriers to effective data management and decision-making," noted one participant. Additionally, ongoing training for all staff on new technologies was seen as crucial. "Regular training sessions and support for all users of the system will ensure that technology serves its purpose in enhancing our operations," another director commented.

Optimizing Operational Processes

Regarding operational efficiency, the need for clear guidelines and standardized practices was frequently mentioned. "Standard operating procedures that are clear and applicable across all departments must be developed and strictly followed," advised one manager. Furthermore, optimizing resource allocation was highlighted, with suggestions such as, "More sophisticated resource planning tools could help us better manage our budgets and staffing, aligning them more closely with actual needs on the ground."

Discussion

The results of this study on decentralized management in nursing directorates at government hospitals in Jordan offer an in-depth look into the nuanced challenges and opportunities similar to those discussed in other studies around the globe. Comparing these findings with existing literature provides a richer understanding of the complexities involved in managing decentralized health systems.

Jiménez-Rubio's commentary highlights the problematic aspects of health system decentralization, particularly the balance between solving and creating issues related to healthcare access and utilization. This aligns closely with the administrative inconsistencies and the need for effective coordination mechanisms uncovered in our study. These

parallels suggest a universal challenge within decentralized systems—maintaining uniformity and coherence across independently operating units, which our participants believe could be mitigated by enhancing centralized oversight and communication.

In the Indian context, Panda and Thakur identify the importance of local decision-making authority in achieving effective health outcomes, a sentiment echoed by our study's emphasis on operational inefficiencies and the benefits of standardized procedures. The solutions proposed by our participants, such as the implementation of robust management frameworks and ongoing staff training, resonate with the governance and measurement issues highlighted by Panda and Thakur. This reflection underscores the necessity of a well-defined governance structure that supports decentralization without sacrificing the quality and consistency of healthcare services.

Oliveira, Santinha, and Sá Marques provide a comprehensive review of the impacts of health decentralization on equity, efficiency, and effectiveness, noting that outcomes can vary significantly based on how decentralization is implemented. The mixed results they report are reflective of the contextual challenges noted in our study, where the effectiveness of decentralization efforts largely depends on the specific administrative and technological infrastructure in place. This comparison highlights the critical role that context plays in the success or failure of decentralized systems and suggests that local conditions must be carefully considered in the design and implementation of such reforms.

Synthesizing these global perspectives on health decentralization reveals a clear consensus: while decentralization can increase local governance and responsiveness, it also presents substantial challenges that require careful management. This complexity suggests that decentralization should not be viewed as a universally applicable solution but rather as a complex reform requiring tailored strategies to address specific local needs.

The critical need for ongoing research to adapt and refine decentralization strategies is evident. Ensuring that these strategies are responsive to the unique challenges and opportunities within specific healthcare contexts is crucial for enhancing the efficacy and responsiveness of healthcare systems. This study's findings and the lessons drawn from other research highlight the importance of a nuanced approach to policy-making in the realm of health system management.

Conclusion and Recommendations

This study has illuminated the multifaceted challenges and opportunities presented by the implementation of decentralized management in nursing directorates at government hospitals in Jordan. The findings highlight significant administrative, technological, and operational hurdles that resonate with global experiences in decentralized healthcare management. The recommendations derived from the interviews suggest practical strategies for enhancing administrative coordination, strengthening technological support, and optimizing operational processes. These insights contribute to a deeper understanding of decentralized management's complexities and underscore the necessity for tailored approaches that consider specific local conditions. Ultimately, the study advocates for continuous refinement and context-sensitive implementation of decentralized structures to improve healthcare delivery and outcomes in Jordan.

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