

## Original Article

# Promoting the Medical University's Governance: Content Analysis of Decisions Made by the Medical University's Governing Bodies

Haniye Sadat Sajadi PhD<sup>1</sup>, Mohammad Hadi MD<sup>•2</sup>

## Abstract

**Background:** Decisions made by the governing body of a university would overshadow university governance. This study aimed to analyze the quantity and quality of decisions made by the three governing bodies (Board of trustees, Board of Chancellors and University council) of a medical university in Isfahan, Iran.

**Methods:** A mixed qualitative and quantitative approach was employed, with the quantitative part in cross-sectional format and the qualitative part in content analysis format. In the quantitative part, the number of meetings and resolutions of the governing bodies were collected through Isfahan University of Medical Sciences. In the qualitative part, the content of 3121 resolutions that were selected using stratified sampling method was analyzed.

**Results:** The results indicated the defensible numbers of meetings and resolutions of the boards of trustees and chancellors. The governing bodies' resolutions were mostly operational in domain, administrative (boards of trustees and chancellors) and educational (university council) in nature, financing (board of trustees) and providing services (board of chancellors and university council) in function with the aim of responsiveness. The share of specific and single-department resolutions was greater compared to others.

**Conclusion:** Better monitoring and evaluation of the activity of governing bodies, redirecting the decisions made by governing bodies, reminding the position of the governing bodies and revising their duties and responsibilities are recommended for better governance of the medical university.

**Keywords:** Academic medical centers, decision making, governing body, policy making

**Cite this article as:** Sajadi HS, Hadi M. Promoting the Medical University's Governance: Content Analysis of Decisions Made by the Medical University's Governing Bodies. *Arch Iran Med.* 2016; 19(12): 832 – 837.

## Introduction

“**G**ood governance is perhaps the single most important factor in eradicating poverty and promoting development”.<sup>1</sup> This statement is a smart reflection on the need for good governance. Governance is defined as the exercise of political, economic and administrative authority in the management of a country's affairs at all levels.<sup>2</sup> It is not about governments alone and it is recommended that all active parts of country should consider and try to have good governance.<sup>3</sup> A healthcare system, which includes all the organizations, institutions and resources that are devoted to producing health actions,<sup>4</sup> as a vital sector of every country, is no exception.

Furthermore, according to the World Health Report 2000, stewardship is one of the four main functions of the health system that is monitored to evaluate a health system.<sup>4</sup> Since this function refers to the government responsible for the welfare of the population and concerns the trust and legitimacy with which its activities are observed by the citizenry, the essence of good

governance is needed for good stewardship in health.<sup>3</sup> Regarding the importance of good governance, health systems are encouraged to assess their governance in different aspects. The necessity of such assessment becomes more intensive when we know that despite the growing discourse on governance,<sup>5-7</sup> the literature on governance of health systems is not particularly abundant.

In the context of Iran, the main part of the healthcare system at operational level is the University of Medical Sciences (UMS), playing the leading role in provision of health services and educating medical sciences. In other words, the UMS has a triple mission including education and research as a higher educational institute, and health care as a health system.<sup>8</sup> Focusing on university governance to solve the myriads of institutional management problems on the one hand and concentration on health system governance on the other, further highlights the issues of UMS governance and its assessment.

There are different approaches to assess Governance.<sup>9</sup> Analysis of the decision made by the governing body could be one of these approaches, especially in the case of UMS that is governed by its governing bodies. That is because these bodies play the pivotal role in governance as they help to ensure that management achieves the stated goals and objectives and ensure the survival of the institution.<sup>10</sup> The governing body is identified as the decision- and policy-making group that sits at the helm of an institutional structure.<sup>11</sup> Hence, decisions are the main output of the governing body's performance and as it is a frequent indicator for evaluation

**Authors' affiliations:** <sup>1</sup>Assistant Professor, Health Management and Economics Research Center, Isfahan University of Medical Sciences, Isfahan, Iran. <sup>2</sup>Isfahan University of Medical Sciences, Isfahan, Iran.

**Corresponding author and reprints:** Mohammad Hadi MD, Hezar Jerib Ave., Isfahan University of Medical Sciences, Isfahan, Iran. E-mail: hadi@mui.ac.ir, Tel: +9837929600

Accepted for publication: 10 November 2016

the governing body performance,<sup>8</sup> decision analysis would portray the picture of the current situation of the body's activity.

Additionally, analyzing the governing bodies' decisions can enable governing bodies to identify their strengths and weaknesses in decision and policy making in the university and help them to adopt the required actions that may improve effectiveness and/or efficiency.<sup>12</sup> This improvement in the governing bodies' performance is likely to lead to better UMS governance.<sup>13,14</sup>

A review of the literature reveals few studies on the subject in Iran, especially in UMSs. Therefore, it is needed to investigate these governing bodies' decisions and suggest solutions to improve them. In response to this need, this study endeavored to evaluate the activity of the governing bodies of Isfahan University of Medical Sciences (IUMS), in two fronts of quantity of meetings and resolutions, and quality of resolutions passed in the past ten years.

### The governing bodies of IUMS

Based on the defined governance structure of universities in Iran,<sup>15</sup> IUMS, a public medical university, has three governing bodies. The first is the board of trustees (BOT) that is the highest body of policymaking for all issues of the university. The board of trustees includes the Minister of Health and Medical Education (as chairman), the IUMS president (as secretary), the province governor and 4–6 faculty members or other dignitaries in the field of science, medicine etc. (as members). The main responsibilities and tasks of the board of trustees are determination of major goals of the university and approval of policies and procedures for implementation of such goals, review and approval of the operating and capital budget of the university and such other responsibilities as law, governmental directives, or custom require the board to act upon.

The second body is the board of chancellors (BOC) which consists of the president of IUMS, all the vice-chancellors of IUMS and the representative of the Supreme Leader. The board of chancellors is chiefly involved in decision making and planning. Its responsibilities are summarized as participating and being involved in developing strategic plans, providing required sources for implementing programs, developing and reviewing all regulations and instructions, preparing and proposing the annual budget, supervision and control and internal coordination.

The third body is the university council (UC) which is responsible for policy making in the university only for educational issues. Beside all members of the board of chancellors, all faculty's deans and four faculty members compose the university council. This council's functions mostly focus on planning and controlling the educational affairs of the university (Figure 1).

## Materials and Methods

A mixed qualitative and quantitative design was used in this study. The quantitative part was a cross-sectional study in which the number of governing bodies' meetings and resolutions during 2003–2012 were collected through IUMS. To evaluate the quality of the resolutions, content analysis with categorical approach was used. Categorization was done using a framework developed in accordance with previous studies and experts' opinions. In this framework, the content of every resolution was analyzed in six dimensions as follows:

1- Domain (strategic and operational): A strategic resolution

was a resolution that 1) focused on long term decisions, 2) was competitive and brought more competitive merits for the university, and 3) was vital for the university survival. An operational resolution was a decision which concentrated more on operating and executive matters of providing health and education services and also had a short-term scope.

2- Nature (higher education, health, administration): If a resolution related directly to decision making about educational, research and student affairs, it was categorized in higher education resolutions. A resolution relating directly to provision health care services (e.g., treatment care and preventive care) was placed in health resolutions. An administrative resolution was one related mainly to managing university resources, including human, financial and physical resources.

3- Function (providing services, financing, creating resources, stewardship): Based on the World Health Organization framework for health system performance, if the function of a resolution related to providing all kind of services covered by IUMS, including health services and higher education services, it was characterized as providing services resolutions. A resolution concerning collecting revenue, risk pooling and purchasing services was placed in financing resolutions. A resolution which considered creating different resources including human resources, physical resources, health technologies and health knowledge was regarded as creating resources resolutions. Finally, if a resolution referred to good government (careful and responsible management of the well-being of the population), including health policy formulation, regulation and intelligence, it was placed in stewardship resolutions.

4- Goal (good health, responsiveness to the expectations of the population, fairness of financial contribution): Given the main goals of a health system, a resolution with the aim of improving the level and distribution of health was considered as health resolution. If the target of a resolution was increasing the level and distribution responsiveness, it was regarded as responsiveness resolutions. And a fair contribution resolution was one with the goal of better distribution of financial risk protection.

5- Source (general and specific): If the agenda of a resolution had come from the Ministry of Health and Medical Education (MOHME) as common agenda for all UMSs, that resolution was a general one, while a resolution with its agenda proposed by the university itself was considered a specific resolution.

6- Scope (single-department, multi-department, intersectional): If only one of the departments of IUMS was involved in implementation of a resolution, that resolution was categorized in single-department resolution. If more than one department of IUMS was involved, that resolution was regarded as multi-department resolution. A resolution requiring the participation of other external sections for implementation was placed in intersectional resolutions.

This framework was used in a small part of the sample, in preliminary format (as a pilot study), its potential errors were resolved, and the final version was used as guideline for separation of resolutions. Categorization was conducted by two persons (HSS & MH) independently and the agreement coefficient of these categories was calculated using Kappa.<sup>16</sup> The statistical population for the qualitative part included all resolutions of IUMS's governing bodies. Sample size was found 3121 (BOT: 520; BOC: 2318 and UC: 283) applying Cochran's formulas and selected randomly using a random numbers table.

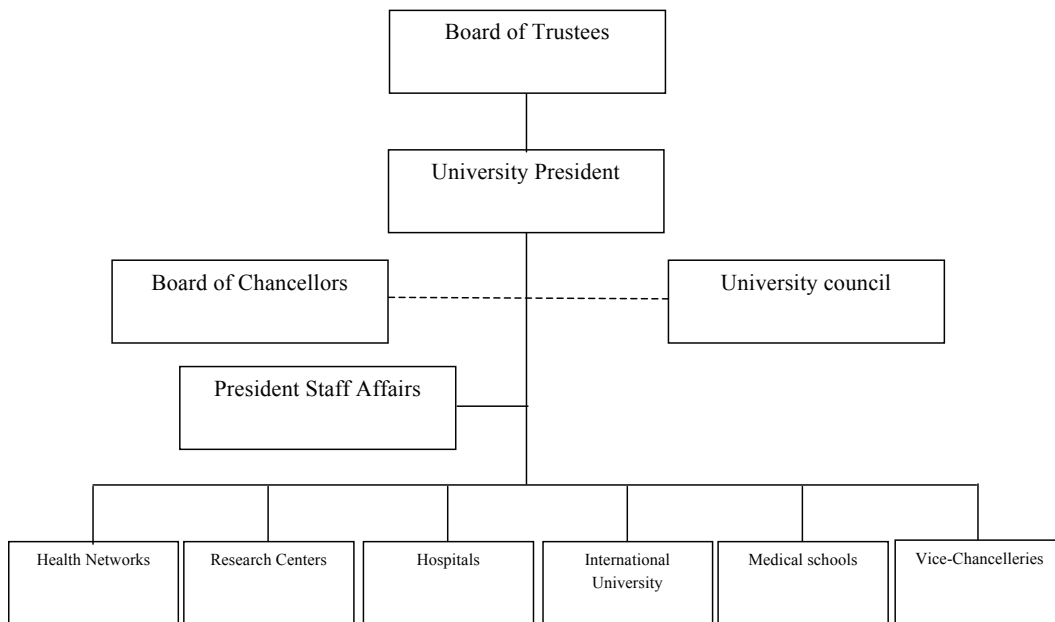


Figure 1. Governance structure of the Medical University in Iran.

## Results

### Board of trustees (BOT)

The results showed that the BOT had held 25 meetings and issued 520 resolutions in 10 years, with the most in 2011 and the least in 2004 (Table 1). Averagely, the BOT held 2.5 meetings (min: 1, max: 4) and issued 52 resolutions (min: 31, max: 88) annually. Considering the total number of resolutions and regular meetings held during 10 years, the mean number of resolutions per meeting was calculated as 20.8 (min: 13.8, max: 31).

Content analysis of resolutions revealed that most of the decisions of the BOT pertained to operational issues (86%), administrative affairs (67.2%) and financing function (43%), with the goal of responsiveness (76.4%) that entered meetings through specific meeting agendas (63.8%) and required only one department of IUMS for implementation (74.6%) (Figure 2).

### Board of chancellors (BOC)

The results indicated that the BOC had held 256 meetings and issued 2318 resolutions in 10 years, with the most meetings and resolutions in 2004 and 2013 and the fewest meetings and resolutions in 2012 and 2008, respectively (Table 1). Averagely, the BOC held 25.6 meetings (min: 12, max: 40) and issued 231.8 resolutions (min: 170, max: 251) annually. Considering the total number of resolutions and regular meetings held during 10 years, the mean number of resolutions per meeting was calculated as 9.1 (min: 6.3, max: 18.3).

Based on the content analysis of resolutions, the majority of the decisions of the BOC pertained to operational issues (86%), administrative affairs (49.8%) and services provision function (65.5%), with the goal of responsiveness (71.5%) that entered meetings through specific meeting agendas (88.5%) and required only one department of IUMS for implementation (53.9%) (Figure 2).

Table 1. The number of meetings and resolutions of IUMS's governing bodies.

Year	Number of meetings			Number of resolutions		
	BOT*	BOC**	UC***	BOT*	BOC**	UC***
2004	1	40	0	31	253	0
2005	2	38	0	41	287	0
2006	3	31	10	55	340	54
2007	2	25	0	36	170	0
2008	2	23	0	48	145	0
2009	2	27	3	44	203	21
2010	3	20	9	65	178	75
2011	4	18	8	88	172	55
2012	2	12	5	56	219	35
2013	4	22	5	55	351	46

\*Board of Trustees, \*\*Board of Chancellors, \*\*\*University council

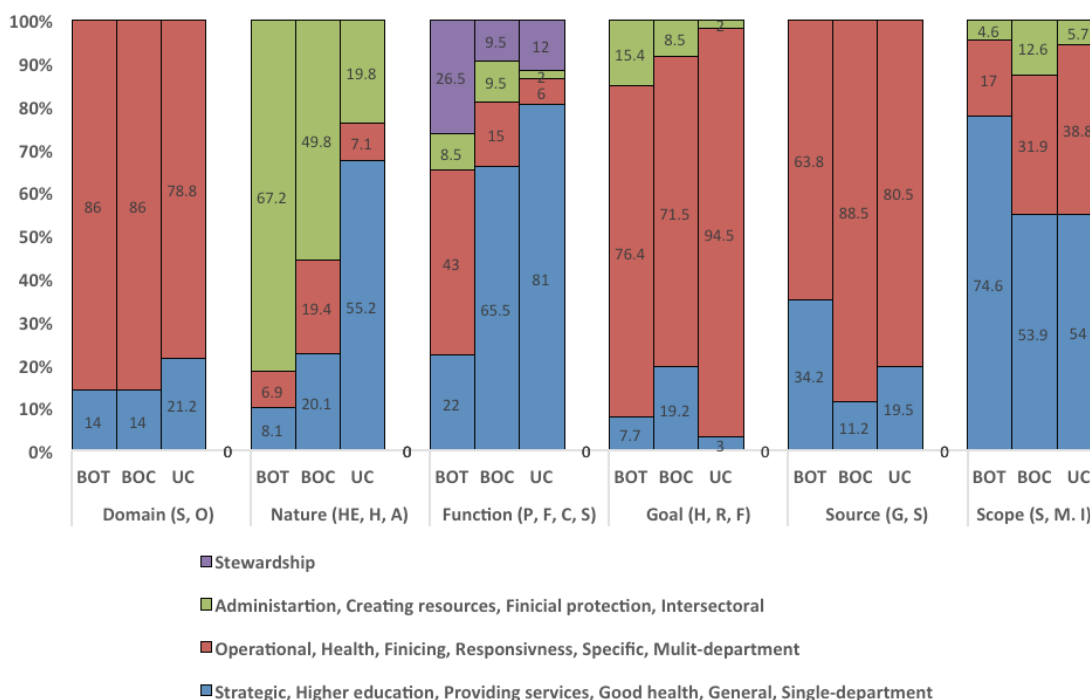


Figure 2. Analysis the content of decisions made by three governing bodies of IUMS.

The university council (UC)

The results revealed that the UC had held 40 meetings and issued 283 resolutions in 10 years, with the most meetings and resolutions in 2006 and 2010 and the fewest meetings and resolutions in 2009, respectively (Table 1). Averagely, the UC held 6.7 meetings (min: 3, max: 10) and issued 28.3 resolutions (min: 21, max: 75) annually. Considering the total number of resolutions and regular meetings held during 10 years, the mean number of resolutions per meeting was calculated as 7.1 (min: 5.4, max: 9.2).

Content analysis of resolutions indicated that the majority of the decisions of the UC pertained to operational issues (78.8%), higher education affairs (55.2%) and services provision function (81%), with the goal of responsiveness (94.5%) that entered meetings through specific meeting agendas (80.5%) and required only one department of IUMS for implementation (54%) (Figure 2).

Discussion

This study intended to analyze the content of decisions made by governing bodies of IUMS during 10 years. The results of this study help to provide a picture of main activities of these bodies and identify their most important performance strengths and weaknesses. In this section, our study results are presented and compared with results of similar studies.

According to our results concerning the number of meetings and resolutions, a constant trend was observed in term of quantity of meetings and an increasing trend was detected in terms of quantity of resolutions. With the desired quantity of meeting, defined by the internal regulation of the BOT as at least two meetings per year,<sup>17</sup> it seems that the BOT held a sufficient number of meetings. Also, regarding the increasing number of resolutions, it is concluded

that the board of trustees would be able to handle its affairs appropriately and have an active role in the university governance over time. The same situation in improvement of quantitative performance has been reported in performance of board of trustees in Iranian universities,<sup>8,18</sup> as well. It seems this evolution is rooted in passing required laws and regulations for the board activities (including Article 49 of the Fourth Program Act and Article 20 of the Fifth Program Act), better internal and external understanding of governance of universities, and better familiarity with board of trustees' roles and responsibilities for solving problems of the university. In the case of the BOC, a decreasing trend of quantity of meetings and a constant trend of quantity of resolutions was observed. Since this board is the chief executive pillar of the university and has the main role in facilitating the implementation of all university affairs,<sup>15</sup> more consideration is suggested in terms of holding meetings continuously and consistently. In the case of the UC, both trends were reported constant which is not desirable regarding the governing role of this council in the university governance,<sup>19</sup> especially in term of educational affairs. It seems that critical attention is needed to motivate this council, due to the importance of educational affairs as lacking decisions in this area could lead to failure of the university.

The results of content analysis revealed that all three governing bodies focused more on micro-managerial and operational issues in their decision making process, and less on strategic and vital issues. While this operational oriented decision is predictable and justifiable in the case of the BOC, regarding its position in the university structure and defined responsibilities which is more executive,<sup>15</sup> it is not appropriate for the two other bodies. Because these bodies—BOT and UC—have different positions compared to the BOC and are the main responsible pillars of the university in strategic issues. The prevalence of non-strategic decisions was

Performance		BOT	BOC	UC
Type	Aspect			
quantitative	number of meetings			
	number of resolutions			
qualitative	Domain			
	Nature			
	Function			
	Goal			
	Source			
	Scope			

Good  
 Moderant  
 Poor

**Figure 3.** The picture of performance of governing bodies of IUMS in term of meeting and decisions.

only reported in previous studies in the case of the BOT<sup>8,20,21</sup> and no similar studies were retrieved about the UC. According to these studies, the prevalence is a result of reasons such as imposing central (common) meeting agendas, lack of intra/extra organizational awareness of position, role, and authority of the board of trustees. However, the small amount of strategic decisions of these bodies implies a need for turning attention from current and routine issues to strategic and greater governance issues for trustees and council members.

The results also indicated more focus on administrative decisions by the BOT and BOC and more focus on higher education decisions by the UC. Although direction to administrative issue by the BOT and BOC is justifiable, regarding their job description in Iran which is more concentrated on administrative affairs,<sup>15</sup> it can be concluded that these two boards did not fully utilize their capabilities and authorities and also did not consider all missions of a medical university equally. A similar situation is observed in previous studies.<sup>8,18</sup> So, given the importance of comprehensive governing of the medical university,<sup>22</sup> changes of direction of decisions toward education and research issues, and provision of health services are expected. In the case of the UC, direction to educational issues is suitable regarding its responsibilities and role in higher educational affairs of the university.

Another finding of the study showed that most of the BOT's resolutions had financing function, similar to the previous studies.<sup>8</sup> Despite the necessity of financial resources to govern the university<sup>23</sup> and the fact that the importance of the trustees board's role in managing financial resources<sup>24</sup> could defend the greater focus of the board on financing decisions, the literature mentions creating resources and stewardship as the main functions of the university BOT,<sup>24,25</sup> and greater attention is expected to make decisions in these areas. In the case of the BOC and the UC, the results demonstrated that most of the resolution had providing services. Likewise, this direction is reasonable. Given their responsibilities, the BOC is mostly involved in policy and plan

implementation in different fields of health and educational services and does not have the authority for policy making, except those which have been delegated by the BOT. The UC has the responsibility for formulating educational programs according to macro-policy as well.

The study findings related to content analysis also showed that a noticeable amount of resolutions made by three governing bodies aimed to increase responsiveness of the university. Improving the responsiveness level of the health system and dealing with nonmedical needs of the society have been recommended strongly in the report of WHO in 2000. Furthermore, all governing bodies of the university shall respond to the society and their needs as well as answering about their activities.<sup>26</sup> So, it seems that the governing bodies played their roles acceptably to reach the goal of responsiveness. But, with the the importance of other goals of health system in mind, health and fair contribution, more attention to decisions aimed to improve health status and fair contribution is recommended, especially for members of the BOT and BOC. It may be needed to revise the current role and tasks of the board of trustees. This revision should consider the mission of a medical university, as confirmed by previous studies.<sup>27</sup> In addition; it is required to alter the current position of the BOC from a passive to an active role with regard to identifying the needs of health and fair contribution and suitable alternatives for satisfying them.

The findings illustrated that specific resolutions had more share of resolutions made by all three governing bodies. The greater number of specific resolution is a good sign showing thinking ability and creative skills of members as well as the desirable level of constructive discussion and debate in meetings, leading to identifying the problems of the governing university, finding well-suited alternatives for solving them appropriately, and eventually the governing bodies' development. The constructive role of non-central agenda (leading to specific resolution) was confirmed in previous works.<sup>28</sup>

The last finding clarified that most of the decisions made by



the governing bodies were single-department in domain. While this direction was justifiable in the case of the UC, regarding its role and duties in educational affairs, it is not appropriate for the BOT and BOC. As mentioned in literature, coordination among departments of an organization is staple for reaching defined goals and organizational success. The need for this cooperation is more vital in a medical university which has a mission of both health and higher education, since lack of cooperation among departments of the medical universities leads to failure in policy and program implementation. So, more attention is needed to all departments who are involved in programs implementations for better university governance.

Generally, the results of the present study are reprehensively of relative fair performance of the university governing bodies both in qualitative and quantitative aspects. However, on the basis of findings of this study and identified strengths and weaknesses (Figure 3), the following strategies are recommended for improving performance of the university governing bodies:

- Improving the activity of the UC to hold their meetings regularly and continuously
- Redirecting the decisions made by the BOT to strategic and pivotal issues
- Redirecting the decisions made by the UC to strategic issues of higher education affairs.
- Considering the issues of health and higher education, more attention to making decisions aiming for better health status and fair contribution and regarding multidepartment's decisions by the BOT and BOC.
- Reminding the position of the governing boards and briefing their roles in the university governance
- Revising the duties and responsibilities of the governing boards periodically.

## Acknowledgment

*This study was supported by Health Management and Economics Research Center, Isfahan University of Medical Sciences, Isfahan, Iran (grant number: 294057).*

## References

1. United Nations Organization. *Partnerships for Global Community: Annual Report on the Work of the Organization*. UN; 1998.
2. United Nations Development Programme. *Governance for Sustainable Human Development: a UNDP Policy Document*. New York; 1997.
3. Siddiqia S, Masud TI, Nishtar S, Peters DH, Sabri B, Bile K, Jama MA. Framework for assessing governance of the health system in developing countries: Gateway to good governance. *Health Policy*. 2009; 90(1): 13 – 25.
4. World Health Organization. *The World Health Report 2000 - Health Systems: Improving Performance*. Geneva; 2000.
5. Ayre G, Callway R. *Governance for Sustainable Development: A Foundation for the Future*. Routledge; 2013.
6. Den Uyl RM, Driessen PPJ. Evaluating governance for sustainable development – Insights from experiences in the Dutch fen landscape. *J Environ Manage*. 2015; 163: 186 – 203.
7. Olsen SH, Zusman E. *Governance and National Sustainable Development Strategies: Implications for the Sustainable Development Goals*. Japan: Institute for Global Environmental Strategies; 2014.
8. Sajadi HS, Maleki M, Ravaghi H, Michael SO, Hadi M. Evaluating the university's governing board: A comprehensive review of its domains and indicators. *Am J Edu Res*. 2014; 2(10): 892 – 897.
9. Sajadi HS, Maleki M, Ravaghi H, Farzan H, Aminlou H, Hadi M. Evaluation of board performance in Iran's universities of medical sciences. *Int J Health Policy Manag*. 2014; 3(5): 235 – 241.
10. Langabeer JR, Galeener CA. Measuring board activity in governance of not-for-profit healthcare. *Tex Public Health J*. 2008; 60(1): 22 – 25.
11. Nijmeddin W. *Assessing Governance Effectiveness: A Model for Evaluating Governance Boards' Performance in Non-profit Organizations*. United States; California: Alliant International University; 2007.
12. Kezar AJ. Rethinking Public Higher Education Governing Boards Performance: Results of a National Study of Governing Boards in the United States. *J Higher Educ*. 2006; 77(6): 968 – 1008.
13. Asimwe S. *Developing and Sustaining Effective Governance of Universities in Uganda*. PhD thesis, University of South Africa, Pretoria; 2012.
14. Waduge DSL, Sriyani C. *Governance and Performance: An Empirical Study of Australian Universities*. PhD thesis, Victoria University; 2011.
15. Cultural Revolution Council. Management regulations for universities and higher education, research and technology institutions in Iran, approved in meeting number 684 (March 01 2011).
16. Viera AJ, Garrett JM. Understanding inter observer agreement: the kappa statistic. *Family Med*. 2005; 37(5): 360 – 363.
17. Aminlou H, Farzan H. *The Laws Collection of Board of Trustee*. Tehran: Ministry of Health and Medical Education; 2014.
18. Kaske S, Mohebzadegan Y, Amirhosseini A. Performance Evaluation of the Board of Trustees of Iranian Universities and Research Centers, Research report, Islamic Republic of Iran Research Center of Parliament; 2010.
19. Armstrong A, Unger Z. Assessment, evaluation and improvement of university council performance. *Evaluation Journal of Australasia*. 2009; 9(1): 46 – 54.
20. Azargashb E, Arasteh H, Sabaghian Z, Towfighi J. An Evaluation of Boards of Trustees' Functions in Public Universities Affiliated to Ministry of Science, Research, and Technology (1991 – 2006). *Quarterly journal of Research and Planning in Higher Education*. 2008; 13(4): 1 – 20.
21. Ebrahimpour H, Abolhalaj M, Jafarisirizi M. *Revising the Organizational System and Board of Trustees' Law*. enacted by the Supreme Council of Cultural Revolution of Iran. Mashhad: Mashhad University of Medical Sciences; 2012.
22. Wegner GR. Academic Health Center Governance and the Responsibilities of University Boards and Chief Executives (Report of a Symposium). Occasional Paper Series. Association of Governing Boards of Universities and Colleges; 2003.
23. Hanson DW. Central banks and university financial governance: How institutions are managing institutional resources and creating monetary policy for mission attainment. PhD thesis, University of Pennsylvania, USA; 2009.
24. Cornforth C. What makes boards effective? An examination of the relationships between board inputs, structures, processes and effectiveness in non-profit organisations. *Corporate Governance-an International Review*. 2001; 9(3): 217 – 227.
25. Chait RP, Chait R, Holland TP, Taylor BE. *The effective board of trustees*. R&L Education; 1991.
26. Hung H. A typology of the theories of the roles of governing boards. *Corporate governance*. 1998; 6(2): 101 – 111.
27. Wietecha M, Lipstein SH, Rabkin MT. Governance of the academic health center: Striking the balance between service and scholarship. *Acad Med*. 2009; 84(2): 170 – 176.
28. Confederation of NHS. *Effective Boards in the NHS? A Study of their Behaviour and Culture*. London: NHS Confederation; 2005.