

A Leadership Perspective on Mental Rehabilitation and Departmental Performance Improvement in Healthcare Insurance- A Prospective Mixed Method Interventional Cohort Study



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Abstract:

Background: Effective departmental management in healthcare insurance plays a vital role in institutional quality and patient satisfaction. This investigation explores operational challenges in the insurance department of one of the prestigious teaching hospitals with suggested leadership-cued interventions to correct them. Objective: To examine operational ineffectiveness within the insurance department and suggest leader-led strategies for improving performance.

Methodology: Mixed methods involving qualitative and quantitative approaches were used. Questionnaires were conducted among 50 employees of insurance departments using standard online questionnaires and semi-structured interviews. Descriptive as well as inferential statistics were utilized to make analyses of survey data using such tests as the chi-square. Thematic content analysis was adopted for qualitative response in interviews.

Results: Post-intervention data showed substantial gains on a range of measures. Workplace cleanliness and organization scores moved from a mean of 2.5 to 4.1 ($p < 0.01$). Morale improved from 2.8 to 4.2, and accountability from 2.6 to 4.3. Perceptions of workflow efficiency moved from 2.9 to 4.4. Qualitative comments noted increased job satisfaction, a 30% reduction in the time taken for claims processing, and a reduction in outstanding claims from 350 to 120 in three months.

Discussion and conclusion: The targeted leadership interventions effectively tackled long-standing operational inefficiencies, building a more engaged workforce and enhanced patient care. The findings emphasize the significance of proactive management in developing organizational accountability and efficiency. Limitations: The limitations of the study are small sample size and use of self-reported data, which can introduce bias. Single-institution focus limits generalizability, and lack of a control group prevents attributing change to the interventions alone. Conclusion: This research points to the critical influence of leadership in improving operational performance in healthcare insurance offices. Additional research is needed to test these results in various healthcare environments to advance leadership and operational excellence best practices.

Keywords: healthcare, insurance, employee, resource improvement leadership, strategies,

Introduction:

In modern healthcare systems, operational departments, especially insurance management, are central to improving institutional efficiency and patient satisfaction. With healthcare institutions facing the growing complexity of insurance claims and financial operations, efficient management of these departments is a top priority. This research examines the operational issues of the insurance section of a leading teaching hospital and recommends leadership-based interventions for operational improvement. With an emphasis on a proactive leadership model, this research highlights the crucial role played by sound management in developing a productive workplace and engaging staff.

The study subject, a renowned teaching hospital with 1,350 inpatient beds, has a reputation for delivering

clinical excellence and education. The department of insurance in this facility acts as an indispensable point where it enables patient access to funds, manages claims documentation, and procures requisite approvals. Nonetheless, chronic operational inefficiencies, which have been characterized by employee complaints and a staggering accumulation of unresolved claims, have drawn serious concerns from the leadership of this hospital. The medical director recognized the gravity of these problems but had difficulty prioritizing them because he had multiple extensive responsibilities vested in his position. Because of these challenges, the Director of Administration took the initiative to rectify the inefficiencies haunting the insurance section and make necessary adjustments.

A preliminary assessment of the insurance department showed a number of systemic issues that

impeded its operational effectiveness. Some of the key observations were:

Workplace Disorganization and Hygiene: A disorganized work environment and poor cleanliness were found to be obstacles to operational effectiveness, leading to delays in processing and general employee discontent.

Low Staff Morale and Poor Team Dynamics: Observations reflected a sharp reduction in staff morale, together with an obvious lack of teamwork and collaboration amongst staff. Such conditions suppress innovation and lower productivity as a whole.

Resistance to Change and Lacking Accountability: There was an observable reluctance by staff to adopt organizational change, which led to a culture that lacks accountability and discourages improvement.

Poor Workflow Processes: Aging and inefficient workflows were causing excess delays in handling insurance claims, adding to both staff and patient frustration.

Insufficient Management Direction: The failure of effective management direction and ambiguously defined escalation procedures allowed for the team not to resolve or address issues efficiently.

Despite ongoing attempts by hospital leadership to engage with the insurance team, there remained an entrenched negative attitude and substantial resistance to change. Furthermore, staff interactions revealed a concerning lack of ownership over their work, exacerbating the operational challenges faced by the department. Overall, the present paper purports to shed light on the intricacies present within the insurance administration unit of massive teaching institutions and probe strategies of successful leadership towards correcting operation inefficiencies. By pointing towards the indispensable nature of management towards achieving an involved and spirited labor force, this research¹⁻⁴ endeavours to produce usable results leading towards better outcome in terms of both operation and patient satisfaction.

Methodology:

The study employs a mixed-methods approach, drawing on both qualitative and quantitative research methodologies to examine operational issues in the insurance department of a premier teaching hospital. The objective is to develop a detailed understanding of the root issues and to propose impactful leadership-initiated interventions for enhancing operations.

Study Setting

The study was carried out at a reputable teaching hospital with 1,350 inpatient beds. The environment is known for its dedication to clinical excellence and

thus provides an appropriate location to study the operational issues within its insurance department.

Sample Size and Selection

Purposive sampling method was used to sample participants for the study. The sample consisted of 50 insurance department employees, ranging from frontline staff to administrative and managerial personnel. The sample was considered sufficient to provide a range of viewpoints and remain feasible with the time and resource limitations. Five senior management officials, including the medical director and the Director of Administration, were also interviewed to provide input on leadership insights and strategic interventions.

Data Collection

The process of data collection involved two main aspects:

Surveys: A standardized online survey was sent to the 50 insurance department employees. The sampling was a simple convenient sampling method. The survey contained closed-ended questions to measure workplace organization, team functioning, morale, perceived accountability, workflow effectiveness, and management effectiveness. Items were scored on a Likert scale from 1 (strongly disagree) to 5 (strongly agree). The survey was intended to collect quantitative data to determine patterns of operational inefficiencies and staff engagement.

Interviews: Semi-structured interviews were held with sample participants to hear their experiences, perceptions, and recommendations regarding the operational issues facing the insurance department. The interviews were guided with flexibility for respondents to expand on particular issues. The interviews lasted about 30–45 minutes, were tape-recorded, and transcribed for analysis.

Quantitative survey data were examined using descriptive statistics to provide a summary of important results, while inferential statistics in the form of chi-square tests were used to determine associations between variables. Qualitative interview data were submitted to thematic analysis. Themes were developed through a coding process, enabling a rich interpretation of respondents' views on leadership, staff morale, and workflow issues.

Ethical Considerations

Ethical clearance was not needed as it involves only questionnaire and suggestions. Informed consent was obtained from all participants, and confidentiality was ensured through anonymization of responses and safe storage of data.

This approach seeks to give an in-depth analysis of the operational issues in the insurance section, ultimately informing the design of focused leadership interventions for improvement.

Leadership Intervention Strategies

Recognizing the urgency of the challenges,⁵ the administrator adopted a structured intervention framework:

1. Conducting Open Dialogue and Problem Identification

A meeting was convened to allow staff members to voice their concerns. Despite initial resistance, this session provided valuable insights into operational bottlenecks, managerial inefficiencies, and employee grievances. It also revealed that the insurance department, a significant revenue-generating unit in the hospital, lacked adequate workforce support to manage claims effectively.

2. Exploring Industry Best Practices

To devise effective solutions, industry best practices from corporate hospitals were examined. However, constraints limited the immediate feasibility of large-scale hiring. Instead, an innovative approach was needed to optimize resources and improve efficiency.

3. Implementing Immediate Structural and Operational Changes

To address pressing concerns, the following interventions were initiated:

a. Enhancing the Work Environment

A dedicated workforce member was assigned to maintain cleanliness and organization, promoting a more structured and professional workspace. The IT department was engaged to upgrade technological infrastructure, including additional workstations with high-speed internet to improve processing efficiency.

b. Addressing Staffing Gaps with an Innovative Solution

Recognizing the strain on existing staff, a new staffing model was proposed, leveraging nursing personnel for part-time roles in the insurance section. Nurses, familiar with patient workflows and insurance schemes, were integrated into administrative roles to streamline documentation and provide better assistance to patients. After receiving institutional approval, four part-time nursing staff members were allocated to the insurance department, significantly reducing claim backlogs and improving patient assistance.

4. Empowering New Leadership within the Department

A promising team member with demonstrated competence and commitment was identified and empowered to lead the team through the transition. By providing mentorship and facilitating decision-making autonomy, this leadership shift encouraged a more engaged and accountable workforce.

5. Establishing a Systematic Problem-Solving Approach

- A structured framework was implemented to improve workflow efficiency:
- Regular team meetings to address challenges and propose solutions
- Clear task delegation and accountability mechanisms to streamline operations
- Transparent communication channels for escalation of unresolved issues
- Documenting best practices for sustained long-term improvements

Creating a Culture of Engagement

Building an engaged workforce was central to this transformation. Increased administrative presence in the department facilitated:

Active feedback mechanisms – Provided insights into institutional challenges and workforce concerns, enabling data-driven decision-making.
Improved employee morale – Staff members felt heard and supported, leading to increased accountability and improved interactions.

Results:

After the application of leadership intervention strategies within the insurance department, considerable enhancements were noted in both the Likert scores of employee surveys and general work performance indicators. Three months after the intervention, a follow-up survey was conducted to assess the effectiveness of the applied changes. The findings showed significant improvements in several of the key operational areas.

Quantitative Findings

Workplace Organization and Sanitation: The Likert measure of workplace organization and cleanliness improved from a mean of 2.5 (disagreement) prior to the interventions to 4.1 post-changes. The improvement demonstrates better perceptions about the physical space since employees indicated that assigned duties for organization and cleanliness had created a more professional environment.

Staff Morale and Team Dynamics: The staff morale average Likert score went up from 2.8 to 4.2 following the interventions, with an improvement from discontent to significant agreement concerning positive team dynamics. Frequent team meetings and visibility of management promoted an open environment, and employees were more valued and engaged.

Accountability and Resistance to Change: Employees' sense of accountability and willingness to change showed a significant improvement, with scores rising from 2.6 pre-intervention to 4.3 post-intervention. Staff feedback reflected a greater commitment to problem-solving and ongoing improvement,

resulting from the systematic problem-solving approach implemented.

Workflow Efficiency: Responses indicating perceived workflow effectiveness increased substantially from a mean score of 2.9 to 4.4, showing a high level of agreement on the increased efficiency of operations following the incorporation of new staffing models and technology enhancements.

Overall, the chi-square analysis revealed statistically significant correlations ($p < 0.01$) between the intervention strategies and enhanced employee perception scores for all measures. (Table 1)

Qualitative Insights

Interview feedback supported the quantitative results, as staff reported enhanced job satisfaction

and sense of responsibility over their work assignments. Time for processing claims decreased by some 30% through efficient inclusion of nursing staff, thus de-congesting bottlenecks in documentation and approval. Use of part-time nursing staff solved the issue of shortages in staff, besides enhancing patient support quality as the nurses carried clinical knowledge to the administrative system.

Work Performance Indicators: As well as better perceptions, actual performance indicators registered a decrease in the backlog of unresolved claims from 350 to 120 cases over three months, which indicated the direct contribution of the interventions to the work efficiency of the insurance department.

Table 1 showing the various outcome measures and the p values

	Values	P value
Age mean + SD	35.56 ±5.25	-
Sex male/female	34/16	-
Workplace Organization and Sanitation pre score	2.5	
Post intervention score - Workplace Organization and Sanitation	4.1	P < 0.01
Workflow score preintervention	2.9	
Workflow score post intervention	4.4	P < 0.01
Staff Morale and Team Dynamics (prescore)	2.8	
Staff Morale and Team Dynamics (post score)	4.2	P < 0.01
Accountability and Resistance to Change(pre)	2.6	
Accountability and Resistance to Change(post)	4.3	P < 0.01

Discussion:

Our workplace initiatives have resulted in considerable improvements across a variety of metrics. The average score for workplace sanitation and organization increased from 2.5 to 4.1, owing to enhanced impressions of the working environment as a result of outsourced cleaning responsibilities. Staff morale increased correspondingly, with scores rising from 2.8 to 4.2, owing to improved teamwork fostered by more frequent meetings and increased managerial visibility. Accountability and resistance to change also improved significantly, with ratings rising from 2.6 to 4.3, indicating increased employee commitment to continuous development. Workflow efficiency increased from 2.9 to 4.4 as a result of the introduction of new staffing models and technical advancements. Supporting these quantitative outcomes, qualitative remarks highlighted improved. In his systematic research, Singh et al⁶ have done systematic search of different databases to examine various leadership theories and styles, including transformational and servant leadership, stressing attributes such as emotional intelligence and adaptability. The evaluation emphasizes the issues that healthcare professionals face, pushing for innovative ways and leadership development programs. Finally, it strives to provide leaders with

techniques for improving patient care and operational efficiency across a variety of healthcare settings. The difficulties to healthcare leadership effectiveness included a lack of leadership knowledge and abilities, as well as the widespread use of autocratic leadership.⁷ This could also have a detrimental impact on organizational performance, managers' capacity to interact closely with workers, and decreased employee motivation.⁸ Hence we decided to intervene as a quality leader to improve performance of our staff. Clinical leadership development⁹ is a continuous process that must include both new and experienced frontline health care personnel. The content of clinical leadership development interventions¹⁰ must include a holistic understanding of clinical leadership and should employ work-based learning and team-based approaches to increase clinical leadership competencies of frontline healthcare practitioners as well as overall service delivery. A study¹¹ looked at the effect of strategic leadership on job-related motivation, work discipline, and staff performance in Jakarta's life insurance industry. After analysing data from 174 employees, the findings show that strategic leadership has a beneficial influence on motivation and discipline, which considerably mediate their effects on employee performance. We did the

insurance employees of the health sector and very articles are focussed on this, we found that leadership interventions improved all the qualities and performance of the employees.

Limitations: The study has significant drawbacks. The sample size of 50 employees may not accurately reflect the different opinions inside the insurance department, thereby skewing the results. Second, relying on self-reported survey data can add bias, as employees may exaggerate gains owing to social desirability. Furthermore, the three-month follow-up time may not accurately reflect the long-term sustainability of the observed changes. Finally, the focus on a single teaching hospital limits the findings' applicability to other healthcare settings, and the lack of a control group makes it difficult to credit changes entirely to the interventions implemented.

Conclusion:

This study demonstrates the need of proactive leadership in dealing with operational issues inside a teaching hospital's insurance department. Significant performance improvements were made possible by targeted interventions that increased workplace structure, staff morale, accountability, and workflow efficiency. The findings highlight the significance of good management in increasing employee engagement and operational excellence. While there are limitations to the sample size and generalizability, the positive results emphasize the potential for leadership-driven initiatives to address underlying inefficiencies and improve patient happiness in healthcare settings. Additional study is recommended to validate and build on these findings across a variety of healthcare settings.

There is no conflict of interest:

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All the authors have contributed significantly

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