

Public sector medical administrators of Sri Lanka; Are they Entrepreneurs?

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Background:

Entrepreneurship used to be a term confined to business and private sector, a few decades back. However, more and more attention is focusing on entrepreneurship of public sector during the recent past (Fernando, 2003). Innovation and entrepreneurship are considered as critical to the economic development (Sadowski, 2006). As only a few studies have been carried out on entrepreneurship of public sector in the Sri Lankan context, and lesser attention on the health sector, this study examine the entrepreneurship of public sector Medical Administrators of Sri Lanka. Though the performance indicators have marked a significant progress in Sri Lankan Health, the World Health Organization has described the emerging challenges for Sri Lankan health sector, in a recent report. The rapid population aging, in fact the fastest aging population in South Asia and the rising incidence of non-communicable diseases, has been identified as posing major challenges. (World Health Organization, 2013). It encompasses considerable research, sound planning, implementation of reforms; all within the existing human and financial resources, as the government is already allocating substantial budget towards Health Care provision. (Ministry of Health, 2012). According to Pillai (2014), globally, health care providers are struggling to meet patient needs within the existing economic reality. Ensuring all medical director duties are implemented with wisdom, authority, and fairness is a priority for a health system (Kossaify et al, 2013)

Research problem:

As the fastest aging country in South Asia, Sri Lanka is facing the challenge of increasing health care cost. Another challenge for Sri Lanka is the reduced donor aids with the improvement of performance in health indicators. Therefore, how Sri Lankan health system is going to face the emerging challenges within a limited budget pose a research problem. The public sector in Sri Lanka is constantly being blamed for lack of effectiveness. (Samaratunga and Bennington, 2002) These can be evident in the public sector hospitals, as they have to compete with the private sector. There is lack of research related to entrepreneurship of medical administrators in public sector of Sri Lanka to address the issues faced by public sector health administrators.

Objectives:

The main objective of the study is to identify key determinants of Public Entrepreneurship of Sri Lankan Medical Administrators.

Specific objectives include; 1.To examine the role of the Sri Lankan public sector medical professional as an administrator and manager 2. To identify the extent of the factors affecting the public entrepreneurship in medical administrators 3.To examine the relationship of demographic factors and the Entrepreneurship of the public sector medical administrators

Research Methodology:

The research method adopted is primarily quantitative. Primary data has been collected using a self administered questionnaire distributed among all Heads of Teaching/ General and Base hospitals. The secondary data consist of publications/ and reports of the Ministry of Health and the College of medical administrators of Sri Lanka. There are 110 such government institutions in Sri Lanka. All 110 heads of those hospitals were taken as the study sample. Questionnaires were posted to all of them in order to collect primary data, and the response rate was 63 %.

The dependent variable in the analysis is public entrepreneurship and independent variables in the analysis are personal factors, task factors, organizational factors and environmental factors. In this research nine (09) independent sub variables and two (02) dependent sub variables, have been used to calculate eighteen (18) correlation coefficient values between each and every sub variable.

Key findings:

According to the demographic factors analyzed, the researcher has been able to summarize the correlation findings as follows. 1. Personal factors: When the influence of different age groups on the relationship of personal factors on public entrepreneurship is considered, administrators between 51 to 60 years of age shows a positive and strong impact. Influence of male population is higher than the females. Administrators who have 5 or more years of experience as administrator have higher impact on public entrepreneurship. When the total number of medical experience is considered, those who have 10 or more years of total service have more impact on the dependent variable. The respondents who possess added Diplomas/ Masters other than the necessary qualification have a very strong and positive impact from their personal factors on public entrepreneurship. 2. Task factors: Respondents in age groups 41-50 years and 51-60 years of age are positively influencing the public entrepreneurship. Influence of female population is higher than the males, in contrast to the personal factors. Respondents who have 5 or more

years of administration experience, who have previous experience as a DMO, and the respondents who have 10 or more years in total medical services also have higher variance towards the dependent variable from the task factors. The respondents who possess added Diplomas/ Masters other than the necessary qualification have a very strong and positive impact from their task factors on public entrepreneurship.

3. Organizational factors: Both males and females show a negative impact, with male impact higher than females. Having experience as a DMO and having more than 5 years experience in administration affect negatively on the relationship between variables. The respondents who possess added Diplomas/ Masters other than the necessary qualification have a very strong and positive impact from the organizational factors on public entrepreneurship. 4. Environmental factors: Age group between 30-40, males, administrators with less than 5 years experience and respondents with no added qualifications have higher effect on the relationship.

Innovativeness and pro-activeness are identified as sub-variables of the dependent variable (public entrepreneurship). When innovativeness is considered, Job satisfaction and goal clarity independent sub-variables indicate a negative relationship, while all the other seven independent sub-variables reveal a positive relationship. When pro-activeness is considered, transfer system and external support independent sub-variables indicate a negative relationship, while all the other seven independent sub-variables reveal a positive relationship.

Conclusion:

Entrepreneurship in health care delivery has been explored by many international studies and useful information has been presented. The present study attempted to explore the history of medical administration in Sri Lanka, as well as the current organization of medical administrator training in Sri Lanka. It is evident from the results that the public sector medical administrators are a unique group of well qualified and matured professionals. However, based on the results, the study recommends the government should consider reforms in the transfer system and performance based reward system to encourage the medical administrators, and to enhance job satisfaction and managerial autonomy. The future researchers can also expand the research to private sector medical administrators as a comparative study. A comparative study on public entrepreneurship between SLAS/medical/engineering/foreign service could also be carried out.

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