

Analysis of the managerial Subdimensions in Health Care Organizations during the COVID-19 Pandemic



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1. Background

1.1 Introduction

Evaluating the health care sector is quite challenging and complex. Unsatisfactory performance can result from long waiting times, inefficiency, dissatisfactory patients, and health care workers' (HCWs') burnout. The Balanced Scorecard (BSC) was introduced in 1992 [1] to perform performance evaluation (PE) of organizations in different domains, including health care. The initial design of the BSC consisted of four perspectives: financial, internal, customer, and learning and growth. The BSC was considered different from the other managerial tools, as it offers a holistic strategic approach. Our previous systematic review has proven BSC effectiveness in improving financial performance and patient satisfaction. All the previous systematic reviews lack a systematic methodological categorization of perspectives, dimensions, and KPIs to solve the nonuniformity challenge at the previous BSC implementations. Moreover, there is a lack of studies which evaluates BSC perspectives during the COVID-19 pandemic.

1.2 Aim

This research intended to perform a systematic review to identify all the managerial subdimensions used in balanced scorecard (BSC) implementations and then to assess the impact of the pandemic on the managerial subdimensions of health care organizations (HCOs).

2. Methods

This research consists of two steps.
First step: we performed a systematic review:

2.1 Data sources and search strategy

- In adherence with the 27-point of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) checklist [2]. See (Figure1).
- Based on Population, Intervention, Comparison, and Outcome (PICO) tool [3].
- Both Medical Subject Headings (MeSH) terms and keywords.
- PubMed, Embase, and Cochrane.
- Grey literature, pre-prints, and unpublished studies were searched on Google Scholar and Google's search engine web-sites (to avoid publication bias).
- From inception until October 2020.
- Reference lists of any potentially eligible studies.
- Duplicates removal using the EndNote X9.2 program.

2.2 Study selection

- Titles and abstracts screening.
- Full texts careful examination.
- Selection of eligible studies: first and second authors independently, and third author arbitration in disagreements.
- January and March 2021.

2.3 Data extraction and analysis

- Key Performance Indicators (KPIs) were extracted from the final resulted studies.
- Fore the unification purposes, KPIs were recategorized and grouped into new sub dimensions and major dimensions.

Second step:

- We searched for independent studies using the resulting managerial subdimensions with the COVID-19 keyword in Google engine and Google Scholar.
- Until June 2021.

Figure 1. Prisma Flow Diagram

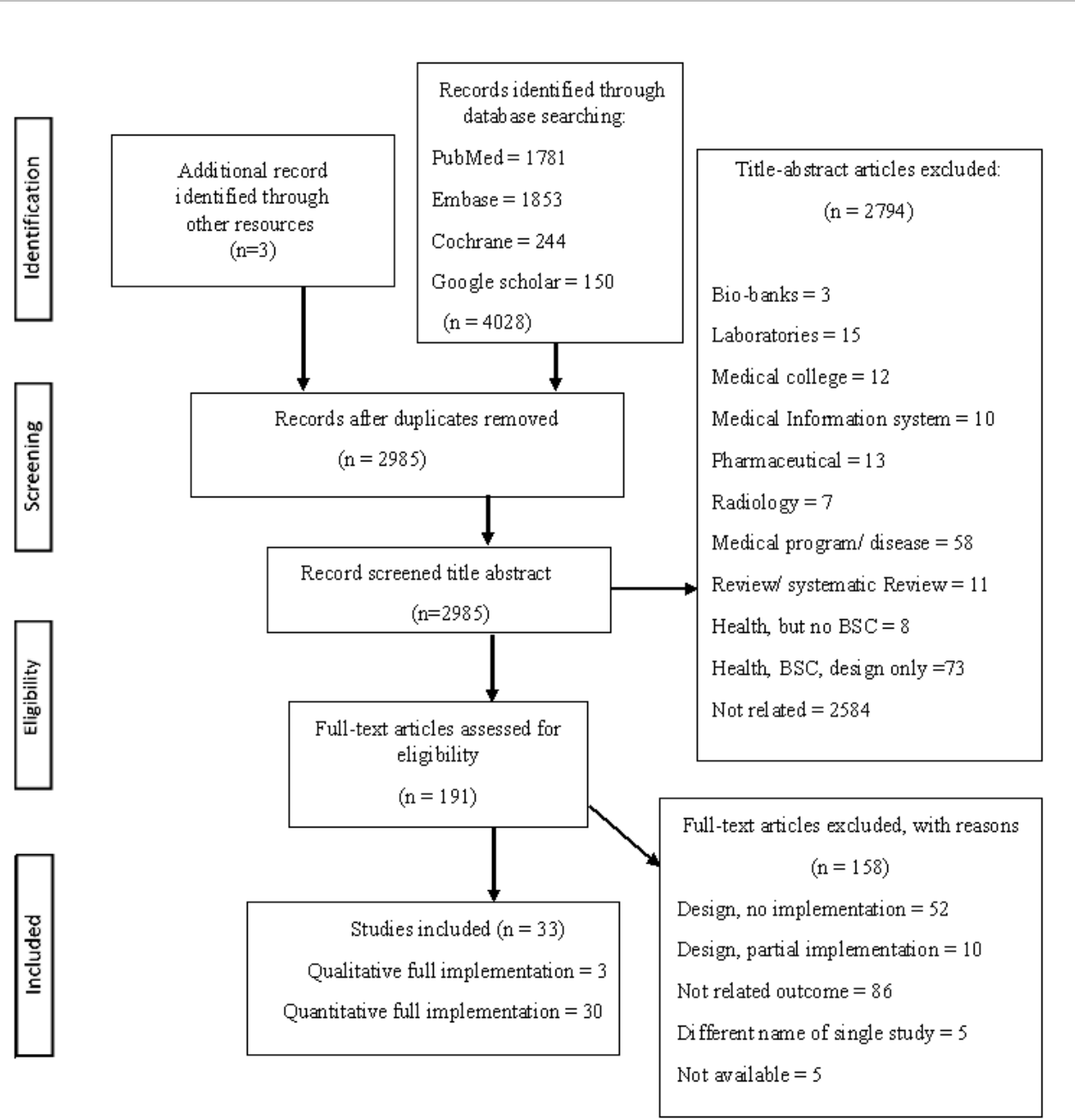


Figure (3): PRISMA Flow Diagram

3. Results

3.1 Study selection

- Running the search strategy resulted in a total of 4031 studies.
- After removing the duplicates, a total of 2985 studies remained.
- After screening titles and abstracts 202 studies remained.
- Full texts examination resulted in 33 studies were finally included, at which 36 implementations were identified.

3.2 The KPIs in BSC implementations

- 797 KPIs were extracted. Each KPI was classified and grouped into 45 subdimensions. Next, these subdimensions were combined to form 13 major dimensions: financial, efficiency and effectiveness, availability and quality of supplies and services, managerial tasks, HCWs' scientific development error-free and safety, time, HCW-centeredness, patient-centeredness, technology, and information systems, community care and reputation, HCO building, and communication. Additionally, this review's findings reflect that the BSC design in health care must be modified to include external and administrative perspectives.
- 72 managerial KPIs were extracted.

3.3 The managerial dimensions during COVID-19 pandemic

Categorizing KPIs resulted in 4 subdimensions: planning and targets, standards and regulations, internal assessment, and external assessment. Hospitals utilized some of these subdimensions' KPIs to perform planning and internal assessment of their performance. The CDC developed a checklist to help hospitals assess and improve their preparedness for responding to COVID-19. However, insufficient standardization of quality measurement approaches in the COVID-19 era was perceived, which disrupted the comparison and understanding of health systems' optimal performance. The lack of standardization and conflicting or irrational managerial decisions were deemed dissatisfactory factors for health care workers in the pandemic. Moreover, few studies have examined centralized governance's impact on HCOs during the pandemic, which positively affected reactive strategies. Learning from past pandemics was suggested to may positively influences proactive and reactive strategies. However, the role of internal assessment, such as BSC and total quality management tools, or external assessments, such as Joint Commission International accreditations, certification, auditing, or peer review on HCOs during the pandemic, still requires more investigation.

Figure 2. BSC 45 subdimensions

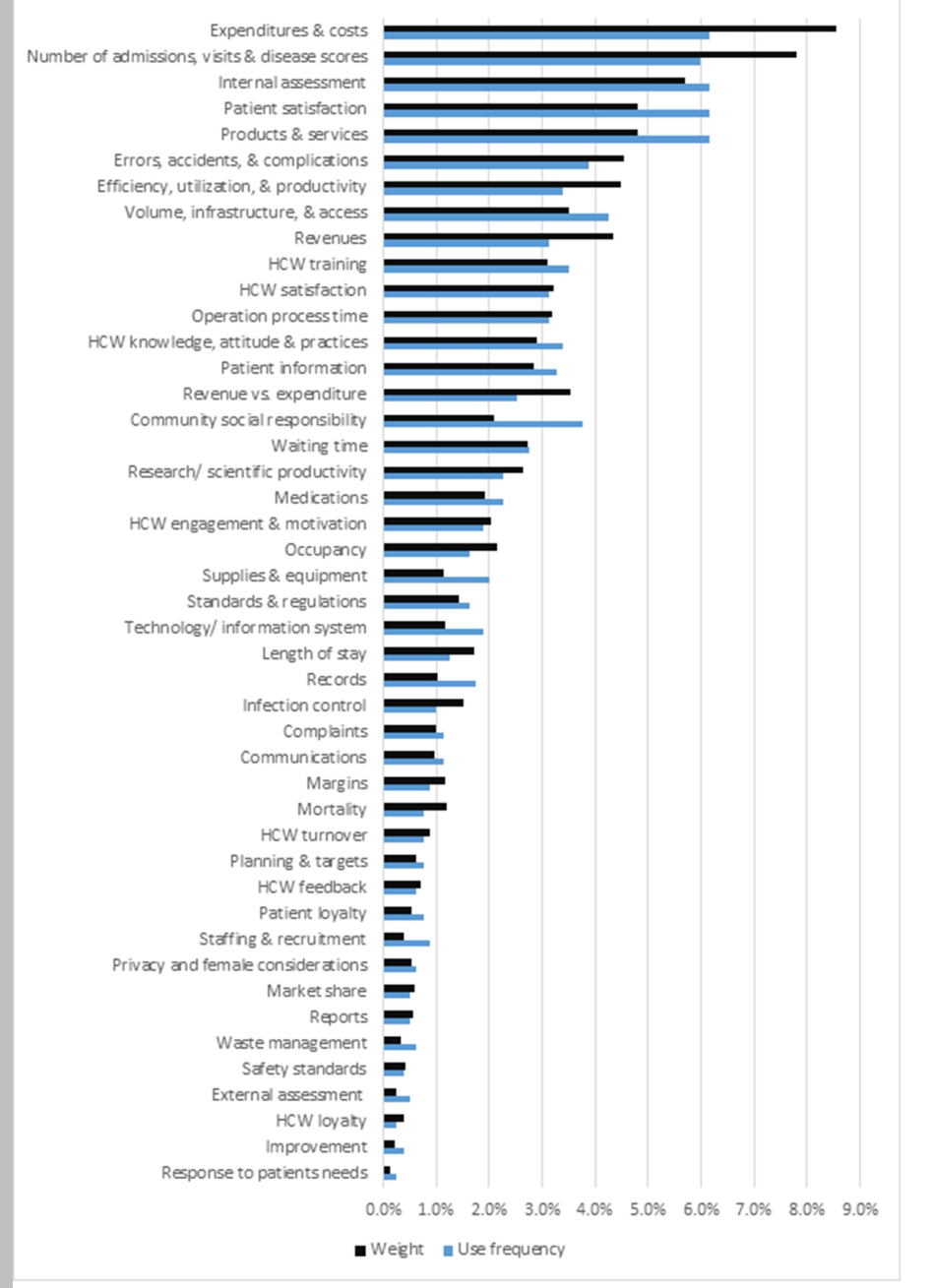


Figure 3. BSC 13 major dimensions

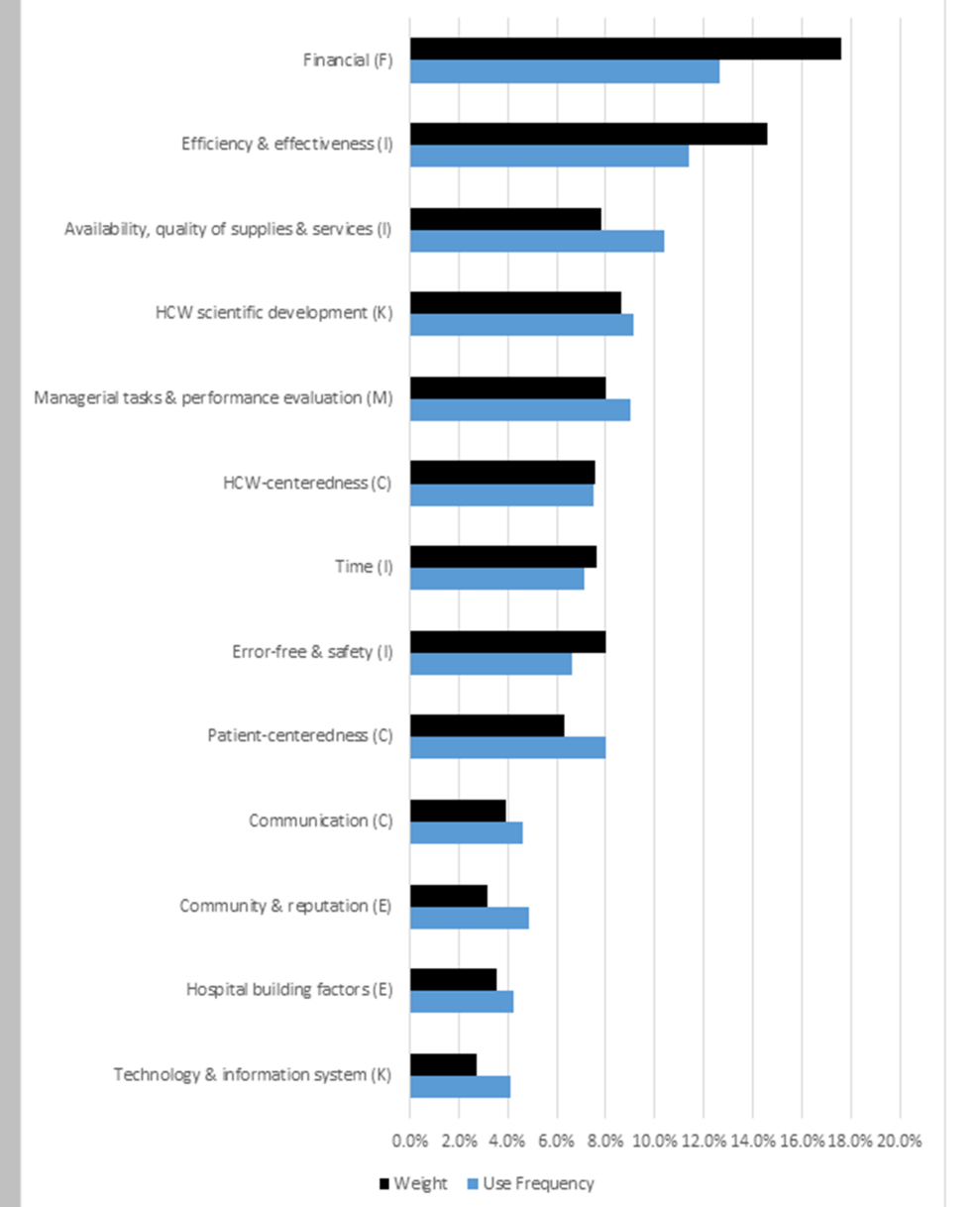
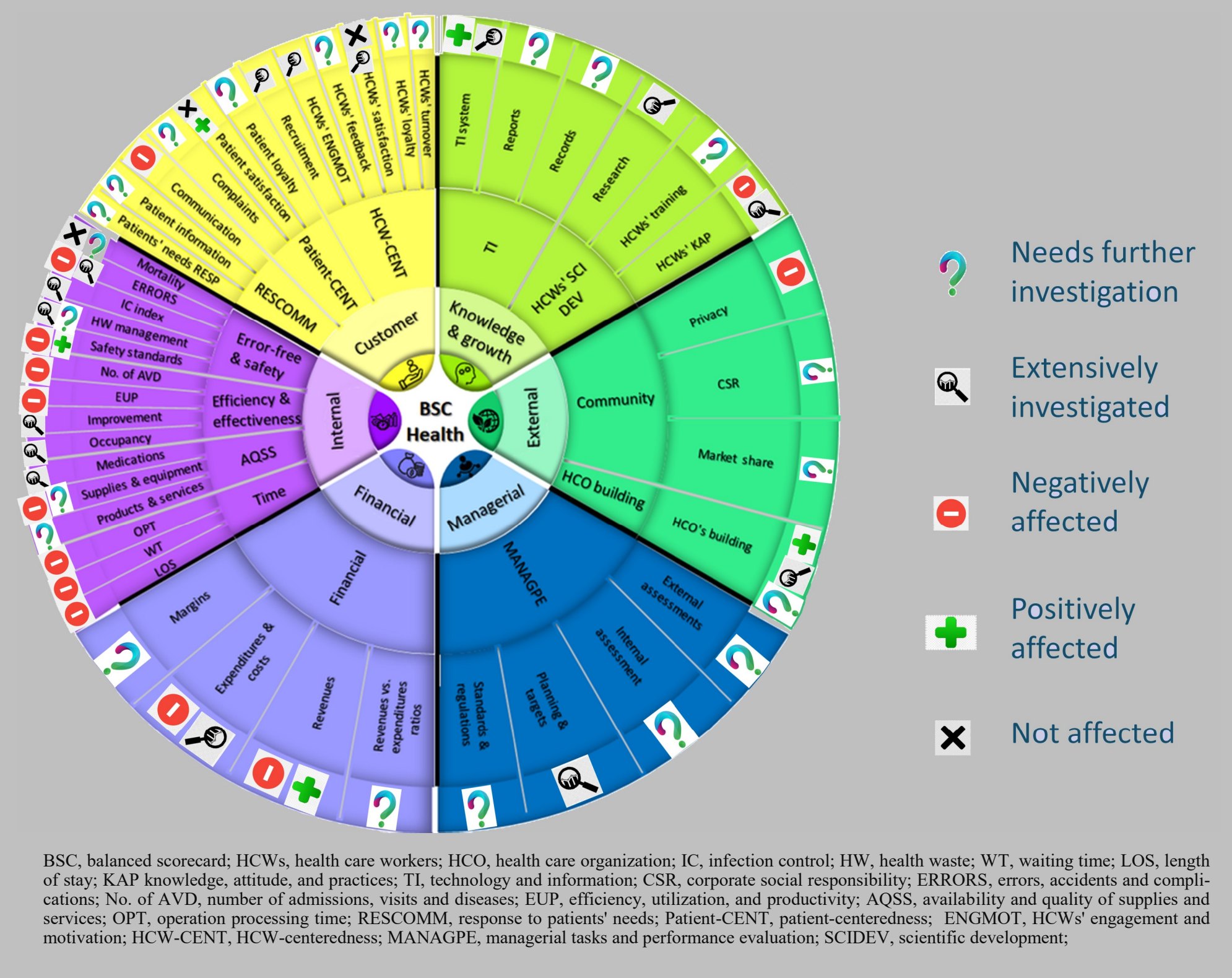


Figure 4. Summary of BSC dimensions and the pandemic impact on managerial dimensions



BSC, balanced scorecard; HCWs, health care workers; HCO, health care organization; IC, infection control; HW, health waste; WT, waiting time; LOS, length of stay; KAP, knowledge, attitude, and practices; TI, technology and information; CSR, corporate social responsibility; ERRORS, errors, accidents and complications; No. of AVD, number of admissions, visits and diseases; EUP, efficiency, utilization, and productivity; AQSS, availability and quality of supplies and services; OPT, operating processing time; RISCODM, response to patients' needs; Patient-CENT, patient-centeredness; ENSMOT, HCW's engagement and motivation; HCW-CENT, HCW-centeredness; MANAGEPE, managerial tasks and performance evaluation; SCIDEV, scientific development;

4. Conclusion

-This study resolves the problem of KPI categorization nonuniformity. It also offers both theoretical and practical implications for researchers and health care executives in determining which aspects to utilize in the future deployments of BSCs, specifically, and in PEs, in general. Moreover, dimension uniformity will improve the data sharing and comparability among studies and HCOs. Utilizing the resulting dimensions as a road map in practical PEs will lead to a comprehensive enhancement of HCOs' performance worldwide.

-Future research to improve the performance of the managerial subdimensions during the pandemic, as well as a comprehensive assessment for HCOs is still needed.

5. Acknowledgment

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