

## HOSPITAL BOARD COMPETENCIES SUPPORTING QUALITY GOVERNANCE: A SCOPING REVIEW

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### **ABSTRACT**

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#### **Keywords:**

hospital board, board of directors, competencies, quality governance

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*Background: The characteristics of hospital boards determine the output of healthcare quality. Certain sets of skills, composition, and dynamics make up for the competencies required of hospital boards in order to assure healthcare services are safe.*

*Aims: The objective of this scoping review is to determine competencies required of hospital boards that not only have a role in assuring healthcare quality, but also serve as general qualifications for best practice.*

*Methods: A scoping review was conducted through searching three electronic databases including relevant terms for the following concepts: hospital board and its required competencies. Grey literature was included to introduce a variety of perspectives on the subject and support an enriched discussion.*

*Results: 16 articles were included in this review. The majority of studies were qualitative studies with a focus on evaluating behavioral dynamics of hospital boards and its effect on healthcare quality governance. Three main themes of hospital board competencies include individual board member attributes, team dynamics, and organizational outcome.*

*Conclusion: Studies had different definitions of whom the term hospital board or governing board refers to, creating difficulty in formulating a certain set of essential qualities. A medical background is found to have positive associations with performance on care quality and patient safety practices.*

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## INTRODUCTION

Healthcare service delivery relies heavily on an institution's ability to uphold standards of patient safety, healthcare quality, good corporate governance as well as management by hospital boards (Jr and Gardner, 2007; Rotar et al., 2016; Blanco-Oliver, Veronesi and Kirkpatrick, 2018). In order to provide top-quality and safe care, hospitals must have strong governing bodies and policies (Chambers, 2012). Much of the evidence available has focused on medical staff and care in healthcare delivery, however, recent development in medicine and growing competition between hospitals have indicated the need to direct attention towards board competence, composition, and processes (Jha and Epstein, 2013; Millar et al., 2013). More recently, the regulations and need for patient-oriented and safe care has emphasized the importance of having strong and specific governance and management practices in not only delivering day-to-day healthcare services, but facing the dynamic healthcare needs.

A hospital's ability to deliver quality and safe healthcare not only depends on medical personnel and services but also on the governing board's ability to implement a quality-assuring and patient safety-oriented system (Millar et al., 2013; Lu et al., 2021). Health care organizations have a responsibility of delivering optimal medical care and demonstrating a return of investment as an indicator of financial performance (Lu et al., 2021). Hospital boards have the fiduciary duties of providing safe, top-quality, satisfying, effective and efficient

patient care. Failures in the health sectors are suffered not only clinically, but also financially. These failures and risk pose the questioning of hospital board governance, dynamic, composition, competence, and characteristics required for quality management in healthcare delivery (Jha and Epstein, 2013; Rotar et al., 2016).

There is a scarcity of data regarding effective board composition and characteristics required to address quality and safe healthcare delivery. Hospital board functions, elements, and objectives should aim to provide organizational direction, monitoring, and establishing the organization’s values as well as work culture (Ford-Eickhoff, Plowman and McDaniel, 2011; Mannion et al., 2015; Lu et al., 2021). Many commercial and corporate board theories can be used as a guide to determine board competence (Millar et al., 2013). This article aims to study specific competencies required of hospital boards and its governance in relation to healthcare quality management.

## METHODS

### *Search Strategy*

The scoping review was produced by a research team consisting of health professionals. The research questions were; what competencies of hospital boards determine quality governance in healthcare services, and which of these characteristics serve as general requirements for best practice. A scoping review methodology was appropriate as the research questions were exploratory with heterogenous settings. The research items of this study were formulated using the PCC (Population-Concept-Context) framework. The PRISMA-ScR (Preferred Reporting Items for Systematic Reviews Extension for Scoping Reviews) checklist was used to facilitate the writing of this review.

The three electronic databases used systematically to search for eligible studies were ProQuest, Scopus, and EBSCO. Relevant articles obtained through citation searching were also included in this review. Grey literature was also searched through the ProQuest Grey Literature database and web searching of health association/organization guidelines or policies on hospital boards. The decision to include grey literature in this review is to enrich results and provide a different perspective. The discussion would then have information from a research standpoint and also the practicing organization’s viewpoint. The search included terms related to main concepts of hospital boards and its essential competencies. Medical Subject Headings (MeSH) terms used to assist in finding similar terms to the concept were: “board of director”, “governing board”, “supervisory board”, “medical director”, “chief executive officer”, and “competencies.”

Table 1. PCC framework

Population/ Participants(P)	Hospital board
Concept (C)	Competencies
Context (C)	All types of hospitals from all regions

Table 2. Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
- Published between January 2017 to March 2022	- Studies not conducted on or referring to hospital boards
- Full-text articles	

<ul style="list-style-type: none"> <li>- Published in peer-reviewed journals (except grey literature)</li> <li>- English language</li> </ul>	<ul style="list-style-type: none"> <li>- Studies focusing on specific medical care or issue instead of general overview of hospital quality of care</li> </ul>
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## RESULT AND DISCUSSION

After limiting results using the mentioned criteria, the initial search terms yielded 12 articles from Scopus, 65 articles from ProQuest, and 10 articles from EBSCO. After excluding the duplicate studies and imposing limits for eligibility, a total number of 66 articles remained for screening (Figure 1). Based on title and abstract screening studies that did not focus on hospital reviews nor hospital board roles were excluded. Remaining articles were then sought for retrieval and full text screening was conducted to decide which were eligible to be included in the review. Studies that did not specifically focus on hospital board competencies and healthcare quality were excluded. To no surprise, not much grey literature was available due to the complexity of setting a standard of competencies in hospital board practices. Of the four articles found from varying health organizations, three were considered to enrich the discussion of this review. Results from citation searching were not included in the results of this review due to the limit on year of publication. However, these articles were considered to supplement the discussion. Finally, 16 articles were selected after meeting all inclusion criteria. In the process of data analysis, data was extracted from each study and is summarized in Table 3.

### Overview

A board is defined as a group of people charged with legal and constitutional responsibility for governing an organization (Chambers, 2012; Millar *et al.*, 2013; Tsai *et al.*, 2015; Mannion *et al.*, 2017; van de Bovenkamp, Stoopendaal and Bal, 2017; Brown, Dickinson and Kelaher, 2018; Brown, 2019). One of the first things to note was that there has yet to be an agreement on the specific party as to whom the term “hospital board” refers to. Several articles specifically distinguish between the hospital board of supervisors and the board of directors while others used the generic term without any specific reference. The board of directors were also referred to as executive directors, medical directors, and board managers in other articles (Berghout *et al.*, 2017; Jones and Fulop, 2021). Van de Bovenkamp in describing the layers of governance in healthcare, incorporated the board of supervisors with the board of directors as “internal governance (van de Bovenkamp, Stoopendaal and Bal, 2017).” Chambers, Brown, and De Regge, however, refers to the supervisory board as a separate entity from the managing board of directors (Chambers, Harvey and Mannion, 2017; Brown, 2019; De Regge and Eeckloo, 2020).

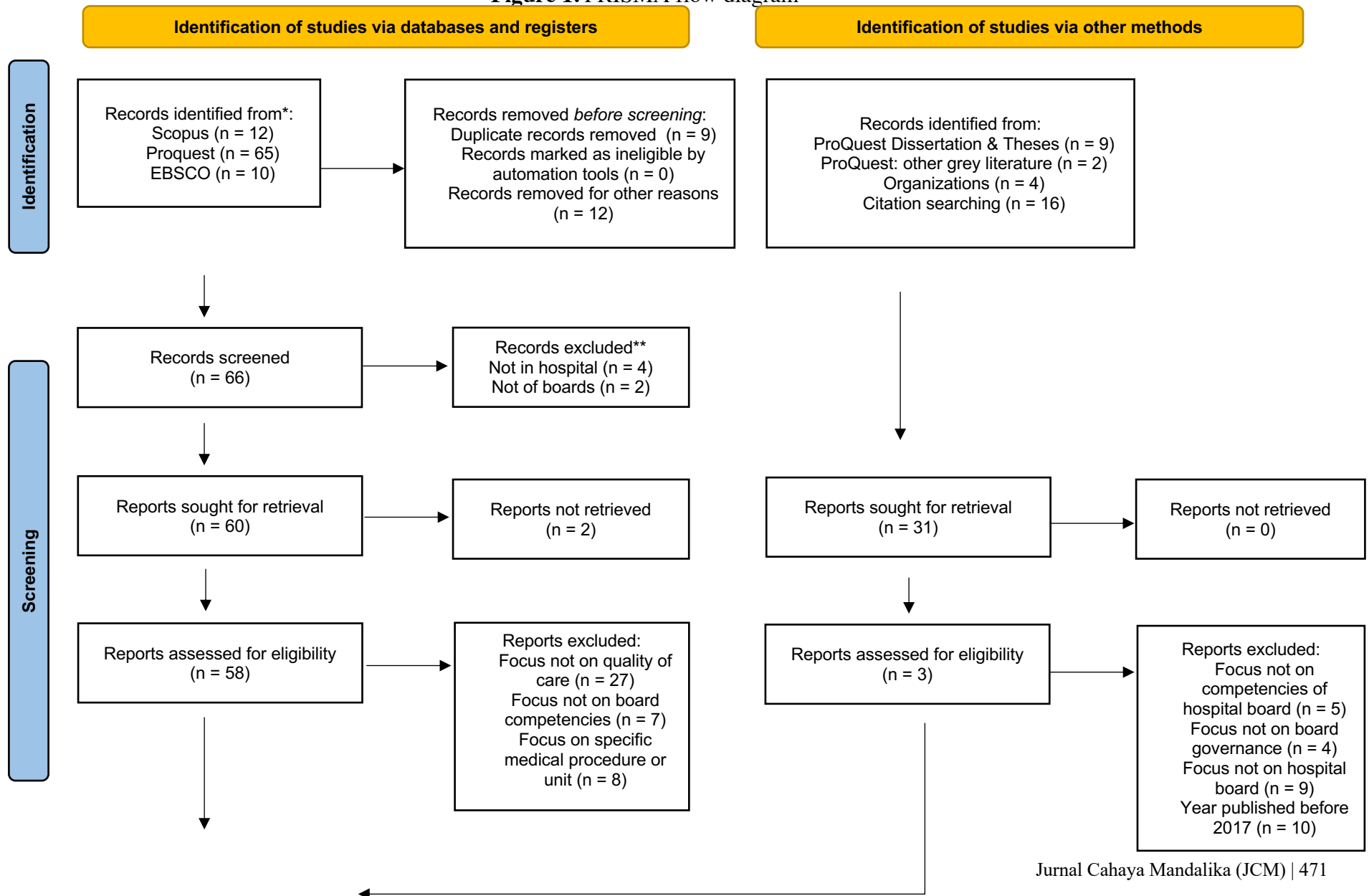
Much of the articles reviewed were qualitative studies with a nearly common theme of attempting to identify theories of hospital board competencies that encourage good governance and improvement in healthcare quality. This was often assessed by looking at available data on hospital board processes and performance followed with interviews. Brown, Mannion, and Chambers report that many hospitals have yet to shift from the agency theory to a stewardship model in order to align board member perceptions on quality of care (Chambers, Harvey and Mannion, 2017; Mannion *et al.*, 2017; Brown, Dickinson and Kelaher, 2018). Despite the difference of opinions on the hospital board scope of definition, most articles were in agreement as to the conceptual framework that lies as a foundation for hospital board competence in

assuring healthcare quality. Slight variations exist between studies, however, two main themes of competencies identified were board characteristics or attributes that support governance; and board activities and roles in governing quality of care.

*Hospital board competencies supporting good governance*

Experience, skills, and qualities of hospital board members are determining elements of good corporate as well as clinical governance (Brown, 2019; Erwin *et al.*, 2019; De Regge and Eeckloo, 2020; Pfaff *et al.*, 2021). These three characteristics can be measured objectively as well as subjectively in deciding whether an individual is competent or not to become a hospital board member. Individual skills refer to one's expertise or knowledge, especially in the area of healthcare delivery and performance, business and finance, and human resources (Millar *et al.*, 2013; Lu *et al.*, 2021). Jones and Fulop as well as Pfaff *et al* point out the importance of having these set of skills as a competent hospital board member (Jones and Fulop, 2021; Pfaff *et al.*, 2021). Jones and Fulop as well as Kakemam *et al* add that medical professionalism was a complementary enhancing competency (Kakemam *et al.*, 2020; Jones and Fulop, 2021). Nearly all the articles report that a medical background has a positive effect on hospital governance of healthcare quality (Berghout *et al.*, 2017; Chambers, Harvey and Mannion, 2017; Mannion *et al.*, 2017; Sfantou *et al.*, 2017; Zegers *et al.*, 2018; Brown, 2019; De Regge and Eeckloo, 2020).

**Figure 1.** PRISMA flow diagram



Included

Studies included in review  
(n = 16)

Table 3. Summary of key findings

Studies	Key Findings
<ul style="list-style-type: none"> <li>• Kakemam, E <i>et al</i> (Kakemam <i>et al.</i>, 2020)</li> <li>• Jones, L and Fulop, N (Jones and Fulop, 2021)</li> <li>• Clay-Williams R, Ludlow K, Tesla L, <i>et al</i> (Clay-Williams <i>et al.</i>, 2017)</li> <li>• Erwin CO <i>et al</i> (Erwin <i>et al.</i>, 2019)</li> <li>• Sfantou DF <i>et al</i> (Sfantou <i>et al.</i>, 2017)</li> <li>• Chambers N, Harvey G, Mannion R (Chambers, Harvey and Mannion, 2017)</li> <li>• van Gelderen <i>et al</i> (Zegers <i>et al.</i>, 2018)</li> <li>• Berghout <i>et al</i> (Berghout <i>et al.</i>, 2017)</li> <li>• Vainieri M <i>et al</i> (Vainieri <i>et al.</i>, 2019)</li> </ul>	<ul style="list-style-type: none"> <li>• Leadership and management competence are context sensitive and specific</li> <li>• Core competencies required of boards: leadership, communication, change, evidence, resources, and knowledge</li> <li>• Interaction in competencies include board dynamics and team work within the organization</li> <li>• Medical directors play a diplomatic role and is associated with better healthcare service delivery</li> <li>• Boards must be proficient in auditing and setting a learning culture, benchmarking</li> </ul>
<ul style="list-style-type: none"> <li>• Pfaff, H <i>et al</i> (Pfaff <i>et al.</i>, 2021)</li> <li>• Lee R, Baeza JI, Fulop NJ (Lee, Baeza and Fulop, 2018)</li> <li>• van de Bovenkamp HM, Stoopendaal A, Bal R (van de Bovenkamp, Stoopendaal and Bal, 2017)</li> <li>• Mannion R <i>et al</i> (Mannion <i>et al.</i>, 2017)</li> <li>• Brown A, Dickinson H, Kelaher M (Brown, Dickinson and Kelaher, 2018)</li> <li>• Brown A (Brown, 2019)</li> <li>• De Regge M, Eeckloo K (De Regge and Eeckloo, 2020)</li> </ul>	<ul style="list-style-type: none"> <li>• Shared commitment and leadership combined with board social integration → increase power to implement quality management systems within hospital.</li> <li>• Board social integration and engagement includes involving patients in decision-making processes</li> <li>• There is no standard formula or recommendation to board size and composition → not indicative of performance</li> <li>• Appraisal tools and guidelines serve as a recommendation to support hospital board best practices</li> </ul>

Clay Williams, however, report that medical personnel in a governing role might have difficulty balancing roles between the professions (Clay-Williams *et al.*, 2017). The study noted poor time management skills and lack of organizational training as negative attributes to medical managers.

Having experience in managerial positions and board work also contributes to board member competence in a governing role (Jr and Gardner, 2007; Tsai *et al.*, 2015; Zegers *et al.*, 2018). Knowledge in the area of health systems and integration are vital to hospital boards in order to deliver health care adjusted to the needs of patients (Vainieri *et al.*, 2019). This also translates to the importance of having a diverse member of boards reflecting the demographic, cultural, socioeconomic, and geographical characteristics of the community (Chambers, 2012; Mannion *et al.*, 2015). General qualities that hospital board members should have include honesty, accountability, good faith, absence of conflicts, loyalty, ability to collaborate, innovation, leadership, and diligence (Millar *et al.*, 2013). Erwin whose study focuses on the dynamics of hospital boards in good governance states that financial performance should be evaluated both independently as well as in relation to healthcare quality performance (Erwin *et al.*, 2019).

Another important competency of hospital boards frequently mentioned is leadership. Sfantou asserts that leadership, particularly resonant leadership, affects patient safety climate and thus quality of care (Sfantou *et al.*, 2017). Leadership in governing boards was directly associated with lower rates of medication errors and a lower 30-day mortality rate. Transformational leadership was also positively associated with better organization culture which in turn promotes a culture of safety. Despite the body of evidence suggesting certain competencies vital to hospital boards, there remains a paucity in the set of skills required to qualify as a board member.

#### *Board activities and roles in good governance*

Pfaff *et al* report the positive impacts of shared commitment and shared leadership between hospital boards and its staff to the lower hierarchical levels in implementing quality management systems. A hospital board's ability to integrate socially and remove sociocultural barriers enables the teamwork needed to deliver health services (Pfaff *et al.*, 2021). Jones and Fulop also report the importance of maintaining relationships between hospital board and the organizations clinicians and stakeholders, as well as collaborating with external forces in delivering quality health care (Jones and Fulop, 2021). The hybrid model of medical professionals acting in governing roles provided an elite set of skills that increases an organization's capacity to assure quality in medical services (Veronesi, Kirkpatrick and Vallasca, 2013; Veronesi, Kirkpatrick and Altanlar, 2015; Sarto and Veronesi, 2016). The review by Kakemam *et al* also suggests a framework and set of competencies required for quality health care delivery, mainly leadership and professionalism (Kakemam *et al.*, 2020). The findings of these studies highlight the importance of a comprehensive and integrated board composed of various competencies in modeling hospital governance and management. These competencies directly relate to organizational performance capacity and its output of healthcare quality. Through different dimensions and analysis, these findings emphasize that a competent board translates to a better

performing hospital organization (Kakemam *et al.*, 2020; Jones and Fulop, 2021; Pfaff *et al.*, 2021).

Lee *et al* focused on evaluating how boards formed strategy to assure and improve healthcare quality (Lee, Baeza and Fulop, 2018). Lee highlights the importance of involving patients and patient satisfaction surveys to identify care needs that are not being met or have yet to achieve satisfactory level. The findings suggest that hospital boards play a central role in not only obtaining and analyzing the resulting data, but also in forming the organization's strategy in improving care. Van Gelderen who conducted a questionnaire survey among 81 hospitals in the Netherlands found that regular audits and a learning culture environment as the two most important strategies imposed by hospital boards in governing quality of care (Zegers *et al.*, 2018). Other essential factors include follow up strategies based on audit results, dissemination of audit results, and a multidisciplinary audit team for collaborative purposes.

De Regge also reports the vital role board engagement plays in improving quality of care (De Regge and Eeckloo, 2020). A board's lack of knowledge in quality assessment was associated with lower levels of organizational performance. De Regge also noted that board oversight through governing activities is also responsible for setting the goals of quality improvement keeping in mind the organization's capacity, as opposed to using benchmark comparisons (De Regge and Eeckloo, 2020). Van de Bovenkamp reports the dynamics of institutional layers in the healthcare system and its effect on care quality assurance by the governing board (van de Bovenkamp, Stoopendaal and Bal, 2017). Though there seems to be a shared responsibility among institutions including the Health Inspectorate and Ministry of Health, the largest pressure to uphold healthcare quality still falls on the hospital board (van de Bovenkamp, Stoopendaal and Bal, 2017).

## Discussion

Health care organizations often dive in to evaluate board competencies when there are hospital safety issues that point to a failure of leadership from multiple levels. Many of the studies included in this review were conducted after the Mid-Staffordshire scandal in the United Kingdom. Many of the systematic reviews obtained in the results include studies about the scandal that emerged in the mid 2000's and found that between 400 to 1,200 patients have died due to poor practice and negligence. The scandal forced the UK's National Health Services (NHS) to conduct an investigation and evaluate the failures of the governing board in ensuring patient safety and healthcare quality (Chambers, Harvey and Mannion, 2017). The mutually inclusive principle of quality and safety should be the ultimate aim of every health care organization and thus every governing hospital board (Millar *et al.*, 2013; Brown, 2019; Vaughn *et al.*, 2019). The studies included in this review had two differing definitions as to whom the board refers to. This then makes it difficult to understand who the standards competencies are specifically referring to, and which governing responsibilities should be given to whom. This also makes it difficult to agree upon a set of essential competencies appropriate for each and every governing hospital board. The



ambiguity poses the question whether the distinction of definitions is to accommodate context-specific needs of the health care organization or due to difficulty in achieving consensus as to who should be responsible for governing healthcare quality and safety.

Several things the studies had in common were attributes or characteristics a hospital board should have in order to govern health care in assuring quality and safety. There is little mentioned about the ideal composition of a hospital board with some recommending a smaller team and some indicating that a larger board would benefit in diversity and skills. It is thought that the reason there are no specific recommendations as to board size is due to contextual settings that require a tailor-made composition. However, it should then be questioned how board size can be calculated, designed, and whose responsibility it is to determine these competencies. The competencies required of boards also differ between the studies found in this review. These qualifications can be viewed from different perspectives such as individual board member attributes, team work dynamics, and organizational goals.

The individual board member attributes range from knowledge, skills, and attitudes in being able to understand and execute quality indicators and improvement programs, as well as serve as a role model for effective communication and conflict management to ensure a learning and safe culture (Sarto and Veronesi, 2016; Brown, Dickinson and Kelaher, 2018). Even though the majority of studies report a positive association between a board member having a medical background and quality assurance, a systematic review by Clay-Williams argues differently. In their study, Clay *et al* report that medical directors would more likely prioritize clinical work over managerial tasks which then poses a burden on fellow managers (Clay-Williams *et al.*, 2017). The study challenges the notion that clinicians are able to be effective leaders in governing healthcare quality. However, studies by Sfantou and Berghout state that a medical director would have an advantage in being able to understand the intricate work of clinical peers and in turn influence members of the organization to align visions in accordance with patient safety practices (Berghout *et al.*, 2017; Sfantou *et al.*, 2017). This then would improve a health care organization's performance in delivering high quality of care.

The second competency of team work dynamics is possibly the most studied due to its complex nature and immediate effect on healthcare services. This competency calls for evaluation of internal processes within the governing board and dynamics of the board, both internally amongst its members as well as externally. Some of the main factors that play a role in determining governing board dynamics include communication, the ability to interpret quality issues at both the board level and organization level, and relationship dynamics within the board (van de Bovenkamp, Stoopendaal and Bal, 2017; Blanco-Oliver, Veronesi and Kirkpatrick, 2018; Brown, Dickinson and Kelaher, 2018; De Regge and Eeckloo, 2020). Due to the fact that boards are often comprised of individuals with different expertise, backgrounds, and understanding of healthcare quality issues, the governance of an organization can be a daunting task. A variety of influencing factors such as cultural and political dynamics further challenge the hospital board in working as

a team to achieve an organization's desired performance. Brown and Erwin both report these challenges as factors that could hinder good governance by the hospital board (Brown, 2019; Erwin *et al.*, 2019). Apart from assuring safety and quality of health care, boards are expected to perform well financially too. Differing opinions, goals, and strategies within the governing board often make it difficult to balance financial and care quality performance. Though not impossible, forming a well-oiled machine in behavioral dynamics of hospital boards requires great effort between board members and other organization members.

The organizational aspect is the third competency of hospital boards in good governance and developing healthcare quality. The organizational structure may be important in setting the governance environment however it may not be indicative of performance (Sarto and Veronesi, 2016; Zegers *et al.*, 2018; Vainieri *et al.*, 2019). This structure is usually context-specific and thus difficult to synchronize between organizations. An example of differing context includes clinical representation that influences quality of care. Different measures of outcome (patient, financial, efficiency) also challenge a uniform organizational structure (Chambers, Harvey and Mannion, 2017; Mannion *et al.*, 2017; Erwin *et al.*, 2019). However, studies in this review report that shared purpose between governing boards and members of the organization serves as a bridge to reverse hierarchy and align goals in patient care (Vainieri *et al.*, 2019). These findings support the positive association found by Mannion *et al* regarding staff confidence in raising patient safety concerns with strong hospital board competencies in good governance (Chambers, 2012; Mannion *et al.*, 2015). The competency of hospital boards shapes the organization culture and values which in turn enhance organization performance to deliver quality health services (Ford-Eickhoff, Plowman and McDaniel, 2011).

## CONCLUSION

Hospital board competencies set the tone and direction for delivering safe and high-quality health care. An elite set of competencies along with an interplay of complex standards are required of hospital boards in order to assure the quality of its medical services and good governance. Findings of this study emphasize the importance of individual attributes, team behavioral dynamics, and organizational outcome of hospital boards in performing governing roles as well as medical management. Various factors influencing leadership and professionalism challenge communication and organizational dynamics to adequately form strategies in achieving both financial and care quality performance. Though the literature of hospital board competencies and its effect on healthcare quality is still growing, context-specific features make it difficult to form a set of standardized recommendation on board size, composition, activities, roles, and

performance measures. There is still a need for further research to understand the contextual nature of these competencies and hospital board characteristics of governance. Further study is needed to understand governing board practices that assure quality improvement, ensure patient safety, and enhance patient care.

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