

Assessment of Health Administration Education: A Field Practice in Turkey

Dilaver TENGİLİMOĞLU¹, Yusuf ÇELİK², Mahmut AKBOLAT³,
Oguz ISIK⁴ and Aysu KURTULDU⁵

Abstract

Although health management education has been in practice in the world for a long time, lately it has demonstrated a rapid development in Turkey. In this study, the situation of health management education in Turkey has been initially summarized, and then the opinions of hospital administrators on health management education have been concluded. The views of health care administrators on the health management education were collected by using a questionnaire. The questionnaire was administered to 192 health administrators working in various hospitals in the provinces of Ankara, and Sakarya. It was found that the image of administrators who were educated in health services management was good, and the respondent administrators stated that educated health managers in health management field contributed a lot more in the development and productivity of health sector. However, the administrators mentioned that they were not good at financial management, human resources management, and public relations. The issues that are to gain importance in the future were listed as quality-accreditation, building technologies, and patient safety. It has been emphasized that the faculty and technical infrastructure of the health management schools, which provide education to health administrators in order to turn them into professional administrators who are expected to produce solutions for the problems encountered in health sector, were not good and needed to be improved.

Keywords: Health administrator, health management, health management education, issues to gain importance in future

Introduction

Since health sector is a prominent sector where labor, material equipments, and financial resources are widely utilized, it gains more importance than the other sectors in both, around the world and Turkey; thus, the importance of this sector gradually increases in the economy (Saran, 2007). On the other hand, hospital management is generally carried out by persons who are not particularly educated in professional management, and usually operate this as a secondary occupation besides their own profession. Hospital management duties are generally carried out by medical professionals including doctors or nurses even if they are not

¹ Having Ph.D. and working in Faculty of Commerce and Tourism, Gazi University, Turkey

² Having Ph.D. and working in Faculty of Economics and Administrative Sciences, Department of Health Care Management, Hacettepe University, Turkey

³ (Corresponding Author) Having Ph.D. Sakarya University, Faculty of Management, Department of Business Sakarya Universitesi Isletme Fakultesi Esentepe Kampusu Serdivan- SAKARYA/TURKEY
e-mail: m.akbolat@gmail.com; makbolat@sakarya.edu.tr

⁴ Having Ph.D. and working in Faculty of Health Sciences, Department of Health Management, Kirikkale University, Turkey

⁵ Working in Health Vocational School Trakya University, Turkey

educated in health care management. The situation was the same in the United States in 1910s. After 1930, doctors and nurses handed over their duties to persons who were educated in professional health management in the United States (Toker, 2000). However, a similar management mentality continues in Turkey.

Physicians and nurses who are in charge of the management of hospitals carry out their duties without any education in health management by just utilizing their experiences. There is no uniformity in education of the hospital directors in Turkey. Besides, many directors who are educated in various fields do not have sufficient health management education, and some professionals who are well-educated in health management can also be seen as hospital directors. According to the Ministry of Health Staff Elevation and Title Change Regulation (MOH, 2006), which possesses, approximately, 63% of the hospitals in Turkey (MOH, 2010), persons who are faculty or four years school graduates, can also be appointed as hospital directors besides the ones who have taken health management education. In other words, anyone who has taken an undergraduate education may be assigned the duties of a hospital administrator.

The objective of this study is to highlight the assessment and expectations of health management education by the persons who are actively involved in hospital management in Turkey. This study is divided into four sections. Literature review on this issue is given in the first section. Information about research and its methodology are explained in the second section. In the third section, the results of the study are given, and in the last section, these results are discussed and recommendations are provided.

Literature Review

As stated by Peter Drucker (2002), large health institutions may have been the most complicated institutions throughout the human history, though it is equally hard to manage small health institutions. The Health Management Education Commission of the United States for Health Management also holds this point of view. Accordingly, in order to meet health management, medical care, and healthy environment requirements for both individuals and the society necessitates planning, organization, direction, control, and coordination of the resources and the processes that provide significant services that are appropriate to meet such requirements (Sarvan, 1994).

Today, administrators in health services organizations have to work in an environment, which is effected by complicated social and political forces together with the lesser refunds, continuous lack of health professionals, endless requirements for performance and safety indications and transparency measures. Furthermore, administrators and leaders are expected to produce more with less input (Stefl, 2008). Therefore, professional health services administrators need to gradually increase since the changes, management structure, planning and marketing, organizational development of the health sector significantly affect the required knowledge and skills of health administrators (Tatar, et al, 2008).

Career in health services management is accomplished by one of the three methods (Johnson et al, 1990); (1) the first is where an administrator follows a clinical method through which a managerial career is sought after a clinical position to take the opportunity of being an administrator. This case comprises minor formal education and is generally based on self-education through experience or sustained learning; (2) the second is where an administrator undergoes professional education after the completion of a master's degree comprising a formal education on one of the administrative sciences and concludes with a career education at one of the hospitals. Such administrators are promoted to managerial positions through the

support of their successors and position line; (3) the third is where an administrator undergoes a formal education that is followed through an undergraduate program in health management. Hospital management requires providing fast, effective and cheap diagnosis and treatment for both inpatients and outpatients by utilizing the most appropriate and advanced methods (Berman et al, 1994). Activities to merge existing resources gain importance with respect to provision of services without interruption, and to provide them in a productive, efficient, and economic manner within all periods (Ozturk, 1991). Furthermore, institutions where health services are provided become a complex enterprise due to many factors. Particularly, high level of technology input and service utilization in comparison to other industries have an important role to play in this complexity (Read and Campbell, 1988). Therefore, health services management is accepted to be the one of the hardest managerial field in today's world, and board level management authorities, which is in employer position of many institutions and administrations require professional health administrators (Sarvan, 1994).

An erroneous theory in health services management is presentation of health services as not being different from presentation health services and that the knowledge required for health services management can be obtained through general administrative education (Legnini, 1994). Whereas, there are some conditions, which makes health services management a function both in management field and in the health sector (Sarvan, 1994); (1) excessive individualization obligation of the services being provided for persons. Since individual health services is not produced and sold collectively, this is designed particularly for each individual; (2) institutions where health services are provided comprise pluralist characteristics comprising various organizations from great academic health centers to minor health units; (3) health services administrators should carry out teamwork together with other health service attendants (doctors, nurses, other health employees, politicians, and community leaders) and should share the responsibilities of health services with them.

Management of health institutions is different when compared to other disciplines. This discipline emerged as a result of a recent point of view that health institutions are economic enterprises, which were previously accepted as fraternal organizations (Kavuncubasi and Kisa, 2002). This process started in the 1910s in the United States of America after it was recognized that a specific education is required for hospital management (Tengilimoglu et al, 2012; Akar and Ozgulbas, 2002). The first program that provided postgraduate education in this field was initiated at the Chicago University – Postgraduate Administration School in 1934 under the name of “Hospital Management Postgraduate Program” (Sarvan, 1994, Tengilimoglu et al, 2012). On the other hand, developments in Europe with respect to health management were initiated in 1950s. The most developed countries in health management in Europe are England, Netherlands, and Belgium (Tengilimoglu et al, 2012).

Today, health management education is being provided through 73 graduate and 106 postgraduate programs in the world, and 44 universities where graduate education is given, are certified by AUPHA. About 72 universities, which give postgraduate education, are the full-time members of AUPHA and accredited by the Commission on Accreditation Healthcare Management Education (www.aupha.org).

The first health administration school in Turkey was established by Ministry of Health in 1963. However, lately, together with the increased requirement for professional health administrators, there has been an increase in the number of universities and schools where health management education is given. Currently, health management education is provided through 19 undergraduate, 16 master, and 4 doctoral programs in Turkey. There are also

certification programs on health services management that are organized by various institutions besides these programs.

The objectives of this study are to highlight the importance of health management education, which had a rapid development in the course of time, and the issues regarding health management that shall gain importance in the future. Furthermore, it is aimed to guide the programs through which health management education is given by determining the defects in health management education.

Material and Methods

The Sample and Study Site

This descriptive study was carried out among 192 hospital administrators who were working in hospitals located in Ankara and Sakarya. The main purpose was to evaluate the thoughts of hospital administrators on the problems and situation of health administration education in Turkey.

Data Collection Tool

Based on the literature review, the questionnaire comprising 41 questions was developed, and this questionnaire was used for data collection purpose. By using this questionnaire it was purposed to collect and assess the views of hospital administrators on the current situation of administration and administrators of hospitals, the training gaps of health care administrators, needed skills for health care management, and insufficiencies of health administration education programs in Turkey when considering the more likely expected changes in health sector in the future. The first 12 questions in the questionnaire aimed to collect data on descriptive characteristics of the administrators while remaining twenty nine questions were responded by the participant hospital administrators according to a Likert type of scale ranging from 1 (not agree at all) to 5 (fully agree). The questionnaire used as data collection tool was administered to participant hospital administrators by face to face interviews.

Data Analysis

The collected views of hospital administrators on different aspects of health care management education and current status of hospital administration in Turkey were analyzed by using descriptive statistics to describe the data and Chi Square tests to find the differences amongst administrators grouped in terms of different characteristics. The results were assessed within a 95% confidence interval and at significance level of $p < 0.05$.

Results

About 52.6% of the participant hospital administrators in this study were female, and most of them (45.8%) were aged between 31–40 years old. The majority of the participants (69.8%) were employed by public hospitals, holding hospital administrator or administrator assistant title, and having working experience 5 and less than five years (Table 1).

[Place Table 1 about here]

Only 28.1% (54 of 192 participants) of the health administrators who participated in this study had education at undergraduate and graduate levels, and 52.1% of them had attended a certification program in this field. Accordingly, the percentage of the persons who attended

symposiums, congress, and meetings on the subject of health management was 74.5%. About 66.7% of the health administrators believed that such activities were beneficial.

[Place Table 2 about here]

Having a graduate or undergraduate degree in healthcare management is desired for all healthcare managers. However, the small number of head physicians or their assistants who had main responsibilities in administering hospitals in Turkey had an education in healthcare management. The rate of nurses attained a healthcare management program was also very small (18%), which is actually normal, because head nurses and their assistants are chosen from nurses educated in nursing schools. However, the majority of participants, which is true for all participants, stated that they had an anger to follow the latest developments in health care management by attending certification programs in health care management or participating symposium, congress or meetings in health care management. The rate of respondents stating they were following the latest developments in health care management by subscribing a magazine or journal was 26%. It is also important to note here that the number of published material on health care management in Turkey is very few. These findings simply suggest that management of hospitals is in the hands of administrators whose education background is not in health care management.

According to the dominant opinion of the health administrators, it should be obligatory to take formal education in order to be assigned as administrators in this field (81.8%) Furthermore, an interesting issue with respect to the statement "health management education should be mandatory for the administrators to be assigned to public health institutions" was that those who were trained in health care management agreed with this statement more than those who did not have a formal training in health care management ($\chi^2=5.903$; $p=0.015$). Furthermore, most of the health administrators believe that the Ministry of Health has not given sufficient importance to health care management education (77%).

About 85.48% of hospital administrators in the sample of this study stated that they were working together with a manager or colleague who was educated in health care management. However, it is interesting that many of those educated in health care management did not have managerial responsibilities, and were working either in departments providing health care services or administrative departments without holding any kind of administrative title. Even, about 93.8% of the administrators believed that the performance of the persons who were educated in health care management was sufficient or partially sufficient; it is surprising to find why hospital administrators did not work with those personnel having formal education in health care management by assigning them managerial responsibilities.

The participant administrators educated in health care management were requested to list the areas which they mostly felt they were in deficiency to follow or manage, and the results were shown in Table 3. These findings are important for health care administration programs to revise their curricula. According to the findings, the biggest deficiency of the administrators was the field of financial management (43.8%). This was followed by human resources management (40.6%) and public relations (32.8%), administrative support (26.0%), general health sector knowledge (25.5%), accounting (18.8%), marketing (14.6%), and housekeeping (11.5%).

[Place Table 3 about here]

The major issue, which shall gain importance in the future, according to health administrators, is quality-accreditation (54.7%). This will be followed by building technologies (41.7%), patient safety (39.1%), and health policy and planning (36.9%) (Table 4).

[Place Table 4 about here]

It is clear that all listed issues which will gain importance according to the views of participant hospital administrators require a special education program to compete with. However, traditional medical education programs for physicians and nurses are not adequate to acquire capabilities to those who are not educated in health care management, but having managerial responsibilities and expected to solve the problems in these areas.

Various characteristics of hospital administrators with respect to taking health care management education are analyzed, and the results were reported in Table 5. The results showed that rate of participant administrators having education in health care management was higher among female (57.4%) , those aged between 31-40 years old (51.9%), those having formal health care management education and their assistants (74.1%), and those having work experience 10 and less than 10 years (75.9%), who were relatively inexperienced administrators. The results in Table 5 also suggest that those educated in health care management were also more willingly to participate certificate programs (77.8%) than non-trained hospital administrators in health care management (22.2%). These results can be interpreted as signal of education in health care management gaining more importance since relatively younger and less experienced administrators were educated in health care management, and current trend in having education in health care management will increase since there are many universities just put health care management programs under their programs even if they do not have enough and sufficient infrastructure in terms of academics and physical facilities.

[Place Table 5 about here]

Table 6 compares the views of trained and non-trained hospital administrators in health care management on what level of education of health care management should be. It is quite interesting that 15.9% of non-trained respondents in health care management stated there was no need for graduate education for health care management. This result can be interpreted as non-trained health care administrators may feel they might lose their jobs if the rate of trained health administrators increases. It is also interesting that 79.6 percent of trained health administrators believed that having graduate education was enough. This result also can be interpreted as trained health administrators with undergraduate health care management education may feel they might also lose their jobs if the rate of administrators with graduate education on health care management increases since all health care professionals including physicians and nurses are able to participate master or doctorate health care management programs. Performed Chi Square Test analysis yield a result that the views of trained and non-trained health administrators on health care management were significantly different ($\chi^2=15.861$; $p=0.003$).

[Place Table 6 about here]

Most of the hospital administrators believe that establishment of an effective health care management education program shall improve the service quality in health institutions (80.7%), effective use of sources (63.0%), increase in patient and staff satisfaction (62.0%),

and more successful and effective management (52.1%) (Table 7). Even the results were not provided here, almost 91 percent of hospital administrators having formal education in health care management stated that service quality would increase by establishing effective health care management programs while this rate was found to be about 77 percent among hospital administrators who did not have formal health care management education, and the results of the Chi Square Test analysis revealed that the views of trained and non-trained hospital administrators differed significantly in terms of the service quality gain by establishing effective health care management programs.

[Place Table 7 about here]

Different aspects of health care management education in Turkey were grouped into five: Health administration education infrastructure, performance image of health care administrators having formal health care management education, continuous education, employment, and education standards. The views of participants on these five aspects were gathered by asking participants whether they agree or not with the items listed in the questionnaire. The views of the participants under five groups were reported in Table 8. When the responds given to the items under health administration education infrastructure are considered, it can be concluded that the majority of the participants agree that health education infrastructure in Turkey is not sufficient. The majority stated these programs should be encouraged by giving them more budget; the programs must provide more professionalism; evidence based curricula should be implemented; and the views of health care managers should be considered in the processes of curriculum development. It can be said the image of health care managers having formal health care management education is good even if it is not perfect because the majority of respondents stated that educated health care managers were capable of solving problems, and assigning non educated health personnel to the management of hospitals was waste of resources. The majority of participants also stated that continuous education is very important in administering hospitals so necessary encouragement should be provided to the health care administrators. However, employment seems to be a big problem for health care administrators who have degree only in health care management, since the majority of health care administrators are taking managerial positions and responsibilities even they are not educated in health care management. The majority of participants also believe that there should be standardization among health care education programs by emphasizing accreditation of health care management programs, and desiring to see a collaboration among the authorities like universities, Ministry of Health, etc.

[Place Table 8 about here]

Discussion

According to the results of the study, although there are administrators amongst the hospital directors and their assistants who had health management education, educational conditions are not the same for physician nurse managers. This means that manager groups are assigned to carry out hospital management services without being educated on health management, and they try to learn management on duty through their experiences. This causes insufficiency and unproductiveness in health services. According to Dican & Bilgen (1993), the most important and even the only reason why expected and required improvement and developments cannot be accomplished in health services in Turkey is insufficiency, incompetence, and lack of good faith in management.

Although attendance in scientific meetings, symposiums, congress', and so on amongst the health administrators who participated in this study, the rate of formal training fields on this issue is only 28.1%. Furthermore, the publications and scientific developments on health management field are mostly followed by the administrators who are educated in health management. Therefore, being educated in health management has an affirmative contribution for health administrators with respect to training and professional improvement.

Intellectual information and skills that are required for the execution of managerial duties makes formal education mandatory. Assessment of the health administrators from amongst the administrators/staff that are educated in health management verifies this point of view. Findings as a result of the study show that 95% of the health administrators who are working together with an administrator or persons who are educated on health management observe that these persons are sufficient or partially sufficient for carrying out their duties. Furthermore, according to the participated administrators in the study, development of effective health management education programs shall increase the quality of service in the health institutions, utilize resources effectively, and increase the patient and staff satisfaction to provide success in management.

The fields in which health administrators that are educated on health management lack basic skills are finance management, human resources management, and public relations. On the other hand, the fields where deficiencies are observed are domestic economy, marketing, and accounting. In addition, administrators who are educated in health management are very sensitive to their deficiencies in finance and accounting. Therefore, such fields are recommended to be updated and developed as part of the education programs.

According to health administrators, the major issues that shall gain importance in future are quality accreditation, building technologies, patient safety, and health policy and planning in the field of health management. On the other hand, the issues of public health and epidemiology, housekeeping, and logistics, and supply management are found to gain lesser importance. According to Akar and Ozgulbas (2002), the cost of health services, accreditation of hospitals, alternative payment models for health services, health insurance, malpractice, and malpractice insurance, merger in health institutions, widespread outpatient services, treatment at home, services to be rendered to elder people, right to die, organ transplantation, technology, and hospital information systems are also amongst the issues that shall gain importance in the future. Academic programs should be developed by taking opinions of the implementers because it is important to train hospital administrators according to the requirements of the sector. Health management programs have to develop measurable results in order to provide the requirements in practice as an approach in line with this objective (Griffith, 1998). Therefore, when the education programs are being prepared or updated for the faculty and institutions where health management education is given, it shall be convenient to take requirements in practice into account.

According to 59.9% of the health administrators, persons who shall be in charge of health management should have health management education at the undergraduate and graduate level. This opinion is followed by postgraduate education and certificate programs. These results show that it shall be appropriate for hospital administrators to have education at undergraduate and graduate level. However, according to Can & Ibicioglu (2008), it is understood that there is no consensus between the health attendants about qualifications of the management and their administrators in the health sector. Therefore, we believe that it shall be appropriate to define the characteristics of the administrators besides their educational degree. Furthermore, administrative scholarship during education and proficiency

terms provide particular empirical education for the students being educated in this sector (Griffith, 1998). Graduate education may, therefore, provide affirmative affects on the development of practice-oriented studies.

According to the results, the Ministry of Health has not been giving sufficient importance to health management. Namely, the problem is having hospital management not being accepted as a science by the Ministry of Health. As a result, it shall not be possible and beneficial to focus on technical issues with respect to hospital management without first solving the cognitive problem as regarded.

References

- Akar, C., Ozgulbas N. (2002). *Finance Management in Health Institutions*. Eskisehir: Anadolu University Publications.
- Berman H., Kukla S.F. and Weeks L.E. (1994). *The Financial Management of Hospitals*. Michigan: Health Administration Press.
- Can A., İbicioglu H. (2008). Evaluation of University Hospitals According to Management and Managership, *Suleyman Demirel University the Journal of Faculty of Economics and Administrative Sciences* 13(3), 253-275.
- Dican R., Bilgen N. (1993). *Public Health*. 2nd.Edition, Bursa: Uludag University Press.
- Drucker P. (2002). *Managing in the Next Society*. New York: Truman Talley Books.
- Griffith J.R. (1998). Can You Teach the Management Technology of Health Administration? A View of the 21st Century. *The Journal of Health Administration Education*. 16(3), 323-338.
- <http://www.aupha.org/i4a/pages/index.cfm?pageid=3357>, Access date: 07.06.2010
- Johnson J.A., Walter J.J., and Kenneth R.W. (1990). Health Administration Education: A Challenge for the 1990s. *Public Productivity & Management Review*. 14(2), 203-209.
- Kavuncubasi Ş. and Kisa A. (2002). *Management of Health Institutions*. Eskisehir: Anadolu University Publications.
- Legnini M.W. (1994). Developing Leaders vs. Training Administrators in the Health Services, *American Journal of Public Health*. 84(10), 1569-1572.
- MoH (Ministry of Health) (2006). *Ministry of Health Staff Elevation and Title Change Regulation*. Issued in Official Gazette on 09/ 09/2006- No.26284.
- MoH (Ministry of Health) (2010). *The Ministry of Health of Turkey Health Statistics Yearbook 2008*. S. Mollahaliloglu, M. Kosdak, & Z. Eryilmaz (eds.), Ankara: Refik Saydam Hygiene Center Presidency School of Public Health.
- Ozturk A. (1991). *Hospital Management and Organization: A Study of Turkish State Hospitals*. Adana: Cukurova University Social Sciences Institute Graduation Thesis study.
- Read J.L., and Campbell P.M. (1988). Health Care Innovation: A Progress Report. *Health Affairs*. 7(2), 174-185.
- Saran U. (2007). Requirement of Change and Restructuring in Turkish Health System and Transformation Program in Health. In C.C. Aktan & U. Saran (Eds.), *Health Economy and Health Management*. Ankara: SUVAK.
- Sarvan F. (1994). Administrators hip of Health Services, and Vocational Education in Developed Countries and Turkey. *Anadolu University Open Education Faculty Magazine*. 1(1), 209-236.
- Stefl M.E. (2008). Common Competencies for All Healthcare Administrators: The Healthcare Leadership Alliance Model. *Journal of Healthcare Management*. 53(6), 360-374.

- Tatar F., Tatar M, Sahin I., Ozgen H., Celik Y., and Okem, G. (1995). Areas and Subjects that will Gain Importance in Hospital Management in the Future and Skill, Knowledge and Abilities to be Successful in these Areas. *Journal of Community and Physician*. 10(69-70), 32-44.
- Tengilimoglu D., Isik O., and Akbolat, M. (2012). *Health Facility Management*. Istanbul: Nobel Publication Distribution.
- Toker F. (2000). A Research on the “Health Services Administration” for the Establishment of the Point of view of the health services administrators in Kocaeli. In N. Sarp, O. Evirgen (Eds.), *Notices book 3rd National Health and Hospital Management Symposium with international participation*. Ankara: Semor Publications, pp. 430-444.

Table 1. Descriptive Characteristics of the Participants in the Study (n=192)

Participants' Characteristics		n	%
Gender	Male	91	47.4
	Female	101	52.6
Age	≤30	34	17.7
	31–40	88	45.8
	≥41	70	36.5
Ownership of hospitals	Public	134	69.8
	Private	58	30.2
Title	Head phys. /assist.	43	22.4
	Hospital direct. /assist.	99	51.6
	Head nurse/assist.	50	26.0
Duty term (Year)	≤5	59	30.7
	6–10	57	29.7
	11–15	47	24.5
	16–20	13	6.8
	≥20	16	8.3

Table 2. Health Care Management Training Background of Participant Hospital Administrators

Participants' Title	Educational Degree (graduate or undergraduate)		Certification		Symposium, congress or meeting	
	Yes	%	Yes	%	Yes	%
Head physicians and assistants	7	16.28	20	46.51	30	69.77
Hospital administrators and assistants	38	38.38	56	56.57	80	80.81
Head nurses and assistants	9	18.00	25	50.00	33	66.00

Table 3. The Deficiency Areas of Hospital Administrators

The Deficiency Areas	n	Percent*
Financial management	84	43.8
Human resources management	78	40.6
Public relations	63	32.8
Administrative Support	50	26.0
General health sector knowledge	49	25.5
Accounting	36	18.8
Marketing	28	14.6
Housekeeping	22	11.5
Other	6	3.1

*: The respondents were listed more than one category.

Table 4. The Issues Which Will Gain Importance in the Future

The Issues	n	Percent *
Accreditation	105	54.7
Facility Technology	80	41.7
Patient Safety	75	39.1
Health Policy and Planning	71	36.9
Patient Rights	67	34.9
Health Economics	66	34.4
Financing	64	33.3
Health Law	64	33.3
Human Resources	43	22.4
Logistics and Material Management	28	14.6
Housekeeping and Facility Management	27	14.1
Public Health and Epidemiology	25	13.1
Other	1	0.5

*: The respondents were listed more than one category.

Table 5. Comparison of the Titles of the Health Administrators and their Status of Having Education on Health Management

Characteristics		Health Management Education				χ^2	p
		Trained		Not Trained			
		n	%	n	%		
Gender	Male	23	42.6	68	49.3	0.695	0.251
	Female	31	57.4	70	50.7		
Age	≤30 age	15	27.8	19	13.8	10.229	0.006
	31–40 age	28	51.9	60	43.5		
	≥41 age	11	20.4	59	42.8		
Title	Head phys./Assist	7	13.0	36	26.1	15.304	0.000
	Hospital direct. /Assist.	40	74.1	59	42.8		
	Head nurse/Assist.	7	13.0	43	31.2		
Duty Term	≤5 years	17	31.5	42	30.4	12.515	0.014
	6–10 years	24	44.4	33	23.9		
	11–15 years	11	20.4	36	26.1		
	16–20 years	1	1.9	12	8.7		
	≥21 years	1	1.9	15	10.9		
Certificate Programs	Participated	42	77.8	58	42.0	19.875	0.000
	Not participated	12	22.2	80	58.0		

Table 6. The Views of Trained and Non-Trained Health Administrators on the Level of Degree Health Management Education Should Be

	Health Management Education						χ^2	p
	Trained		Not Trained		Total			
	n	%	n	%	n	%		
Undergraduate	0	0.0	22	15.9	22	11.5	15.681	0.003
Graduate	43	79.6	72	52.2	115	59.9		
Master	7	13.0	28	20.3	35	18.2		
Doctorate	2	3.7	5	3.6	7	3.6		
Certification	2	3.7	11	8.0	13	6.8		

Table 7. The Views of The Participants On The Impact of Establishing Effective Health Care Management Program On Health Service Provision

The Impact Categories	N	Percent*
Service quality increases	155	80.7
Resources are used efficiently	121	63.0
Employee and patient satisfaction increase	119	62.0
Management becomes more successful and effective	100	52.1
Applicable health policies are determined	72	37.5
Financial problems are solved	64	33.3
Community expectations are met	62	32.3
Nothing changes	19	9.9

*: The respondents were listed more than one category.

Table 8. The Views of Participants on Different Aspects of Health Care Management Education in Turkey

	Not Agree	%	No Idea	%	Agree	%
Health Administration Education Infrastructure						
Studies on health management education should provide professionalism in the health sector	16	8.3	15	7.8	161	83.9

Sufficient research and development budget should be allocated for academic surveys to be performed within the scope of health management education programs	22	11.5	19	9.9	150	78.5
Graduate and postgraduate programs should be concentrated on health management field instead of associate programs	31	16.1	45	23.4	116	60.4
Health management lessons should be included in medical faculties training program since physicians are also involved in management of health institutions	24	12.5	24	12.5	144	75.0
Recent rapid improvements in health sector had a contribution in the development of academic frame of the health management education programs	30	15.6	59	30.7	103	53.6
Problems faced on-site should be taken into consideration while educational programs are being prepared on health management	41	21.5	58	30.4	92	48.2
The views and ideas of hospital administrators are taken into account in the process of developing health care management curricula	44	22.9	67	34.9	81	42.2
Evidence-based education should be given to students in current health management programs	40	20.9	69	36.1	82	42.9
The number of health care management programs is sufficient enough	65	33.9	75	39.1	52	27.1
Authorities like Ministry of Health, Council of Higher Education should give sufficient support for the development of health management education (budget, equipment, etc.)	71	37.0	58	30.2	63	32.8
Performance Image of Educated Health Administrators						
Administrators, who have had health management education, are sufficient and capable to solve problems faced on-site	37	19.3	30	15.6	125	65.1
Assignments of persons who are not educated on health management to management of hospitals cause waste of resources and managerial burdens	72	37.5	18	9.4	102	53.1
Continuous Education						

Apprenticeship abroad and in the country and exchange programs should be provided in order to achieve growth of successful health managerial candidates	10	5.2	23	12.0	159	82.8
University–hospital corporation should be provided in order to accomplish success in the health sector	15	7.8	23	12.0	154	80.2
Certification programs on health management should be focused	22	11.5	20	10.4	150	78.1
Participation of administrators from bottom, medium, and top levels should be encouraged in national and international scientific meetings in order to provide development in health management	19	9.9	28	14.6	145	75.5
Employment						
In the management of health institution there should be educated administrators on health managements instead of physicians who have no education on health management	32	16.7	22	11.5	138	71.9
Sufficient employment opportunities should be provided for the students having education on health management	101	52.6	27	14.1	64	33.3
Education Standardization						
Continuous management development programs should be prepared and Ministry of Health, universities, and nongovernmental organizations should work collectively	12	6.3	30	15.6	150	78.1
Current programs on health management should be accredited.	13	6.8	31	16.1	148	77.1
Cooperation and a defined standardization should prevail amongst health management programs	54	28.6	72	38.1	63	33.3