#### ISSN: 2167-1168

# Pairing Resilience and Governance: The Role of a Healthcare Planner in Africa

#### Stephanie El-Khoury and Carlos Noujeim\*

Director of Nursing and Quality Manager, Government House Clinic, Port Harcourt-Rivers State, Nigeria

### Abstract

Resilience management helps an organization to adapt to crisis. It supports business operators to deal with repetitive changes while managing risks and probabilities. This will give the organization an advantage to increase its performance. Healthcare sector mostly profited from this concept recently during COVID-19. Whereas, clinical governance is a very known framework in healthcare. It consists of improving and offering high standards of care while maintaining a supportive environment for the providers. Understanding greatly both concepts will create a solid combination that will help healthcare planners to operate easily in organizations, especially in moderate and low-income countries. For this purpose, the present paper discussed resilience management and clinical governance, and illustrates a simple strategic framework to be applied.

Keywords: Resilience • Cinical governance • Crisis • Repetitive challenges • Healthcare planning

## Introduction

Africa is facing hardship in its healthcare system. Studies are found about the burden of the healthcare and the difficulty of its management. In fact, research revealed the challenges facing this system [1]. These includes, but are not limited to; inadequate human resources, high disease overload, poor leadership and administration, poor quality of healthcare services, weak Health Information Management System (HMIS), poor integration of programs and lack of accountability and transparency [2]. This would question the national health sector in term of efficacy and try to find solutions [1].

Nonetheless, the World Health Organization (WHO) annual report exemplifies a significant progress in the Nigerian healthcare sector especially for the communicable diseases [3]. The tuberculosis effective treatment coverage increased from 19.4% in 2010 to 20.6% in 2019. The antiretroviral therapy coverage among people living with HIV had as well a significant increase from 24% to 86% between 2010 and 2019. And the pneumococcal immunization is around 57% in 2019 where it was not even mentioned in 2010. This by itself illustrates the willingness of the Nigerian healthcare sector to improve. And yet, numerous actions were applied to implement strategies in order to ensure effective healthcare delivery but unfortunately many have failed and the utilization of services was weak [1]. What could be the strategic vision and the roadmap a healthcare planner would set in order to maintain clinical governance, while encountering repetitive challenges and how this could be implemented?

Certainly, adopting strategic management in healthcare organizations is a necessity in term of understanding and managing persistent challenges [4]. But there is an unambiguous clear gap in the feasibility and implementation of corrective measurements and strategies in Nigeria, as an example [1]. A vicious circle is practically detectable over the years and this will lead to a serious crisis if not effectively approached. Therefore, considering that the

\*Address for Correspondence: Carlos Noujeim, Director of Nursing and Quality Manager, Government House Clinic, Port Harcourt-Rivers State, Nigeria, Tel: +234 909 261 5151; E-mail: carlosnjeim@hotmail.com

**Copyright:** © 2022 El-Khoury S, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

**Received:** 05 April, 2022, Manuscript No. jnc-22-64086; **Editor assigned:** 08 April, 2022, PreQC No. P-64086; **Reviewed:** 19 April, 2022, QC No. Q-64086; **Revised:** 20 April, 2022, Manuscript No. R-64086; **Published:** 27 April, 2022, DOI: 10.37421/2167-1168.2022.11.526

encountered hardship is a form of crisis, this paper will illustrate the importance of the resilience management concept in healthcare toward a new strategy implementation in order to maintain clinical governance.

In fact, healthcare resilience management is the ability to cope with crisis and sudden or repetitive events while managing its risks [5]. Studying the ground is a very useful step toward it. For that, many revisions were done with a focus on the challenges faced in Africa and Nigeria specifically [2]. And so, after knowing the challenges, it will be helpful for the organization to categorize and study its external and internal environments, aiming to identify what is affecting its functionality. Following, many strategies can be applied to manage and stabilize the factors affecting the organization. Actually, resilience is the preparedness of a system to slope while facing disruption or change [6].

Subsequently, the organization has to prepare its system operations and flexibility; optimizing the whole situation by visualizing and managing the organization goals, creating knowledge to the managers and staff and last but not least, increasing commitment and leadership by designing an effective system flow [5]. Resilience is how to deal with the challenges through risks and uncertainty [7]. It is the transfer of power in the favor of an organization. This was a lesson learned from the middle and low-income countries [8]. And this is how the organization protects itself and creates governance [5]

## Discussion

This paper considers five steps in the strategic management to be followed: environmental scanning, territory link, strategy formulation, strategy implementation and strategy evaluation. Starting with the environmental scanning, a territory study of both external and internal factors affecting the organization is to be accomplished. Studying the external factors will help the organization in collecting data of all the challenges it's facing, this will guide in proactive strategies' implementation by preventing risks [9]. And studying the internal factors will correspond to finding the gaps and challenges faced in the system application by the intent of flexibility and adaptability improvement [10]. In this first phase, being anticipatory is the key.

Processing the external data and finding the organizational gaps will form the link between the internal and the external factors. This will help the internal system to adapt according to the external present challenges. At this time, three main notions are to be activated: governance, transparency and research. The governance is one of the strategies applied in the resilience management in order to enhance leadership, strong vision, effective system workflow, organizational culture preparedness and flexibility to change [5]. On the other hand, the transparency and the research are two components of the clinical governance. Transparency guarantees the efficiency and the quality insurance of the services to be implemented, while the research will optimize the results by taking data-based decisions [11].

After emphasizing all the territory factors that constrain the organization to forge ahead, and linking the external and internal factors, a new strategy formation is the next step. Focusing here on sustainable solutions, efficient layouts, system flow flexibility and adaptability will be fundamental. During the current stage, financing, resources and risk management are the triggered concepts. The financing is the awareness and clarity of where to emit the funds in order to insure stability and sustainability according to the gaps already found [5]. The resources are described as the human and physical assets and how they will be managed and allocated according to the needs [5]. At the end, the strategy to be formulated has to go through risk management mentioned as one of the components of the clinical governance, intending to maintain a healthy environment for the patients and staff while applying changes [11].

Afterwards, while implementing a new strategy, the core will be focusing on growth, clarity and data-driven decision making. Preparing the managers to deal with the staff resistance to change is needed. In fact, prioritizing clarity and storytelling will decrease the resistance to change behaviours and spread the acceptance on all the members [12]. The cycle of strategy implementation will go through training and recruitment when required. This is a main component in both resilience management and clinical governance. It is dedicated for staff support to maintain knowledge about all the new strategies and the complexity of the environment while contributing to change [5,11].

Last in order, the evaluation will follow the implementation according to the gaps faced again. This will be analyzed along with clinical audits, clinical effectiveness and service delivery assessment. In fact, auditing the healthcare practice and evaluating its efficiency are very important in clinical governance, aiming to assure quality and safe standards to the client [11]. Therefore, a flexible approach to care delivery is required while addressing resilience management [5]. After illustrating the overall strategy, three key players are to be exposed: the policy makers, the healthcare operators and providers and the developers. The policy makers are the members who will organize the internal and external audit programs to implement new strategies and policies accordingly. Policy makers are the participants with high knowledge of the operations and strategies and engaging them through the overall process will be an advantage to come across more pertinent results [13].

On top of all, healthcare operators and providers will be the members who will align visions and manage resistance to change while promoting a quality improvement culture [14]. And finally, the developers will put a hand on the software update to maximize the organization performance and help in workflow analysis and clarity for a better utilization management [15].

# Conclusion

The existing literature exposed data describing the resilience management, the clinical governance and the challenges facing healthcare facilities in moderate and low-income countries. While minimal solutions are revealed to face these challenges, this paper underlined the necessity of processing the current data with the purpose of deliberating a new strategic framework that will help healthcare sectors to operate through risk and uncertainty while maintaining clinical governance and therefore preserving patient safety. This framework is attentively carried out by our team but further studies should be done to evaluate its application process and learn its gaps for improvement.

# **Conflict of Interest**

The authors declare that they have no conflict of interest.

## Funding

The authors declare that they did not receive any funding for this work.

## References

- Amedari, McKing Izeiza, and Ifunanya Carista Ejidike. "Improving Access, quality and efficiency in health care delivery in Nigeria: A perspective." PAMJ One Health 5 (2021): 1-8.
- Oleribe, Obinna O., Jenny Momoh, Benjamin S.C. Uzochukwu and Francisco Mbofana, et al."Identifying key challenges facing healthcare systems in Africa and potential solutions." *Int J Gen Med* 12 (2019): 395-403.
- 3. World Health Organization. "Country indicators-Nigeria." (2020).
- Akbarov, Khamdam, Leyla Hajiyeva and Sanobar Akbarova. "Strategic management for healthCare organizations in Azerbaijan Republic." Int J Environ Res Public Health 8 (2021): 227-234.
- Thomas, Stephen, Anna Sagan, James Larkin and Jonathan Cylus, et al. "Strengthening health systems resilience: Key concepts and strategies." EOHSP (2020).
- Marchese, Dayton, Erin Reynolds, Matthew E. Bates and Heather Morgan, et al. "Resilience and sustainability: Similarities and differences in environmental management applications." Sci Total Environ 613 (2018): 1275-1283.
- Morrison, Alasdair, Cherie Westbrook and Bram F. Noble. "A review of the flood risk management governance and resilience literature." J Flood Risk Manag 11 (2017): 291-304.
- Van Niekerk, L., Chater R., Naydenova E., Lim J., et al. "Social innovation in health: Case studies and lessons learned from low-and middle-income countries." (2017).
- Khalid, Layth and Ismail Abdul Rahman. "Measuring the effect of the external factors on Iraqiconstruction projects performance using pestle technique." The Mattingley Publishing Co., Inc. 81 (2019): 2206-2213.
- Halmaghi, Elisabeta-Emilia, Dumitru Iancu, and Marinela-Lidia Băcilă. "The organization's internal environment and its importance in the organization's development." Int Conf Knowl Based Organ 23 (2017): 378-381.
- Brault, Isabelle, Denis A. Roy and Jean-Louis Denis. "Introduction à La gouvernance clinique :Historique, composantes et conceptualisation renouvelée pour l'amélioration de la qualité et de la performance des organisations de Santé." Pratiques et Organisation Des Soins 39 (2008): 163-173.
- Kendall, Julie E. and Kenneth E. Kendall. "Storytelling as a qualitative method for is research:Heralding the heroic and echoing the mythic." *Australas J Inf Syst* 17 (2012): 161-187.
- Tricco, Andrea C., Wasifa Zarin, Patricia Rios and Vera Nincic, et al. "Engaging policy- makers, health system managers, and policy analysts in the knowledge synthesisprocess: A scoping review." Implementation Science: IS 13 (2018): 1-19.
- Parand, Anam, Sue Dopson, Anna Renz and Charles Vincent. "The role of hospital managers in quality andPatient Safety: A systematic review." *BMJ Open* 4 (2014): 1-16.
- Seymour, Tom, Dean Frantsvog and Tod Graeber. "Electronic health records (EHR)."Am J Health Sci 3 (2012): 201-210.

How to cite this article: El-Khoury, Stephanie and Carlos Noujeim. "Pairing Resilience and Governance: The Role of a Healthcare Planner in Africa." J Nurs Care 11 (2022): 526.