

Clinical Issues in Healthcare Management

Student name

Institutional affiliation

pay4writing.com

Provision of healthcare is one of the fundamental roles that governments and the private sectors must get right because the lives of people are at stake. Effective healthcare management and provision depend on the collaboration between the two. However, there are clinical challenges that frustrate the handwork of the private and public sectors. These obstacles have become more complex due to globalization, political, social and economic dynamics. Healthcare management is facing some issues today and effective strategies are needed to address them in order to ensure that the provision of healthcare services improves.

According to Llewellyn (2001), one of the main clinical issues in healthcare management is the confusing self-identity among the professionals. The healthcare managers have conflicting values and as a result are unable to effectively distinguish their management roles. These professionals claim that they have no distinct roles assigned to them (Llewellyn, 2001). Usually, there is confusion in the distribution of duties among the healthcare providers which compromises the service delivery especially in cases of emergencies.

The recruitment problems hospitals face is another major clinical issue in the healthcare management (Loo & Thorpe, 2004). It has become increasingly difficult for these institutions to attract competent managers and if they do, it is a challenge to retain them. In other words, there is a shortage of skilled labor in the healthcare sector. In most cases, the hospitals have to operate with few healthcare management officials or none. The lack of proper management systems puts the operations of the hospitals in jeopardy, as it takes long to get the responsibilities done (Savage & Scott, 2004).

The ever-changing patient demographics such population size, race and age have an impact on healthcare management. As patient demographics change, there is a need to amend the health-care resources needed and their costs to accommodate these variations (Fitzpatrick & Ellingsen, 2013). The healthcare managers are overwhelmed in their quest to reform their field of specialization to handle the changes experienced or expected. The anticipated

demographic change in the United States by 2050 where the old population will increase by 20.2% is a possible clinical issue in healthcare management which becomes more challenging when those responsible fail to plan for the resources well (Fitzpatrick & Ellingsen, 2013).

Overspecialization is another clinical issue that affects healthcare management. Most medical students are choosing to take specialized courses and disregard the general ones including primary care (Fitzpatrick & Ellingsen, 2013). Recent studies indicate that only one primary care physician graduates in every one hundred and fifty medical students. This is alarming as it is the possible cause of the primary care provision problems in the healthcare sector today (Fitzpatrick & Ellingsen, 2013). The regulators of the healthcare field should ensure that there are more medical students taking primary care courses. Alternatively, they should make it mandatory for all medical students to study primary care courses to improve healthcare management.

In conclusion, there are many clinical issues in healthcare management. The major ones include improper definition of roles, shortage of professionals, changing demographics, and overspecialization among medical students. These issues are already compromising the operations in the healthcare field and are likely to continue if the regulators fail to address them immediately. It is important for the medical and healthcare regulators to set up mechanisms to address the clinical issues faced today to improve service delivery which will in turn make the lives of those seeking the assistance of these professionals better.

References

- Fitzpatrick, G., & Ellingsen, G. (2013). A review of 25 years of CSCW research in healthcare: contributions, challenges and future agendas. *Computer Supported Cooperative Work*, 22(4-6), 609-665.
- Llewellyn, S. (2001). Two-way windows: clinicians as medical managers. *Organization Studies*, 22(4), 593-623.
- Loo, R. and Thorpe, K. (2004). Making female first-line nurse managers more effective: a Delphi study of occupational stress. *Women in Management Review*, 19(1/2), 88-96.
- Savage, J., and Scott, C. (2004). The modern matron: A hybrid management role with implications for continuous quality improvement. *Journal of Nursing Management*, 12, 419-426.

pay4writing.com