

Symposium on healthcare policy, financing, and economics

I am very pleased to introduce this Special Issue of the *International Journal of Organizational Theory & Behavior* with a focus on Healthcare Management. This symposium addresses important issues related to the uninsured, e.g., Medicare, staffing and efficiency of health service delivery, and other management, economic and financial factors affecting healthcare. At a time when healthcare comprises a growing proportion of gross domestic product in many countries and, in some countries like the United States, life expectancy for certain groups is declining, investigating potential new improvements in health service delivery is vital.

Furthermore, there is a need to address the critical challenges of rising costs, disparities in care, and organizational challenges created by increasingly complex systems of healthcare management such as the Accountable Care Organizations (ACO). Hospital performance, locations, structure, and ownership are very important issues in the USA and other countries. The bulk of healthcare expenditure occurs in hospital settings (inpatient and outpatient). As a result, cost savings have become the focus of policy makers. The papers in this edition provide information useful for researchers, students, and policy makers.

The symposium for this Special Issue was posted and advertised on a national scale. All of the papers for the symposium were subjected to blind, peer review and the authors revised the manuscripts in accordance with the Guest Editor's and reviewers' comments.

The symposium consists of six papers that provide different perspectives and will be of interest to healthcare policy makers, academic researchers, and practitioners. The significance of communication and health disparities are highlighted in this issue.

The first paper sets the stage for this special edition. "Effective communication provides early intervention among Medicare patients" by O'Lawrence and Poyaoan-Linzaga focuses on patients who talked with their doctor about their risk of falling or re-occurring balance problems, as related to early intervention. Patients who talked with their doctors about falls or balance problems were not only more likely to have had a previous significant fall, but were more likely to receive advice and education from their doctor about preventing future falls. There was also a significant difference in the race/ethnicity of beneficiaries who talked with their doctor about a fall or balance problem. In total, 78 percent of patients who talked with their doctor self-reported as white, compared to 9 percent as black or African-American.

The second paper, "Cost effectiveness in palliative care" by O'Lawrence and Chowlkar, explores a secondary data set to determine the cost-effectiveness of palliative care in patients' homes and hospice settings. The research includes an investigation of the major source of payment with a view to determining potential cost savings and its effect on quality of life. This study examined demographic factors in hospice and home healthcare that may help to evaluate the cost of care and the modes of payment. The major findings were that most patients (68.7 percent of $n=1,003,400$) were aged 65 and over. Also, more than 78 percent of home and hospice care services are utilized by the age-group 45 and older.

The author gratefully acknowledges the valuable guidance and feedback provided by the Editor, Khi V. Thai at Florida Atlantic University and William Ward at the University of South Florida. The completion of this symposium would not have been possible without the many hours contributed by all of the anonymous reviewers who dedicated their time and expertise to help make this symposium a reality.



The third paper “Impact of health sector reforms on hospital productivity: a data envelopment analysis (DEA) based on the Malmquist approach,” is authored by Salih Mollahaliloglu, Sahin Kavuncubasi, Fikriye Yilmaz, Mustafa Younis, Fatih Simsek, Mustafa Kostak, Selami Yildirim and Emeka Nwagwu. The authors discuss hospital efficiency and healthcare reform in the Republic of Turkey. The authors use the Malmquist approach in their analysis. They find that hospital efficiency and productivity have improved significantly since the implementation of government healthcare reform.

The fourth paper by Susan Young and Kristina Lu is titled “Educational interventions to increase cultural competence for nursing students.” This study found that an intensive educational intervention increases the level of cultural competence among senior-level nursing students in Hawaii. These results have significance for further development of nursing curricula on cultural diversity. Specifically, new nurses exposed to such an intervention will be better prepared to contribute to the development of successful cultural interventions, leading to improved health outcomes. Development of courses and integration of cultural awareness, knowledge, and competence can and should be incorporated in all disciplines for the future workforce. As the US workplace employs people of diverse cultural backgrounds, early integration of communication techniques and awareness of differences should begin in the academic setting.

The fifth paper by Mary Eleanor Wickersham and Robert P. “Sherman” Yehl tackled the subject of rural hospital authorities, a type of special district established to own and govern non-profit hospitals in many states. Special districts have been criticized as insular “shadow governments,” where private and public lines are often blurred. The authors use web content analysis to examine whether these hospital authorities are demonstrating transparency, a key expectation of all government organizations and an essential component of accountability in the public sector. This matter is particularly relevant now, as rural hospitals across the USA are in state of crisis, often asking for added taxpayer support for continued operation. The authors compared the transparency of a set of rural Georgia hospital authorities with same-county government organizations. They also examine compliance with state and federal mandates for reporting and their comparative success in meeting normal expectations for reporting for other government and healthcare organizations via the hospitals’ websites. They find that hospital authority transparency is extremely low in nearly all cases in Georgia, confirming concerns expressed in the literature review about transparency of these and other special districts.

The sixth paper titled “Accountable care organizations: a strategy for future success?” by Jeffrey P. Harrison, PhD, Aaron Spaulding and Debra A. Harrison, assesses the community dynamics and organizational characteristics of US hospitals that participate in ACO. The study evaluated 785 hospitals which operate ACO, in contrast to 1,446 hospitals without an ACO. The authors found that most ACO hospitals are non-profit and operate in an urban setting.

Collectively, these papers suggest that enhanced awareness of communications and organizational culture can improve healthcare delivery. It is my hope that the reader will find the papers in this Special Issue of interest and provocative, and will be stimulated to carry out further research, including case studies and demonstrations, in the field of healthcare policy, financing, and economics.

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