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Challenges of The Hospital Administrator: An Approach to Insertion in the Multi-Professional Healthcare Environment in Mozambique

Criscêncio Luís Sande Botão*

PhD student in Accounting and Business Sciences at the Sociotechnical University of Mozambique

***Corresponding author**

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ABSTRACT

This article presents the main challenges of the Mozambican Hospital Administrator. To this end, the research was of a qualitative, exploratory and descriptive nature, which, through bibliographical research, sought to identify and understand what may constitute challenges for the Mozambican hospital administrator in a context, not only due to technological developments that are constantly being updated, but also due to the multi-professional understanding of the health sector, which tends to be increasingly professional.

Challenges for the Mozambican Hospital administrator were identified as those related to the inabilities of the Mozambican Ministry of Health and its levels of administrative and technical attention in affecting HR graduates in AGH in subsidy of top structures; the non-application of the 2025 agenda and its subsequent review that could encompass better strategies for the placement and insertion of AGH. In the form of strategic recommendations, the study emphasizes the need for government institutions and other interested agencies to prioritize the allocation of Hospital Administrators within hierarchical structures, and other professional care classes within care structures.

Keywords: Hospital Administrator, Challenges, work environment

INTRODUCTION

Discussing the challenges faced by hospital administrators in Mozambique proves to be a challenging task, thanks to the limited literature on the subject. However, it was on this basis that the decision to produce this article was made, as it will add to the limited global repertoire on the subject and allow for a better understanding of key aspects for improving Mozambican healthcare management.

Meanwhile, the primary objective is to address the issues related to the integration of the hospital administrator and manager (HMA) profession into the multidisciplinary healthcare market. In Mozambique, the HMA profession is considered a benchmark, as training at the secondary level was somewhat prominent in 2000 and 2001. However, it was only in 2009 that the first HMAs began to graduate nationwide. However, as Oliveira et al. argue, (1998), among several, are considered relevant aspects that the administrator must consider together, "the general vision of the organization, the administrative knowledge and techniques, human sensitivity", because, as Fraire et al. (1998) said, when placing staff trained in other areas in management, institutions will undergo improvisation, leading to inefficiency or serious defects in the resource management process.

In the hospital context, the goal is to ensure that senior-level staff, especially physicians, are assigned the most complex functions, involving administrative management and technical supervision of the work of auxiliaries, as well as their standardization and supervision. This hinders the proper strategic management of hospital units.

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With this in mind, we seek to understand the challenges faced by the hospital administrator profession in Mozambique.

METHODOLOGY

Through a literature review, the meta-sources of information used were the websites of the World Health Organization (WHO), Medicus Mundi International, AFRO-NETS African Networks for health research and development, Nuffield Centre for International Health and Development, and the Mozambican Ministry of Health (MISAU). Finally, the search engine "Google Scholar" was also used, which allowed, on the one hand, to structure this article in a simple and understandable way, as it provided the possibility of presenting a problematic configuration of the subject, with greater emphasis on how the most complex functions are assigned, involving administrative management and technical command of work in health units, taking into account the multi-professional nature of the health sector, substantiated with the support of various theories of administrative development, its evolution and its influence on the emergence of hospitals. on the other hand, through scattered and available literature, it enhances the explanation of how hospitals have evolved over time, which allowed for a more consistent understanding of the need for specific and specialized Human Resources for the management of health units and their satellite institutions.

THEORETICAL FRAMEWORK

Concept of Hospital Administration

Hospital administration (HA) is greatly influenced by the principles of general administration and the theories underpinning them. Although it is often said that administration is a new field, it is not. What is new lies in the systematization of administration concepts and the complexity that large organizations have achieved in the recent past, based on the evolution of administration theories (Oliveira *et al.* 1998).

On a different note, Prestes et al. (2019) argue that while it is often said that HA is one of the oldest professions and has been practiced since the first human groups existed, it is quite common to hear that it is a new field, which is not true.

As can be inferred from the above statements, the concept of administration, on the one hand, has always been present in human and organizational actions since the dawn of humanity, perhaps in a less systematized form. This approach leads us to the need to delve deeper into administration, trying to better understand the theories that support it.

On the other hand, it highlights the need for knowledge of management theories and how they contributed to the understanding of hospital administration, which, according to Oliveira *et al*. (1998), can be summarized as follows:

1. Classical theory;
2. Bureaucratic theory;
3. Human relations school;
4. Behavioral theory;
5. Systems theory;
6. Contingency theory.

Regarding the classical approach, scientific management was seen as an attempt to apply scientific methods to existing problems in order to achieve high industrial efficiency. The main scientific methods applicable to management problems are observation and measurement. Taylor brought about a true revolution in administrative thought and the industrial world of his time.

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With this approach, Taylor sought to define scientific principles for business administration. His goal was to solve problems arising from relationships between workers. Consequently, human relationships within companies are modified. A good worker doesn't argue with orders or instructions; he does what he's told.

Therefore, this theory placed great emphasis on the study of time and production patterns, functional supervision, standardization of tools and instruments, task and job planning, the principle of execution, the use of slide rules and time-saving instruments, work instruction sheets, production bonuses for efficient task execution, and the definition of work routines. These approaches were summarized in the following:

1. **Division of labor:** dividing work into specialized tasks and assigning responsibilities to specific individual

2. **Authority and Responsibility:** authority being the power to give orders and the power to enforce them. Statutory (legal standards) and (personal) projection of the leader's qualities. Responsibility is summarized in the obligation to be accountable, both being mutually delegated.

3. **Discipline:** making expectations clear and punishing violations.

4. **Unity of Command:** each agent, for each action, should only receive orders, that is, report to a single leader/manager.

However, it is clear from previous interventions that the approaches of the time emphasized only industrial production and productivity, without, however, considering other aspects that could add value to productive efficiency and effectiveness. This fact demonstrates the importance of Henry Ford's contribution to the understanding of management, when he himself recalls that his attention was focused on the following aspects:The principle of intensification, which consisted of reducing production time by immediately using equipment and raw materials and quickly placing the product on the market.

1. **The principle of economy:** consists of minimizing the stock of raw materials being transformed.
2. **Principle of productivity:** which consists of increasing human production capacity in the same period through the specialization of the assembly line.
3. **Unity of management:** employees' efforts should be focused on achieving organizational objectives.
4. **Subordination:** which prioritizes the organization's general interests.
5. **Staff remuneration:** which systematically rewards employees.

However, with Ford's analytical approach, a transition to bureaucratic theory is observed, highlighting Max Weber's contributions in 1910, promoting in-depth studies on organization and its rational form of administration. Weber's studies are generic, and their repercussions are particularly felt in public institutions, as bureaucracy emphasizes formalization (obedience to norms, routines, rules, and regulations), division of labor, hierarchy (obedience to orders from superiors and the conferring of status to high-ranking positions), impersonality, and the professionalization and technical competence of employees.

Therefore, in an ideal bureaucracy, promotion or selection of professionals should be based exclusively on merit/competence. Bureaucracy is an ideal example against arbitrary and personal choices for filling public positions. Underlying the placement is the need to understand it as a transactional process between the classical approach to the bureaucratic one, especially in compliance with aspects related to meritocracy and professional competence, taking into account the following principle

1. **Legal nature of rules and regulations:** A bureaucracy is an organization bound by rules and regulations previously established in writing. In other words, it is an organization based on its own legislation (such as the constitution for the State or the bylaws for a private company) that defines in advance how the bureaucratic organization should function. These rules and regulations are written and exhaustive because they cover all areas of the organization.

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2. **Formal nature of communications:** A bureaucracy is an organization bound by written communications. Rules, decisions, and administrative actions are formulated and recorded in writing. This gives rise to the formal nature of bureaucracy, in which all actions and procedures are carried out to provide adequate verification and documentation. Rational nature and division of labor: A bureaucracy is an organization characterized by a systematic nature. The division of labor serves a rationality, that is, it is appropriate to the objectives to be achieved: the efficiency of the organization. Hence the rational aspect of bureaucracy.
3. **Impersonality in relationships:** the distribution of activities is done impersonally, that is, in terms of positions and functions rather than the individuals involved. Hence the impersonal nature of bureaucracy.
4. **Hierarchy of authority:** Bureaucracy is an organization that establishes positions according to the principle of hierarchy. Each lower position must be under the control and supervision of a higher position.
5. **Standardized routines and procedures:** Bureaucracy is an organization that establishes the rules and technical standards for the performance of each position. The person occupying a position—the employee—does not do what they want, but what the bureaucracy dictates.
6. **Technical competence and meritocracy:** Bureaucracy is an organization in which the selection of people is based on merit and technical competence, not on personal preferences. The selection, admission, transfer, and promotion of employees are based on evaluation and classification criteria valid for the entire organization, not on particular and arbitrary criteria.
7. **Specialization of Administration:** A bureaucracy is an organization based on the separation of ownership and administration. Members of the administrative staff are separated from ownership of the means of production [and vice versa]. In other words, the complementary separation between clinical care forum activities, to be performed by clinicians, and technical administrative forum activities, to be performed by hospital administrators, must always be taken into account.
8. **Professionalization of Participants:** A bureaucracy is an organization characterized by the professionalization of its participants. Each employee of the bureaucracy is a specialist. Each employee is specialized in the activities of their position. While those at the top of the organization are generalists, as one descends the hierarchical ladder, those occupying lower positions gradually become more specialized.

In this regard, although bureaucracy is a way of assuming the proficient demand for activities, when used inappropriately, it can lead to what is known as bureaupathology (Elias & Ruiz, 2016). In this sense, understanding the dysfunctions that arise from it can lead to better strategies for satisfactory professional application, which, in the opinion of Oliveira et al. (1998), include: (i) Internalization of rules - they begin to give more importance to the means than to the ends, that is, the rules are more important than the goals; (ii) Excessive formalism and paperwork - slows down processes and leads to resistance to change; (iii) Depersonalization - employees know each other by the positions they hold, characterization based on the decision-making process (those with a higher position decide, regardless of their knowledge on the subject); (iv) Overconformity of routines - brings great difficulty to innovation and growth; (v) Display of powers of authority and poor communication within the company.

Bureaucracy does not take informal organization into account, hence the other perspective of analysis has to do with the Theory of Human Relations, which arises from the need to democratize administration, freeing it from the rigid and mechanistic concepts of classical theory and adapting it to the new standards of life.

The ideas of John Dewey's programmatic philosophy and Kurt Lewin's dynamic psychology were crucial to humanism in management, as were the conclusions of the Hawthorne experiment, developed in 1927 and 1932 under the leadership of Helton Mayo.

Thus, human relations theory argues that humans are fundamentally emotional, not economic-rational, beings. People have emotions and social needs that can motivate work behavior more than monetary incentives.

Behavioral or Behaviorist management theory adds to this theory, but with a more reciprocal and scientific approach. It continues to emphasize people but is now based on scientific and objective methods to study organizational behavior. It emerges as a complete redefinition of administrative concepts by criticizing previous theories, reshaping approaches, expanding their content, and diversifying their nature.

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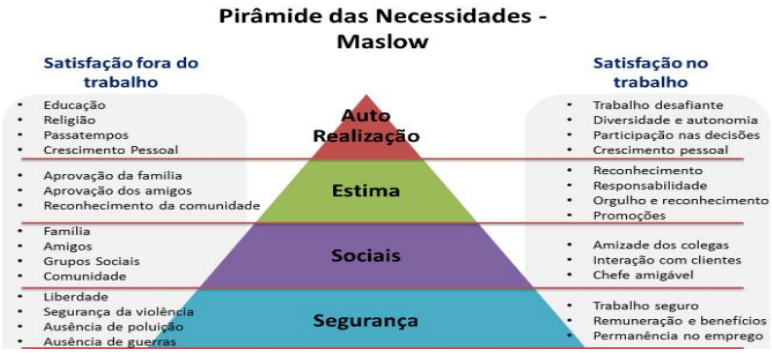
Therefore, human motivation is one of the fundamental themes of this theory. It was through Maslow that the theory of motivation emerged, which posits that human needs are arranged in levels, like a pyramid, and that as one level of need is satisfied, the next becomes dominant. Therefore, it is important to understand where a person stands in the hierarchy in order to identify what will motivate them appropriately, always considering the proper interpretation of Maslow's pyramid presented below.

Figure 1: Maslow's Pyramid of Needs



Souce: https://www.linkedin.com/pulse/hierarquia-de-

To complement the primary need for motivational predisposition to perform individual activities, Oliveira et al. (1998) argue that managers must always consider the organization's overall vision, administrative knowledge and techniques, human sensitivity, methodological vision, training and entrepreneurial skills, as well as environmental and social responsibility.

Herdzberg's two-factor theory emerges, embedded in behavioral theory, which emphasizes the need for experience and views motivation from two perspectives:

1. Herdzberg's two-factor theory emerged, embedded in behavioral theory, which emphasizes the need for experience and observes motivation from two perspectives:
2. Hygiene/extrinsic/satisfying factors: related to the environment surrounding people and the conditions under which work is performed, and how the individual feels about their company; and
3. Motivational/intrinsic/dissatisfying factors: related to the concept of positions and the nature of tasks, and how the individual feels about their position, encompassing the feeling of individual growth.

Another theory embedded in behavioral theory is McGregor's theory, known as Theory X and Y, which states that there are two distinct types of people that lead to two opposing and opposing management styles, namely:

Theory X: People are naturally lazy and avoid work. They work as little as possible in exchange for salary or material rewards. They avoid responsibility and seek formal authority. They take refuge in a traditional conception of management. Management should control and threaten people with punishment if objectives are not achieved.

Theory Y: People do not dislike work, and work can even be a source of satisfaction and seen as something natural. People may seek responsibility and exercise self-direction and self-control. It has a modern conception of management, with a dynamic and open management style.

It is clear that both the Theories defended by Herdzberg and McGregor draw attention to the behavior of each group of individuals in the organization and what guidelines to follow for the fulfillment of activities, including those of a health care nature, whose evolutionary and implementation dynamics are presented below.

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Evolution of Hospital Administration

For Da Silva and Brandalize (2022), since its inception, the hospital has been a place where people are treated, aiming to provide comprehensive multidisciplinary care, curative, preventive, and/or treatment to the population. This complex enterprise also comprises various departments to carry out its activities, with the responsibility of reflecting their contributions at each stage of care. In ancient times, its purpose was more social than therapeutic, promoting care, restoring health, concluding diagnoses, and providing treatment within the resources, standards, and conditions of the time.

Its origins are Latin (Hospitalis) and of relatively recent origin. It comes from hospes (guests), because in the past, pilgrims, the poor, and the sick were welcomed into these care homes. Today, the term hospital has the same meaning as nosocomium, of Greek origin, meaning "to treat the sick," as nosodochium means "to receive the sick."

In the context of the nominal and structured evolution of hospitals, their management for a long period was not treated as business management, but as medical management (Fontineli, 2002).

We can infer that the term medical management has always referred to the concept of the physician as the only individual capable of managing hospitals. However, this understanding has had its nuances markedly influenced by the following phases of hospital evolution:

- Before Christ;
- After Christ;
- Before the 16th century;
- Early 20th century;
- Mid-20th century;
- Present day.

In the period **before Christ (BC),** the oldest hospitals were the military ones of antiquity. For example, in Sumer (a region of central Palestine, located between Galilee and Judea), there are paintings dated 2920 BC that depict something similar to hospital care for warriors (Pedrosa, 2004). Meanwhile, in the period **after Christ**, Constantine I, Roman Emperor, convened and presided over the first Council in 325 in Nicaea, establishing that each city should have a place to welcome pilgrims, the sick, and the poor, which was considered a hospital. At that time, hospitals for schoolchildren and pilgrims were created in Paris, such as the Saint Nicholas Hospital in the Louvre in 1187, for schoolchildren. At that time, the term hospital was imprecise (Campos, 1965, chap. 1).

Before the 18th century, medicine was not a hospital practice, nor was the hospital a medical institution; it was essentially a place for assisting the poor. The introduction of disciplinary mechanisms into hospitals gave them an economic function by reducing public costs generated by the spread of epidemics. Medical practice in this context was the result of the transformation of medical practice, which expanded the individualized care plan from homes to institutions. The first hospitals emerged with therapeutic intervention features aimed at curing the sick. At the beginning of the 20th century, hospitals were intended to separate the sick from society, awaiting death, with little intervention in the disease or the patient. During this period, the French Academy of Sciences sought to standardize existing hospitals through studies of their physical and functional aspects, transforming the then-current hospitals into institutions that provided healthcare and provided a place for medical practice (Junior *et al.* 2002).

The religious figure is the most suitable person to manage hospital institutions, since these institutions were founded on religiosity, philanthropy, beneficence, and militarism, which made typically business-oriented decisions a sometimes insurmountable difficulty (Bittar, 2004, chap. 1). The renowned local physician was the most suitable person to manage hospital institutions.

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During this period, military discipline, created as a result of wars, was incorporated, influencing hospital operations as we know them today, with patient "filing," identification by bed, and separation by disease.

Consequently, in the mid-20th century, the concept of preparing specialized Human Resources (HR) began to gain significant prominence, with well-known cases in the United States of America (USA), where the academic curriculum for training Hospital Administrators was improved.

Up until 1930, hospital managers consisted of religious nurses and people from other backgrounds. The institutions were managed by intuition and common sense. However, it was in this context, in which we know, that the first course for hospital administrators emerged in 1934, founded by Michael M. Davis of the University of Chicago in the United States, which presented challenges of professional acceptability and inclusion, namely the need to place people in hospital management with knowledge in the area of hospital administration.

Currently, the concept of the corporatization of the hospital is being promoted, which is the phase of rupture, both conceptually and organizationally, with the past of the medieval Christian hospital and the 19th-century welfare hospital. However, it is in this contemporary era that the introduction of more rigorous management criteria focused on Total Quality (TQ) begins, in which the inclusion of the hospital administrator proves to be crucial.

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Given that hospitals and satellite institutions such as hospital administration are considered essential for the development of science and for the training of human resources, since they enable the discovery of new scientific knowledge through research, there is a need for professional refinement in both care and management, because, according to Da Silva and Brandalize (2022), in addition to the medical services themselves, they generally offer other services, namely: nursing, clinical laboratory and pathology, radiodiagnosis, pharmacy, social service, operating room, nutrition and dietetics, occupational physiotherapy, Registry Service, General Diet Service, Secretariat, volunteer work, etc.

Likewise, they involve professionals ranging from maintenance, building, gardening, cleaning and laundry staff, to electricians, plumbers, mechanics. There is also the accounting department, the personnel department, the purchasing department, the IT department, marketing, among others.

However, as can be seen, this entire complex structure of hospital management requires adequate and in-depth training, as is the case for hospital administrators. Therefore, an analysis of the challenges in this area at a global level can give rise to debates for better professional framing of hospital administrators, as well as the definition or design of training curricula that meet contemporary demands.

Challenges of Hospital Administration Worldwide

As we have mentioned, the challenges faced by hospital administrators are intrinsically linked to the evolutionary processes of hospitals, as well as medical care. In this sense, over time, the hospital becomes a

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standardized documentary field, in addition to being a space for healing (Junior et al. 2002), and also constitutes a space for teaching-learning practice and scientific production (Azevedo, 1995).

It can be inferred that the complexity of hospitals requires a clear segregation of functions, although complementary, since there is a great division of labor demanding diverse technical skills. As a result of these facts, the hospital has a great need for coordination of its activities, and administrative systems are constantly evolving (Ruthes et al. 2007).

This is why Ruthes et al. (2007) draw attention to the need to understand the modern hospital as a set of purposes, namely, patient care, teaching, and research. It simultaneously plays the role of a hotel, treatment center, laboratory, and university, where, in addition to applying existing knowledge to cure the sick, past experience is transmitted to new individuals, and the future is looked to through active experimentation or passive observation, contributing to the progress of science. These changes indicate the need to consider alternative forms of health management. To respond to the demands of the problems arising from the care process and, in parallel, to the demands of the management process, it is necessary to review and restructure management models, as well as the competencies inherent in the training of professionals/managers.

It is therefore imperative that a whole decision-making process be implemented and that, through planning, execution, and control, competent administrators can qualify their services at predictable costs, mitigating all the conflicts inherent in the institution. This involves creating a new organizational architecture to seek competitive advantage in an uncertain world. The answer lies in flexible designs, used as a competitive advantage.

Therefore, there is a need to empower healthcare organizations to adapt their HR staff trained in Hospital Administration and Management, taking into account the new trends of the globalized market embedded within the new organizational architecture in hospitals and satellite institutions (Ruthes et al. 2007).

On the other hand, hospitals and their satellite institutions are far from applying modern business management tools, although some efforts aimed at improvement are observed, such as investments in training and quality. However, the area is characterized by the rapid development of technologies, and investments are apparently timid, hence the need to invest in modern hospital administration that is appropriate to the contemporary world and has its own competencies (Andre et al. 2021).

Therefore, the current and structural challenges faced by hospital administrators become evident, as demonstrated by the clear attention that must be paid to the new organizational and administrative architecture in hospitals for QT (Quality Control).

The attention that must be paid to the aforementioned architecture, which, according to Filho (1990), is an integral part of this, reveals itself to be important, namely: a) the difficulty in defining and measuring the hospital product; b) the frequent existence of dual authority generating conflicts; c) the doctors' concern with the profession and not with the organization; d) the high variability and complexity of the work, which is extremely specialized and dependent on different professional groups; e) given the marked technological dynamism, the sector is essentially labor-intensive; f) many technological innovations imply not changes in the method of providing a given service, but the introduction of a new service that is added to the previous ones and requires additional personnel for its provision; g) labor productivity depends above all on an adequate combination between the various types of professionals; h) senior staff and, mainly, doctors are the most complex functions are assigned, involving administrative management and technical command of the work of the assistants, in addition to their standardization and supervision [which makes a correct strategic administration of the Hospital Units impossible]; i) the simpler functions are left to the auxiliary staff, who perform them in compliance with work standards; j) in some areas, the productive forces of science and technology act to increase the productivity of the work process, but are limited to a few therapeutic and diagnostic procedures.

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The issue is limited to determining a competent individual for the meticulous articulation of the elements presented, especially in the strategic response to the adverse involvement of the clinical area in aspects of administrative management, paying attention to the in-depth knowledge of organizational culture, listed by De Benedicto (et al. 2013), as a concept that allows the health organization to find its collective identity, enabling the creation of efficient communication mechanisms to provide its members with the meanings they need to contribute.

However, in order to increase the efficiency of organizations, managers must use strategies and mechanisms that allow the identification of existing subcultures, and, through communication mechanisms, encourage the participation and integration of actors in the search for a new culture, geared towards respect for the effective role of each profession within the hospital organization.

In the African continent, there are challenging experiences that, according to Funhiro et al. (2022), are related to an unfavorable economic environment, responsible for high costs in hospital healthcare services, ineffective policies, a weak referral system, and board members not trained in competent management areas.

This fact highlights the unfavorable economic environment, which can be associated with financial difficulties or self-financing problems in healthcare institutions. To understand the Mozambican context, attention should be drawn to the analysis of its challenges in both the political and economic spheres.

Challenges of Hospital Administration in Mozambique

There is grey literature on the training of Mozambican human resources in Hospital Administration and Management both within and outside the country; in other words, literature on the subject is nonexistent. However, thanks to the author's professional and academic experience, with approximately 16 years working in the field of Hospital Administration in Mozambique, it can be inferred that senior hospital administration (HR graduates in Hospital Administration and Management), trained within Mozambique, is relatively new, having begun in 2005 at the Higher Institute of Health Sciences (ISCISA) in Maputo City, which culminated with the first 20 (twenty) graduates. However, this was preceded by the training of personnel to manage hospitals with a business management component, at the beginning of 2001, at the Higher Polytechnic University Institute (ISPU), now the Polytechnic. At a much earlier stage, some personnel were trained outside the country, with a specialization level of 6 (six) months and not necessarily a degree, with 2 (two) trainees being known.

Currently, the country has 4 (four) Higher Education Institutions (HEIs) that train HR in HGA, namely: Higher Institute of Health Sciences (ISCISA), the Catholic University of Mozambique (UCM), Lurio University (Unilúrio), and the Gwaza Muthine Higher Institute of Management and Entrepreneurship, which together train an average of about 120 HGA graduates annually to serve 30 million inhabitants according to the 2017 census and 1771 health units, of which 63 are secondary (52), tertiary (07) and quaternary (04) level (MISAU, 2022).

As can be seen, the training of HGA graduates proves insufficient to meet the demand for the management of services with the recommended quality and quantity, as Mintzberg (1982) argues, stating that, since health units are multi-professional organizations, it is recommended that they be managed by health professionals with adequate knowledge and skills.

Therefore, the demand calls for a formative and politically aligned response with the country's objectives in providing better care to the community, because what has been observed and reported in the press regarding the conditions of public hospitals in different regions of the country includes, namely, lack of beds, overcrowding, waste, obsolete equipment, lack of qualified human resources, dissatisfaction of internal and external clients, among others.

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From this perspective, management must move beyond the practice of simple administrative control techniques to the incorporation of new skills and attitudes in participatory management, strategy, creative and innovative capacity, communication, relationship and negotiation skills, which can only be attributes of professionals trained in Hospital Administration (Cherubin, 1997).

Therefore, although their autonomy is still limited, it is up to the administrator to assume and exercise the managerial functions of planning, organization, direction, and control, understanding that their actions and decisions influence the activities and results obtained within the hospitals (Picciai, 1998).

It is evident that, analyzed from a chronological perspective (from their training to their placement in the job market), the AGH must necessarily know how to engage (know how to be, know how to be present, and above all, know how to do) within the entire multidisciplinary structure to occupy their legitimate work space.

In this sense, an article on the workforce crisis in Mozambique, prepared by MISAU (2015), drew attention, firstly, to the fact that the recognition of the crisis and its implications must be made by all levels of government, aid agencies and other stakeholders, as it is necessary to entrust hospital administrators to institutional management positions and doctors and other technical staff to care positions, a fact substantiated by the 2025 Agenda - Vision of the Mozambican Nation, which calls attention to the need to assign Hospital Administrators to management positions and other technicians to technical and care areas.

From the above, it can be inferred that guiding elements exist, however, the political will for their effective application still constitutes a huge challenge.

However, due to these shortcomings, Mozambique continues to have low levels in some of the main health indicators when compared with other countries in the sub-Saharan Africa region and some parts of the globe, for example for HIV/AIDS and tuberculosis, which according to (Lau & Mula, 2004) cited in Mitano et al. (2016), WHO-Africa (2020), Mozambique occupies one of the top three positions, respectively, in the ranking of the 22 countries that contribute most to tuberculosis in the world (WHO, 2015). Another indicator relates to the use of services, insofar as people are familiar with the existing health unit and use it. The only problem is that professionals do not arrive on time, only around 11:00 AM, because, in addition to visiting bedridden patients, they carry out administrative tasks that normally require concentration and take time (WHO, 2015). This may be related to the incorrect and inadequate implementation of the allocation of management and healthcare staff, because otherwise, instead of gaining a good manager, a good clinician is lost (Cherrubim, 1997).

Furthermore, in the opinion of Oleribe et al. (2019), Madziwa et al. (2020), one of the first and main challenges faced by healthcare in Africa is inadequate human resources, a lack of qualified professionals, since the necessary number of people are trained, but they are not allocated to where they should be allocated.

Therefore, if there is a genuine desire to improve the provision of healthcare to all Mozambicans, it is absolutely necessary to make changes in the institutions with influence over the health sector, which necessarily involve […] strengthening the National Health System (particularly the National Health Service) [through the allocation of 100% of clinical staff to clinical and care areas, and the allocation of 100% of graduates in Health Management to management areas, including the Directorate] (Garrido, 2022).

The Report on Health Financing Policy for Universal Health Coverage in Mozambique: Developments, challenges and the role of partners, presented by Manzanares (2020), highlighted the limited capacities in the Ministry of Health/Department of Planning and Cooperation to manage Health Financing Policy, as they hinder the correct application and management of financial resources, mainly due to the HR involved in data and information systems management, planning, budgeting, monitoring, report production, National Health Accounts (NHA), the Medium-Term Fiscal Framework, the Strategic Plan for the Health Sector (SHS) and its costing, since it does not include professionals with degrees in Health Management in its strategic hierarchy.

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Therefore, the difficulties encountered by the report may be more extensive and chronic at the levels of administrative and technical care prior to MISAU, namely at the provincial level (Provincial Health Services, Provincial Health Directorates, Central, Provincial, General, Rural, District Hospitals and Health Centers with more complex specificities).

RESULTS

Taking into account the literature review carried out and considering the grey literature to which we have referred, the challenges faced by Mozambican hospital administrators can be considered to be associated with the following aspects: the exercise of management functions such as planning, organization, direction and control at the top of the health service hierarchy under the implicit acceptance of the various multi-professional classes; the effective non-application of the 2025 Agenda and its subsequent revision, which could include better strategies for the placement and integration of AGH (Health Management Assistants); and finally, the limited capacities in the Ministry of Health and its levels of administrative and technical attention, namely at the level of Provincial Health Services, Provincial Health Directorates, Central Hospitals, Provincial Hospitals, General Hospitals, Rural Hospitals, District Hospitals and Health Centers, with more complex specificities in allocating HR with AGH degrees in the support of top-level structures.

CONCLUSIONS

Management must shift from the practice of simple administrative control techniques to the incorporation of new skills and attitudes in participatory management, strategy, creative and innovative capacity, communication, relationship and negotiation skills that can only be attributes of professionals trained in Hospital Administration.

Governments, aid agencies and other stakeholders should entrust hospital administrators with institutional management positions and physicians and other technical staff with caregiving positions.

RECOMMENDATIONS

In order for management to move from the practice of simple administrative control techniques to the incorporation of new skills and attitudes in participatory management, the Government, through the Ministry of Health, via its central structures, Provincial Health Services, Provincial Health Directorates, Central Hospitals, Provincial Hospitals, General Hospitals, Rural Hospitals, District Hospitals and Health Centers, with more complex specificities, should prioritize the allocation of human resources with training in AGH at the top of the hierarchy, support that should be underpinned by aid agencies and other stakeholders.

The same institutions should prioritize the allocation of other personnel such as doctors, nurses and others who are at the top of the hierarchy to the corresponding care areas, as it will be possible to gain good managers on the one hand, and on the other, good doctors, nurses and others, and consequently the improvement of the respective ratios.

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