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Financial Autonomy in Public Hospitals: A Systematic Review

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Abstract

The purpose of this study is to systematize previous studies on financial autonomy in public hospitals, make statistics, evaluate according to authors, and identify the most influential research articles in the study on financial autonomy in public hospitals. Research data was collected and analyzed from Google Scholar data on VOSviewer 1.6.19 software with 500 articles for the keywords "financial autonomy" and "public hospital" filtered in summary form.

The results show that studies on financial autonomy in public hospitals over the past 11 years have always been a topic of interest and research for researchers. The study also identifies the most influential authors according to the number of articles and citations. The research results have contributed to synthesizing a system of research documents on financial autonomy in public hospitals.

Keywords: Financial Autonomy, Public Hospitals, Systematic Literature Review

1. Introduction

Barasa, E., Nyawira, L., Musiega, A., Kairu, A., Orangi, S., & Tsofa, B. (2022) ^[1] have researched the autonomy of public health facilities in decentralized contexts: insights from applying a complexity lens in Kenya. In this paper, they apply a complexity lens to draw on a body of research that we have conducted in Kenya over the past decade, from the onset of devolution reforms, to unpack the determinants of public health facility financial autonomy in a context of decentralization and provide suggestions for pertinent considerations when designing interventions to address financial autonomy challenges. They find that the factors that affect public health facility autonomy are not only structural but also procedural and political and interact in complex ways. These factors include public finance management (PFM) laws, sense-making by actors in the health system, political interests in control over resources, subnational-level PFM capacity, PFM implementation bottlenecks, and broader operational autonomy. Drawing from this analysis, we recommend that efforts at resolving public health facility financial autonomy include: PFM capacity development for subnational levels of government in decentralized settings; the use of a political lens that recognizes interests and seeks to align incentives in engagement and solution finding for health facility financial autonomy; the audit of PFM processes to establish and resolve implementation bottlenecks that impinge on public health facility autonomy; and the resolution of operational autonomy as a facilitator of financial autonomy.

Allen, P., Cao, Q., & Wang, H. (2014) ^[2] have researched public hospital autonomy in China in an international context. In this paper, they analyze the historical evolution and current situation of public hospital governance in China, focusing on the range of governance models being tried out in pilot cities across China. They then draw on the experiences of public hospital governance reform in a wide range of other countries to consider the nature of the Chinese pilots. They find that the key difference in China is that the public hospitals in the pilot schemes do not receive sufficient funding from the government and are able to distribute profits to staff. This creates incentives to charge patients for excessive treatment. This situation has undermined public service orientation in Chinese public hospitals. They conclude that the pilot reforms in governance will not be sufficient to remedy all the.

Chluski, A. (2022) ^[3] has researched the impact of ICT strategy on intellectual capital, quality of service, and financial autonomy in Polish hospitals. The article aims to present and verify the model determining the impact of financial autonomy and the orientation of hospital managers on ICT strategy on the quality of medical services and the development of the intellectual capital of medical personnel. The research model was developed based on empirical studies conducted in Polish hospitals. This is the first study of its kind in Poland. Theoretical constructs of the model have been developed for the

mentioned phenomena. These constructs and their mutual relationships are the basis of the research model developed using structural equation modeling (SEM). A survey was conducted among managers of Polish hospitals and used to create SEM measurement models. The survey was developed based on subject-based literature focused on similar research models and interviews with managers of Polish hospitals. The estimation and correctness of the model parameters were assessed using the partial least squares structural equation modeling (SEM-PLS) methodology. The hypotheses proposed in the paper have been acknowledged. The model meets the required quality criteria, and all model parameters are statistically significant. The appropriate use of ICT and the financial autonomy of Polish hospitals positively affect the development of intellectual capital and the quality of services provided. The research findings may be helpful for the knowledge management of hospital personnel.

Handayani, F., Basri, H., & Fahlevi, H (2019) ^[4] have researched whether increasing public hospital financial autonomy improves performance. A Study of Indonesian Public Hospitals This study aims to compare the financial and non-financial performance of Indonesian public hospitals after gaining improved autonomy in financial management (Badan Layanan Umum, BLU, or Public Service Agency, PSA). It is conducted in two public hospitals in Banda Aceh City, Indonesia. Qualitative research design and descriptive analysis were undertaken to obtain a clearer picture of the performance and to provide a comparative analysis. The financial performance analysis is measured using trend analysis, profitability ratio, cost recovery rate, and independence level. The non-financial performance analysis is measured by using BOR (bed occupancy ratio), TOI (turn over interval), BTO (bed turnover), ALOS (average length of stay), GDR (gross death rate), and NDR (net death rate). The results show divergent results. There is an increase in revenue and profit after gaining BLU, but profitability, cost recovery rate, and independence level have decreased. The ratios of BOR, TOI, and NDR after BLU have changed slightly. However, the BTO, ALOS, and GDR after BLU are far above the criteria or standard of hospital service performance. Therefore, this study helps readers grasp the development and quality of information about the current situation of "financial autonomy in public hospitals" through the frequency of keyword use and number of citations and the number of times the author has been cited over time. At the same time, it helps future researchers know the trends of this topic over time.

2. Theoretical Basis

The concept of financial autonomy for public service units in general and public hospitals in particular has recently appeared in many books, newspapers, resolutions, and legal documents in countries with strong economies. convert. For countries with developed market economies and established market economic institutions, the issue of financial autonomy for public hospitals is obvious, and therefore there are very few research works on the subject. Financiers are associated with the formation and development of the market economy. Because in these countries, public hospitals are also established by the state, within the legal framework, the operation of the public hospitals itself is an autonomous unit, taking full responsibility for all its

activities while the state carries out the implementation. The function of ensuring social justice is to ensure that all people have access to medical services through the state purchasing medical services to consume for social needs, that is, implementing the principle of spending the state budget according to output results.

Countries moving from a central planning mechanism to a market mechanism (such as Vietnam and China) are undergoing a process of decentralization based on hierarchical management, granting autonomy and self-responsibility. Responsibilities for public service units, including financial autonomy for public health facilities. The concept of financial autonomy is the right to self-determination and self-responsibility for the hospital's financial activities associated with the process of decentralization, granting financial autonomy to the hospital, and regulations on the obligations and responsibilities of the hospital regarding the use of the state's financial resources. However, the granting of autonomy and self-responsibility for financial activities does not mean that financial "blank contracts" are given to hospitals; they must be obliged to carry out the tasks assigned by the state, according to regulations stipulated in the government's legal documents on autonomy and self-responsibility for public hospitals's financial activities. That is, the state must create a legal framework and necessary conditions for financial autonomy and carry out inspection, supervision, exercise of autonomy, and self-responsibility for public hospitals's financial activities.

From a legal perspective, according to Decree No. 60/2021/ND-CP dated June 21, 2021, the government stipulates in Article 3 of the financial autonomy mechanism of public service units: regulations on the rights to autonomy and self-responsibility in implementing regulations on the list of public services; prices, fees, and roadmap for calculating public service prices; classifying the level of financial autonomy; autonomous use of financial resources; autonomy in joint venture and association activities; management and use of public assets; and other related regulations.

From the perspective of management decentralization, according to H. Preker, "Hospital autonomy is defined as minimizing the direct control of the government (from health sector officials or government levels) on patients, public hospitals and the shift in decision-making from the hierarchy to the hospital management team." The concept of financial autonomy for public hospitals, whether considered from a legal perspective or a state management perspective, contains the content that the state grants autonomy and financial responsibility to the public. Public Hospitals. On that basis, public hospitals autonomously exploit revenue sources, decide on expenses, and balance revenues and expenses themselves. Considering financial autonomy for public hospitals is placed in the process of transitioning to a market economy, financial autonomy is expanded step by step from partial autonomy, at a low level, to full autonomy, at a high level. This is the task and goal of the topic.

Research on financial autonomy for public hospitals must have a structural system approach within the movement of the market mechanism. Here, hospitals are seen as entities participating in the market, providing medical examination and treatment services. Therefore, in order to maintain operations and constantly develop, expand scale, and

improve professional qualifications—that is, continuously expand production—first of all, the revenue from medical activities must be offset. Cover the costs of physical labor and living labor spent by hospitals. To do so, hospitals must have autonomy in revenue sources, expenses, and self-reconciliation of revenues and expenses in the hospital's financial activities.

3. Research Methods

The author synthesizes previously published overview documents related to financial autonomy in public hospitals from data sources on Google Scholar. The article also synthesizes introductory documents on the nature and characteristics of financial autonomy. The review studies will aim to explain the urgency of the research and point out gaps in the research.

The author used VOSviewer 1.6.19 software to filter data with the keywords "financial autonomy" and "public hospital" filtered in the summary of the Google Scholar database, accessed September 10, 2019. The results had 442 related articles. The collected data is intended to be used to analyze and answer the following research questions:

- Q1: Research on financial autonomy in public hospitals from 2013 to September 2023
- Q2: Most influential authors according to number of articles and number of citations in publications on financial autonomy in public hospitals.
- Q3: What topics are the keywords used grouped into?

4. Result

4.1 Statistics published on Financial Autonomy

From 2013 to 2023, the authors searched under the condition of returning a maximum of 500 articles, and there were 442 articles on financial autonomy in public hospitals indexed in Google Scholar, with an average of 40.2 articles published each year. This shows that the issue of financial autonomy in public hospitals is still a concern for current researchers.

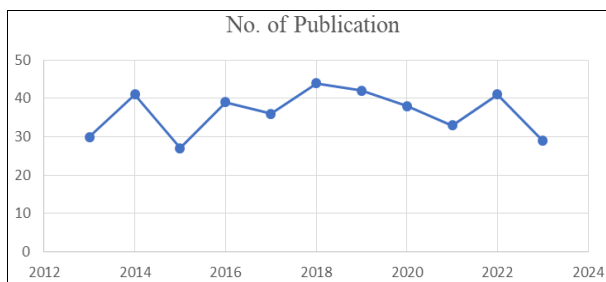


Fig 1: Chart of the number of studies over the years

4.2 Statistics on the Most Influential Authors in Research on Financial Autonomy in Public Hospitals

To evaluate the most influential authors in research on financial autonomy in public hospitals, we consider the number of article citations (Table 1), the number of articles by the authors (Table 2), and the number of author citations (Table 3). Highest citation according to documents

Table 1 shows the number of citations in the article by the author group. F Ferré, AG de Belvis, L Valerio, S Longhi, A Lazzari. (2014) "Italy: health system review" has the highest number of citations (336 citations), followed by M. Abdelrahman's (2014) "Egypt's long revolution: protest movements and uprisings" with 236 citations. Q Long, L

Xu, H Bekedam. (2013) "Changes in health expenditures in China in the 2000s: Has the health system reform improved affordability?" has 117 citations. The remaining articles have all been cited more than 30 times. The highly cited articles were written in 2013-2019.

Table 1: Frequency of the highest citation by documents

Documents	Cites
F Ferré, AG de Belvis, L Valerio, S Longhi, A Lazzari (2014)	336
M Abdelrahman (2014)	236
Q Long, L Xu, H Bekedam (2013)	117
E Tama, S Molyneux, E Waweru, B Tsofa (2018)	89
C Burton-Jeangros, A Duvoisin, S Lachat (2020)	73
V Yilmaz (2013)	70
J Yang, W Zeng (2014)	67
G Becchio (2019)	64
JD London (2013)	62
T Correia (2013)	60
P Allen, Q Cao, H Wang (2014)	55
F Ferré, AG De Belvis, L Valerio, S Longhi, A Lazzari (2014)	53
L Doshmangir, A Rashidian, M Jafari (2015)	47
LR Burns (2014)	41
C André, P Batifoulrier (2016)	34
A Bramesfeld, M Wensing, P Bartels, H Bobzin (2016)	34
L Neriz, A Nyúez, F Ramis (2014)	33
CD Pham, ST Vu, YTK Pham, NT Vu (2020)	32
C Milcent (2018)	32
World Health Organization (2015)	31
A Duran, T Chanturidze, A Gheorghie (2019)	30

Source: Authors compiled

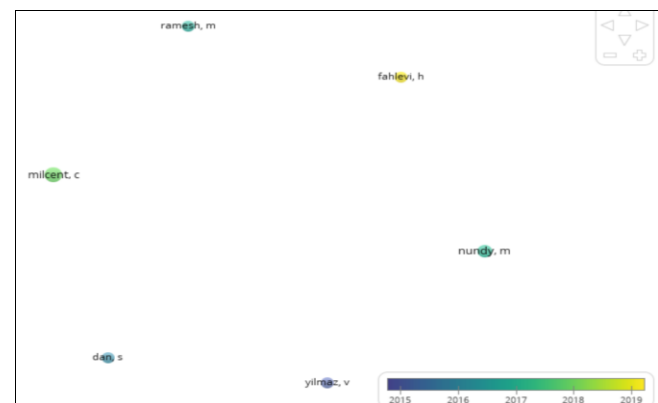
The highest documents by authors

Table 2: Frequency of the highest documents by authors

Author	Documents
dan, s	4
fahlevi, h	4
milcent, c	7
nundy, m	5
ramesh, m	4
yilmaz, v	4

Source: Authors compiled from VOSviewer software

There are not many studies on financial autonomy in public hospitals, so the number of articles by authors is not large. According to statistics, the authors with the most articles on financial autonomy in public hospitals are Milcent C with 7 articles, followed by Nundy M with 5 articles, and the remaining authors have 4 articles.



Source: Authors compiled from VOSviewer software

Fig 2: Documents by average publication year

Adding additional information about the number of articles by author by year, Figure 2 shows the publications of Milcent C and Nundy M, mainly in the years 2016–2018. While Yilmaz V and Dan S published a lot before 2016 and Fahlevi H published a lot after 2018.

The Highest Citation by Authors

We selected the 10 authors with the most citations (Table 3). M. Abdelrahman is the author with the most citations (236), followed by V. Yilmaz with 70 citations and G. Becchio with 64 citations. The remaining authors have more than 30 citations.

Table 3: Frequency of the highest citation by authors

Author	CitesPerAuthor
M Abdelrahman	236
V Yilmaz	70
G Becchio	64
JD London	62
T Correia	60
F Ferrô, AG de Belvis, L Valerio, S Longhi, A Lazzari...	56
LR Burns	41
J Yang, W Zeng	34
C Milcent	32
World Health Organization	31

Source: Authors compiled

4.3 Keyword Analysis Results

In the keyword analysis section, research and select keywords that appear 15 times or more. Based on the quantity of occurrences and overall link strength, the software evaluates keywords. Keyword analysis results can be exported into files as images. The keyword analysis results are as follows:

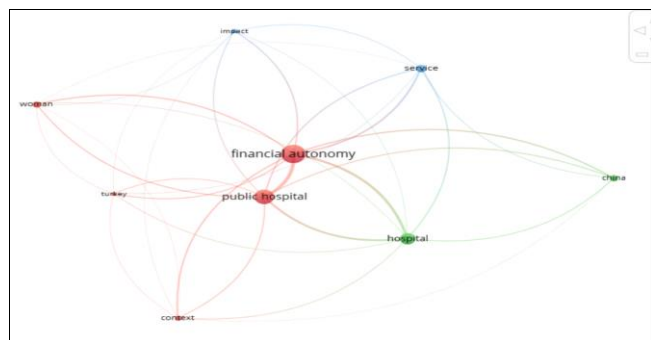


Fig 4: Keyword Co-occurrence networks

Related keywords are grouped into groups; each group is a separate color. Looking at the image, it can be seen that the keywords are divided into three groups. Group 1 is represented by red links combined by 5 keywords, including “financial autonomy”, “public hospital”, "context," “tukey” and "woman,” with the central keyword being “financial autonomy,” with 8 links and a total link strength of 476. Group 2 is represented by green links combined by the keywords “hospital” and "China", in which the central keyword is "hospital" with 8 links and the total link strength is 237. Group 3 is represented by blue links, including 2 keywords: “impact” and "service,” with the central keyword “service” having 7 links and a total link strength of 104. With three research directions and nine popular courses, the results show that the research content on financial autonomy in hospitals is not comprehensive. Future studies can base

their decisions on that to choose research directions to fill the gap or analyze more deeply.

5. Conclusion

In this study, we performed a systematic review of studies on financial autonomy in public hospitals indexed in the Google Scholar database. These studies were published in the last 11 years, from 2013 to 2023, to provide detailed information about the number of publications, author citation frequency, research citations, keyword networks, etc. The research results have contributed to the general theoretical basis, serving as a basis for reference studies on financial autonomy in public hospitals. Data collected from richer sources, such as Scopus and OpenAlex, are also suggestions for further research in the future.

6. References

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