THE ISSUE OF HUMAN RESOURCE MANAGEMENT IN HEALTH INSTITUTIONS AND THE ISSUE OF HEALTH SERVICES

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Abstract:

Countries strive to achieve development, keep pace with progress and gain a position in the international community. This is achieved through institutions, which serve as the basic unit for various activities and address the issues that hinder individual and social development in general within the framework of task evaluation in a society that emerged after the industrial revolution. The organization of activities is essential; therefore, it has become necessary for Algerian institutions to adapt to this organizational change, including health institutions that respond to the issue of health in Algerian society under quality management, as it is one of the most important means used by developed countries to improve their services. This work aims to focus on:

- The main administrative functions in health institutions.

- Shedding light on the concept of organizational authority in health institutions and its characteristics.

- Highlighting models of organizational authority within institutions and the challenges of practice.

Keywords: Organizational authority, health authority, concept of hospital, organizational decisions.

Introduction:

Organization is not completed merely by identifying the necessary organizational units and providing the appropriate material conditions for the environment, or by appointing competent individuals in each organizational unit. These organizational units must also be linked together. This interconnection occurs vertically and horizontally through relationships of authority, where the concept of authority is one of the most important administrative concepts for management. While this authority often manifests itself in the legal and legitimate power held by an individual, granted on the basis of personal attributes or a specific professional position, the phenomenon of authority in hospitals is characterized by a feature rarely found in most administrative organizations: the existence of two types or systems of authority. These are the administrative authority, which is held by the hospital's top management and is derived from the hierarchical structure of the organization, and the medical-technical authority, which is held by those who manage the technical work in the hospital, namely the physicians with their various specialties and skills.

This duality of authority within hospitals does not arise in a vacuum; rather, it stems from a set of characteristics and traits that distinguish hospitals from other organizations. However, this duality creates a complex situation on all fronts within this organization because of the expected overlap or conflict between these two authorities.

This situation has led us to study the concept and causes of this phenomenon of dual authority in hospitals, in order to articulate and clarify the problems it poses for the management and organization of this type of organization, and to try to find solutions to these problems.

Thus, to study this topic, the main axes are as follows:

- The concept and importance of authority;

- Types of authority in the organization;

- The concept and characteristics of the hospital;

- Administrative authority in the hospital;

- Medical authority in the hospital;

1. The Concept and Importance of Authority:

1.1 Definition of Authority:

A significant number of definitions have been proposed by management theorists regarding authority. Among these definitions are:

Authority is defined as "the legal or legitimate power that grants leaders the right to issue orders to subordinates, ensuring their compliance with decisions and the execution of assigned tasks" (Qais Muhammad Al-Abdi, 1995, p. 174).

Authority is "the issuance of decisions by one individual that directs the actions and behaviors of another individual. The relationship of authority confirms that what one person decides and communicates is expected to be accepted by the other person, who in turn

anticipates these commands and adjusts his or her behavior accordingly" (Bernmoux, P., 1996, p. 52).

Authority is "the characteristic of command in formal organizations that is accepted by members of the organization to regulate their contributions" (Mohamed Medhat, 2003, p. 225).

Authority is "the legitimate power or right of any position within the organization that grants the right to give orders, to direct and modify, to make decisions, and to allocate resources" (Abdul Ghaffar Hanafi, 1997, p. 291).

Authority is "a human relationship that involves influence with a legitimate character that gives certain individuals and groups the ability to control other individuals and groups by making decisions that are expected to be obeyed and followed, thus determining behavior accordingly" (Farouk Madas, 2001, p. 48).

M. Crosier is considered one of the key figures interested in the theory of authority because of his studies on the phenomenon of bureaucracy and power relations, aiming to explain the conflicts in professional social relations within the social system. Crosier analyzed power relations based on the strategies of individuals and groups in two studies: the first was his examination of the accounting office of the city of Paris, and the second involved three different factories. He concluded that the source of authority comes primarily from the monopolization of positions and higher ranks within the hierarchical organization. Crosier also concluded that authority is based on the actor's ability to control areas of uncertainty, that is, the undefined areas within the official framework of coordination.

It is observed that there is a direct relationship between the area of uncertainty and the amount of authority derived from it. According to Crosier, the actor begins to build their strategy based on the stakes that can be transformed according to the meaning they assign to them, as well as based on the rules of the game that can be changed and are used to maintain control over these stakes. Generally, we can say that authority is the right to act or to direct the actions of others to achieve the organization's goals. From this, it becomes clear that there are three fundamental components of authority: the right, the power, and the legitimacy (Mohamed Said, 2003, p. 296).

The importance of authority: We often exercise authority with the intention of gaining certain benefits from certain specialties within the organization. In our daily lives, we accept a certain treatment from doctors, or we accept a lawyer's opinion, or a legal contract may include a certain condition that we accept, and so on. As long as the average person is far from the medical or legal culture, it is imperative to accept the suggestions of specialists or experts without expecting to understand all the reasons behind these suggestions, since we do not have the capacity to judge their validity.

This can be applied to what happens in organizations, where we see that the psychological motivations for accepting proposals - regardless of their nature - are the same in both cases. However, the only difference between accepting proposals from those in authority within the organization and those outside the organization is that authority within organizations is

exercised in a continuous and systematic manner that serves as a method of specialization in the decision-making process more than what occurs outside the organization.

Most of the work of organizational members, especially those we call administrative leaders, revolves around making decisions or issuing suggestions or orders that others must follow. Furthermore, most decisions made by organizational members are made through collective work, meaning that these decisions are not the result of the efforts of one person within the organization, but rather the result of an extensive process involving study, discussion, and communication.

2. Types of Authority in the Organization

After discussing the concept of authority and its importance to the organization, we now turn to the types or categories of authority present within this organization. Management and organizational theorists have identified three main types that define the form of authority: executive authority, advisory authority, and a third type that combines both execution and consultation, referred to as functional authority.

2.1 Executive Authority (Line Authority)

Executive authority refers to the relationships that exist between a superior and their subordinates within the organization. For instance, the manager of the purchasing unit possesses legitimate authority granted by the organization based on the position they hold, allowing them to direct and issue orders to all subordinates in their unit. Similarly, the marketing manager has the authority to issue commands and direct all subordinates working in the unit responsible for the marketing activities of the organization (Jalal Ibrahim, 2003, p. 207).

Executive authority is the official or legitimate authority of a superior over his or her immediate subordinates. Those who have this authority have the right to direct and supervise the work of their subordinates. Some managers also refer to this authority as administrative authority. Executive authority is used to establish and design the line functions within the organization. These functions are responsible for the direct achievement of the organization's objectives, that is, they are related to the primary purpose for which the organization was created in society. Examples of such functions include production, service delivery, and sales and marketing functions in business organizations.

Generally, the basis of executive authority lies with the organization's board of directors. As operations expand and become more complex, some of this authority is delegated to the president or general manager, who in turn delegates some of it to department heads and unit managers at lower levels. Thus, executive authority is exercised by managers or supervisors, regardless of their specific responsibilities (same reference, p. 147).

2.2 Advisory Authority: Staff Authority

Advisory authority primarily involves providing advice. In other words, an advisor is a member of the management team who has the right to offer guidance and recommendations to executive managers (Ali Sharif, Manal Al-Kurdi, p. 351). Those who hold this advisory

authority can make non-binding recommendations to those with executive authority; they do not possess the power to enforce their recommendations within the organization. Instead, they serve the individuals in executive positions by offering advice and ideas related to specific services, such as legal and accounting services or forecasting, while also monitoring the activities of the executive units.

It can be said that managers of legal, accounting, information systems, and human resources units possess advisory authority concerning the other units in the organization. It should be noted that each of these managers has executive authority over the units they head, but they provide advice and guidance to other departments (Jalal Ibrahim, previous reference, p. 208). There are two types of advisors:

First: Personal Advisor

The personal advisor is a personal assistant to their superior, and their duties can vary widely from one organization to another, as well as change over time within the same organization. They obtain the necessary authority to fulfill these duties from their superior. This authority is typically granted on a specified and limited basis in terms of both scope and duration. This means that the authority granted to them is confined to a specific task and for a relatively short period. The duties of a personal advisor can range from routine tasks, such as opening the superior's mail, to negotiating the purchase of a new factory as a personal representative of the superior.

From the above, we can deduce three distinguishing characteristics of the role of the Personal Advisor:

A. The Personal Advisor does not have a specific duty to perform; this depends on what is assigned to him/her by his/her superior.

B. The consultant's position does not have a defined type of authority, but derives the necessary authority from the tasks assigned to him.

C. The Personal Advisor does not act independently or on his/her own authority, but rather as the representative of his/her superior.

In contrast, the deputy manager is not considered an advisor, but is part of the executive authority.

As shown in Figure 01, the department head reports to the deputy general manager, who in turn reports to the general manager. The figure also shows that the assistant to the general manager does not have the right to substitute for the general manager in the latter's absence; this right is granted to the assistant only at the general manager's request and is limited to specific tasks. In typical organizational arrangements, the assistant to the general manager is responsible for production activities and receives all related performance reports, while the general manager oversees sales activities or directly handles executive functions, with the assistant again overseeing advisory functions.

Secondly: Specialized Staff:

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2.3 Functional Authority

Functional authority is defined as the powers granted to a manager over specific operations, work methods, or policies related to activities performed by individuals in other departments outside the scope of their own (Salah Al-Shawabi, 1999, p. 225). If the principle of unifying the source of command is to be followed without exceptions, it should apply to these activities that fall under the jurisdiction of other administrative heads. However, there are multiple reasons, such as a lack of knowledge and experience in specialized areas and the inability to oversee specific operations, as well as the risk of differing interpretations of policies and work methods, which explain why administrative heads may sometimes be unable to perform certain tasks.

In such cases, authority is withdrawn from the administrative head and delegated to another department manager in the form of specialized or functional authority, in order to ensure that specific activities are carried out correctly (reference previously mentioned, p. 625).

The granting of functional authority is not limited to technical advisory managers; it can also be exercised by heads of administrative or service departments. However, the most significant cases are those where functional authority is granted to managers in service or technical advisory departments, because these departments typically employ specialized experts who have the necessary knowledge as a basis for functional supervision.

First: Scope of Functional Authority Functional authority is usually limited in scope, meaning that it applies to specific aspects of activities within a manager's area of responsibility. The rationale for limiting functional authority is that if a manager is deprived

of the authority to perform all of his or her functions-planning, organizing, staffing, directing, and controlling-then he or she loses the ability to manage. While this functional authority limits the appointed manager's freedom of action in certain areas, well-managed organizations are careful to use functional authority only in the narrowest of circumstances and only when absolutely necessary. This need may be hindered by external or internal factors. External factors include government agencies and labor unions, which may require the appointment of managers to deal with them. With respect to internal factors, there may be issues of significant importance or complexity that require a consistent approach, thereby requiring the delegation of authority to experts to ensure that the required procedures are followed. Where there is doubt about whether certain matters should be subject to the authority of the administrative manager or the functional authority of the expert, prudence requires that the scope of functional authority be clearly defined so as not to affect the morale of the administrative managers.

Secondly: Functional Authority and the Unity of Command:

We have seen that it is necessary to limit and define functional authority to maintain the moral standing and spirit of the administrative managers. However, in large organizations where there are functional authorities to carry out procedures related to various aspects, such as personnel, procurement, accounting, budgeting, engineering affairs, legal affairs, budgetary policies, and public relations, this can increase the complexity of authority lines within the organization. The principle of unity of command can largely be maintained if we ensure that the functional authority of any manager does not exceed the organizational level directly below that of their superior. In other words, functional authority should be coordinated at the closest possible level to the organizational structure to maintain the unity of command for administrative managers.

From the previous discussion, it is clear that there are three types of authority: executive, advisory, and functional, and that all three are almost indispensable. Therefore, a successful organization must establish a balance in the use of these three types, which can be achieved through understanding the advantages and disadvantages of each, as outlined in the content of Diagram 2.

Since it is essential for organizations to utilize these three types of authority, some advice must be given on how to define and use them: (Ahmed Maher, previous reference, p. 96).

Each type of authority must be clearly defined in writing, either in the organizational manual when describing the powers and authorities of a managerial position or job level, or when preparing a job description, starting with phrases such as: "issues instructions... decides... assists... provides advice... supplies information... defines... coordinates... follows up... monitors... holds meetings."

Such wording must be straightforward and specific, beginning with an action verb and then clearly and simply specifying the scope of the action, such as: "develops management plans, follows up her department's work with other organizational units, collects performance indicators from units under her functional supervision in other branches, advises the general manager...", etc.

Training managers on the three types of authority, what they mean in practice, how they are used, the potential for overlap and conflict, and how to resolve potential conflicts.

Monitor each manager's use of the different types of authority and provide them with information on the efficiency of that use to ensure that they are using specific authorities effectively.

Finally, it should be noted that Max Weber, the German sociologist, does not accept only the legal concept of authority. He believes that there are three main types of authority: (Omar Bahjat, previous reference, p. 277).

A. Traditional Authority:

This type of authority focuses primarily on the age and traditional status of the authority figure, which is accepted by the members of the community. Primitive societies are characterized by the presence of this type of authority.

B. Charismatic Authority:

This type of authority is based on personal qualities, characteristics, leadership skills, and personal charm. It may be accompanied by a sense that the charismatic leader is a hero with influence or supernatural powers. Charismatic authority is exemplified by prophets, war heroes, and outstanding leaders.

C. Rational authority:

This is legal authority based on a set of rules agreed upon as legitimate by the members of the community. Legal authority is concentrated in the position rather than in the individual who holds it, and anyone who attains the position can exercise it according to the established rules.

3. Concept and Characteristics of the Hospital:

3.1 Concept of the Hospital: The hospital is considered to be the backbone of any health care system because of its ability to provide all types of health care that no other health care facility, such as health clinics or emergency rooms, can provide. The hospital is the preferred place for patients to receive care and the preferred place for physicians and other healthcare professionals to work. It is also regarded as the civilized front that highlights the country's health, scientific and social progress.

Hospitals are no longer limited to traditional activities such as medicine and treatment; they have also evolved into centers for teaching and training all other health professions. In addition, they have become centers for medical-scientific research. Thus, modern hospitals differ in terms of management, organization, services and objectives (Bou Maaraf Elias, 1999, p. 02). Several definitions of a hospital have been presented, including that a hospital is:

"A group of specialists and medical and non-medical professions, along with material inputs and resources, organized in a specific pattern to serve current and prospective patients and

meet their needs while ensuring the continuity of the health organization" (Salah Muhammad Dhiyar, 2003, p. 27).

A hospital is also defined as "an organization that mobilizes the skills and efforts of a large number of professional and semi-professional groups as well as non-professional individuals to provide quality services to patients" (Abdullah Muhammad Abdul Rahman, 1999).

The American Hospital Association defines a hospital as "an institution with an organized medical staff and permanent medical facilities, including inpatient beds and medical services, including physicians and nurses, to provide patients with the necessary diagnosis and treatment" (Ghazi Farhan, 1999, p. 06).

The World Health Organization defines it as "an essential part of a social medical organization whose function is to provide comprehensive health care to the population, both curative and preventive, extending its outpatient services to homes and serving as a center for training the health workforce and conducting vital social research" (same reference, p. 7).

Thus, it can be concluded that a hospital is ultimately a collection of human, financial, and technical resources that allow for the provision of health and medical diagnostic, therapeutic, and surgical services, as well as the training of health professionals and the conduct of medical research and studies.

3.2 Characteristics of Hospitals: A hospital is indeed a complex phenomenon; it is an economic, social, biological, and medical institution filled with vast amounts of information, featuring various structures and responsibilities in terms of subject matter and goals. For these reasons, hospitals have a set of characteristics that distinguish them from other organizations, including the following:

1. Complexity: The hospital is described as complex due to the intricate organizational arrangements resulting from the differing goals and responsibilities of the professional groups working within it. This leads to difficulties in coordinating these diverse groups at both cultural and functional levels, compounded by the sensitivity of the work that impacts human life, which brings about psychological and physical stress throughout the work period. These aspects further complicate the hospital system as they do not fall within the framework of the organizational arrangements in place.

2. Continuous Service: The hospital is characterized by a continuous service system operating around the clock.

3. Human Interaction: The hospital system consists of human elements capable of interaction, empathy, and good communication, along with the ability to diagnose and solve relevant problems.

4. Output Measurement: It is difficult to measure and define the outputs of a hospital.

5. Specialization: Work in hospitals requires a high degree of specialization.

6. Dual Authority: The hospital features dual authority—administrative authority and medical authority—leading to potential coordination issues and ambiguity in the roles of employees.

7. Precision in Roles: The hospital has a precise system regarding medical professions, administrative services, and other departments that work collaboratively to achieve and highlight its objectives.

8. Limited job mobility: One characteristic of hospital work is the lack or absence of job mobility, as workers tend to stay in the same specialty they entered. For example, a nurse remains in the nursing field as long as he or she has the necessary qualifications, which can create a hierarchical gradient that fuels conflict between technical and administrative elites and other hospital staff.

4. Organization of Administrative Authority in Healthcare Institutions

The institution relies on an authority that undertakes various activities to achieve its goals and ensure the proper functioning of its interests. This necessitates the existence of an administrative body focused on this authority. There is a head of this administrative body, who may be a general director or a manager, depending on the size and type of the institution's activities (Ahmed Maher, 1995, p. 31). This position is endowed with authority derived from the role held and the status within the institution, granting the individual the right to act, direct, and make decisions. This relationship is a constant one between superiors and subordinates, who are subject to it because it is legal and legitimate. This authority is referred to as administrative authority, and no institution or organization can operate without it.

Administrative authority in any organization or institution is the key to administrative work, and the highest authority is the only one that holds the right to make decisions, concentrated in the hands of the head, whether a general director or manager. This right is granted by law according to the roles of direction, leadership, and management, which are exercised through decision-making. Administrative authority leads and manages the institution by determining its objectives, selecting policies, means, programs, and necessary procedures to achieve these goals (Helen Thomas, Salah Mohammed, Abdel Hamid Morsi, 1990, p. 40).

It also monitors the work according to the established plan, evaluates the performance of its members, and judges them, taking necessary actions to reward or punish them based on their behavior at work. When examining a hospital, we find it includes two types of management, which adds to its uniqueness: administrative management and medical management.

4.1 Administrative Management: (same reference, p. 51) This management handles administrative tasks such as taking care of the hospital staff, their various affairs, accounting, maintenance, and building preservation. The administrative director of the hospital is usually a specialist in management science who has been prepared through several medical training courses to understand the nature of problems that may arise in a hospital, given its unique and sensitive nature. However, following the structural reforms that the institutions in Algeria have undergone, both industrial and service-oriented, based on the law of restructuring and autonomy, the health institutions are now managed by a board of directors composed of representatives of all professional categories present in the hospital.

4.2 Medical Management: (Hassan Mohammed Nazeer, 1990, p. 63) This management is responsible for treatment, providing health care, ensuring medical services, and promoting health awareness among individuals who visit the hospital. The medical management consists of the heads of various medical departments within the hospital who are responsible for appointing doctors and surgeons. The purpose of having these two types of management within the hospital is to provide specialists for all aspects related to the hospital, whether therapeutic, service-related, or accounting, in order to ensure the smooth operation within the hospital. The management methods of the administrative authority in the hospital can be described by the following two approaches. (Farouk..., previously mentioned reference, p. 52)

A. Authoritarian style:

This style is characterized by the leader of the institution making all decisions. Whenever a problem arises, it always goes back to the leader. His assistants or direct reports carry out their tasks according to the leader's instructions; thus, the leader views his subordinates as implementers rather than collaborators. The leader spends a great deal of time monitoring and following the activities of subordinates, which stifles any personal initiative because subordinates cannot freely express their abilities. This approach does not facilitate the successful operation of the institution because it undermines the individual and collective initiatives of subordinates. Moreover, as the institution evolves and expands its activities, the leader becomes unable to manage all matters, which necessitates delegating part of his authority to subordinates by assigning certain tasks to them. As a result, the leader adopts a collaborative leadership style.

B. Collaborative leadership style:

In this approach, the leader of the institution delegates part of his authority to his subordinates, assigning them specific tasks and making them responsible for a particular sector or service. This gives them autonomy in making decisions in accordance with their assigned tasks, according to the general plan defined by the administrative authority. The director then relies on the guidance and advice of his or her assistants, consulting them before making decisions, which allows for greater insight into the operations of the institution and facilitates the effective and timely communication of decisions to the staff. This results in a coordinated effort, exemplified by the institution's board of directors as the decision-making body legally empowered to perform this function.

5. Medical (Technical) Authority in the Hospital:

The monopoly of a group of experts and technicians over technology within the institution may grant them authority parallel to the executive or administrative authority within it. This is similarly true for specialist doctors, general practitioners, and technicians within the hospital, as they possess medical or technical authority—sometimes referred to as professional authority—contrasted with the official administrative authority held by managers. Consequently, these technicians or professionals form a parallel line to the administrative authority within the hospital, known as the line of medical (technical) or professional authority.

Professional or technical authority is defined as "the competence of holders of higher technical professions to judge or analyze matters related to their profession." (BOLMONL, 1996, p. 164)

In general, professional authority derives primarily from the technical expertise and recognized qualifications of its holders. It focuses on two main elements: competence and responsibility. For professional groups, competence means not only having the technical knowledge to deal with technical issues, such as repairing and maintaining machinery - especially in factories - or managing the production process. It also includes their ability to organize, manage, direct, coordinate and supervise in order to ensure the execution of orders. (DebonaFod.G, 1996, pp. 55-56) It is noted that the category of professional technicians is often characterized by initiative and responsibility, thus exercising authority over others. Regarding the professional (technical) authority that manages the hospital, it is represented by doctors, both in general medicine and specialists. This authority is conferred on them by the expertise and skills acquired during their relatively long education and training. Their possession of technical skills and knowledge in their specialties enables them to make decisions regarding patient care and medical follow-up, along with its various requirements and necessities. All this gives the physician the right to exercise his professional authority over patients, in addition to his authority over the technical departments of the hospital. The nature of their training and the roles they occupy, supported by their qualifications, experience and recognized competence, allow them to enjoy professional authority within the institution and to influence the decisions made by the administrative body. (SEKIOU et al., 1993, p. 390)

Professionals in authority within the hospital are distinguished by a set of characteristics, the most important of which are (Arwa Mustafa, Ahmed Saif, previously mentioned reference, pp. 35-36).

Professionals with authority in hospitals have several important characteristics, including:

1. Motivation to work and organize:

Professionals, especially those with expertise, have a strong incentive to perform and organize their work because they are well versed in their field.

2. Sense of Importance: Professionals, such as physicians, want to feel significant in their contributions to hospital activities because many tasks depend on their direct intervention or suggestions.

3. Different Perspectives: The perspective of a professional specialist differs significantly from that of an administrative manager. When a professional intervenes, he follows the principles and values dictated by the nature of his profession.

4. Freedom of practice: Professionals enjoy the freedom to follow the guidelines they set for themselves in their work. Professionals seek autonomy and advocate for their colleagues to have greater freedom to manage their work and use their unique approaches to problem solving.

5. Resistance to rigid directives:

They often resist detailed and numerous directives from management because they are highly sensitive and do not want to feel controlled or constrained in the performance of their duties.

6. Emphasis on Creativity and Innovation: Specialists and professional technicians focus on creative and innovative skills rather than monotonous routines.

Through these points, the importance of having specialists and professional technicians in institutions, especially hospitals, becomes clear as their work is closely related to the daily lives of individuals and various health issues that require continuous care and attention without fatigue or boredom.

Conclusion:

From the above, we conclude that organizational authority in health care institutions is held by the director of the institution, who can delegate it to his deputies according to the organizational structure of the hospital and the steps for administrative delegation of authority. On the other hand, medical authority is in the hands of physicians, who have acquired it by virtue of their academic qualifications and their indispensable role within the hospital.

Opinions on this organizational duality vary. Some believe that the medical director is more responsive to staff. They are better able to understand the perspectives of the medical staff and can convince them of the feasibility of the administration's viewpoint, thereby reducing conflict over goals. Appointing a physician to lead the hospital ensures that the director will adhere to the institution's goals, and having a physician at the helm of the executive body ensures that medical practice remains the primary purpose of the hospital's establishment.

Others argue that it is essential to entrust the management of health care institutions to those with administrative expertise, since some professionals find their success in administrative work rather than in medical practice. They stress the need for a shift to modern specialized studies in health care management.

We believe that it may be more appropriate for a physician to assume administrative duties in a hospital if his medical competence is complemented by organizational and administrative skills, as he is better equipped to understand the needs and problems of the medical staff and to manage administrative challenges effectively.

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