

Corporate governance and hospital management

he last decades have been specially dedicated to reorganizing health services, taking into account the economic and social evolution and transformation in the production system. In this period, a complex multiplicity was observed in the decision-making process. (1) Hospital organizations (that depend on people to compose the actions of stakeholders in the care and administrative processes), are in this perspective, in which the vulnerability to changes in the technological, demographic, and political scenarios are not counted.

The care and management spheres are at the center of the process in hospital organizations, which require long-term coordination, mainly given the increase in the complexity of interactions between professionals and in the collective form of operations. Currently, it is understood that the traditional governance models do not fit to the needs of hospital services, in which the participatory management is essential to involve all actors and ensure better financial and administrative results. (2)

Surely, adopting methods, consolidating performance criteria in their various dimensions and service efficiency could improve the human and economic transactions, ensuring ethics at work. (3) In fact, a balanced governance between stakeholders occurs through the application of guiding principles of good practice. This results from the intelligent use of available resources, which can improve and stimulate production and reduce costs. Strategic decision-making comes from the development of human resources, which coexist under various logics in complex organizations, taking into account the professional multiplicity, in which there are various functions, skills, autonomy, and even of interests. (3,4) It is worth remembering that in hospital organizations there are two worlds (the administrative and care spheres) that seldom dialogue and are often contradictory.

The decentralized and participatory corporate management appears in this scenario of profound transformation as the art of adapting and integrating different approaches in order to achieve the organization objectives, taking into account the collective logic and care rationalization. The study of the relationship between different actors and determination of trust-generating responsibilities are practices of a renewed management, which continuously seeks improving the quality of services provided to the patient and establishing and assuring a high standard of care. This is a structure that a set of strategies mobilizes and the actors often have different interests. Such a structure originates a predominant look and a coordination that takes into account the various stakeholders in the long term, especially involving professionals in the institutional management. (5)

In an unstable market of an unprecedented economic crisis, the renewed corporate governance should be focused on the requirements of a population of chronic patients, highly complex procedures, and different actors in the institution. The answer to such a demand must be given with a higher level of quality, competence, performance, and sustainability. To this end, transparency, communication and, above all, recognition of the need to increase the space for an integrated action between the administrative and clinical spheres are relevant strategies to adopt a cooperation and collaboration culture, to ensure a better management of skills and accelerate allocation of financial and budgetary resources.

Nursing professionals should be able to meet the demands expected by patients, other professionals, and institutional quality results, while they exert the best health practices. Day and night, they execute about 1000 interfaces with hospital units (processes). This is an odd opportunity for nursing managers to use management models that can help and rationalize nursing care. In this bustling scene, we could ask: "Are we prepared for this professional perspective?"

References

- Lockwood C. Applying Theory Informed Global Trends in a Collaborative Model for Organizational Evidencebased Healthcare. J Korean Acad Nurs Adm. 2017; 23(2):111-7.
- Clavelle JT, Porter O'Grady T, Weston MJ, Verran JA. Evolution of structural empowerment: Moving from shared to professional governance. J Nurs Adm. 2016; 46(6):308-12.
- 3. Colquhoun HL, Squires JE, Kolehmainen N, Fraser C, Grimshaw JM. Methods for designing interventions to change healthcare professionals' behaviour: A systematic review. Implement Sci. 2017; 12(1):30.
- 4. Gerard SO, Owens DL, Oliver P. Nurses' perception of shared decision-making processes: Quantifying a shared governance culture. J Nurs Adm. 2016; 46(9): 477-83.
- Cullen L, Wagner M, Matthews G, Farrington M. Evidence into practice: integration within an organizational infrastructure. J Peri Anest Nurs. 2017; 32(3):247-56.

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