Dimensions of Health Care Management Professionalization: A Scoping Review

Payam Mahmoudian[1], Mehdi Jafari[1]* ⑩, Eric De Roodenbeke[2], Mohammadreza Maleki[1]

Abstract

 Background: Within the public sector, health managers occupy positions that are typically filled by individuals with a medical, clinical, or nursing experience who are entrusted with assuming an additional role. The primary objective of this study was to employ a scoping review methodology to ascertain a cluster of prevalent subjects encompassing the development of a proficient health care manager.

 Methods: The purpose of this scoping review study was to identify critical components in the field of management professionalization, as described by Arksey and O'Malley. A total of 13 studies, characterized by predefined keywords, were meticulously culled from Scopus, Web of Science, PubMed, and Embase, Magiran, and SID databases. The inclusion and exclusion criteria considered factors such as language, temporal relevance, redundancy, thematic alignment with the professionalization domain, and congruence with the overarching objectives and methodologies of the present investigation. Subsequently, the contents of the selected studies were subjected to rigorous thematic analysis and judicious categorization using a framework analysis approach.

 Results: From a total of 10,117 articles, a rigorous selection process yielded 13 articles to be included in this study. The identified dimensions are classified and elucidated across 6 overarching domains; namely, the science of management, educational trajectory, and curriculum, cultural infrastructure and ideologies, standards, professional institutions and associations, and licenses and certifications.

 Conclusion: To enhance the efficacy of health management, policymakers and planners ought to adeptly incorporate these dimensions within the framework of the country's health system.

 Keywords: Professionalism, Professionalization, Profession, Organization and Administration, Professional Competence

Introduction

Health care in developing countries is a multibillion dollar system. However, individuals responsible for leading and managing this work have limited professional readiness for success. Until this profession is recognized, the billions of dollars committed by donors, alongside the massive investments made by countries in the field of health, will not yield the expected results. Two key underlying issues contribute to this growing dilemma. While the roles of physicians and nurses in providing health care in developing countries have significantly changed, their

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Corresponding author: Dr Mehdi Jafari, mjafari@iums.ac.ir

1. Department of Health Service Management, School of Health Management and Information Sciences, Iran University of Medical Sciences, Tehran, Iran
2. International Health Expert, Nantes, France

↑What is "already known" in this topic:
The insufficient focus on the concept of professionalism in management, in contrast to the field of medicine, has resulted in an ambiguity regarding the constituent components and elements of professionalization in health management, further exacerbating the absence of a comprehensive framework within this domain.

→What this article adds:
Based on the research findings, this article elucidates the primary constituents encompassing the professionalization of health management, thereby proposing a foundational framework for further application and development within the field.

preparedness typically received through medical and nursing education has not been adequately synchronized. Additionally, the role of health managers is not as valued as that of surgeons, specialists, or valuable clinical nurses (1). Managing health care is essential for creating a high-performing health care delivery system (2). The depletion of managerial capabilities at various organizational levels emerges as a pivotal impediment to realizing the millennium development goals and other worldwide health-related objectives (3).

Within low-income nations, health administrators in the public sector frequently consist of medical, clinical, or nursing professionals assigned an additional managerial role. These individuals are confronted with the intricate and demanding task of harmonizing their clinical responsibilities with their administrative duties (4).

Moreover, capacity development for health care administrators in low-income nations garners notably limited consideration. Furthermore, the management frameworks and proficiencies at the regional or subnational strata exhibit pronounced deficiencies (5). Nevertheless, regional-level managers are important for the functioning of the health system, especially in decentralized environments (6).

The notion of a profession in management is not new. It was initiated a century ago, with the establishment of business schools at universities in the United States. Pioneers recognized that the emergence of large organizations posed a profound challenge to the existing social order for institutional entrepreneurs, academics, and business leaders (7).

Professionalism and sustainable development, including economic development, are closely related. Having ethical and deserving human resources is necessary in today's continuous and changing world. The existence of such individuals is recognized as organizational assets through productivity(8). On the other hand, the manager's personal characteristics will particularly impact the organization's success and employees' motivation (9). Now, the concept of professionalism is not limited to classic professions alone. Developed nations seeking to elevate professions to disciplines have examined a wide range of occupations from a professional standpoint in order to first acknowledge them as professions and then increase the productivity of human resources through their ongoing professional development trajectory (8). A global effort is underway to professionalize the health care management workforce. One fundamental principle of these efforts is the need to identify essential competencies for effective leadership in health care provider organizations and support their incorporation into educational and training programs for health care leaders (10). According to the definition of the World Health Organization, competence is considered a vital characteristic for providing quality services and safe clinical performance. Professional competence refers to the ability of health care professionals to provide adequate care both to individuals and to the broader community based on clinical performance standards (11). Managerial competency is a set of behaviors and attitudes that is necessary for effective managerial activities in every organization (12).

Notwithstanding the global acknowledgment of the pivotal role played by health care management in the cultivation of efficient healthcare systems within developing regions, a definitive roadmap for nations to cultivate and sustain a proficient health care management workforce remains conspicuously absent (13). The lack of management professionalism and the lack of attention to this issue has made everyone think that they can manage and that they are worthy of a management position. On the other hand, most studies in this field have examined professionalism among physicians, nurses, specialists, and generally health care professionals (14-18) and have not paid attention to the profession of health managers. This study is to respond to the lack of knowledge regarding the components of professionalism for health managers as a specific profession to determine the framework of professionalism of health managers in the country. In the present study, we aim to examine the components associated with the professionalization of the health management profession using a scoping review approach. Scoping reviews have emerged as a valuable instrument within the expanding array of evidence synthesis methodologies. While their objectives differ from those of systematic reviews, it is essential to employ meticulous and transparent techniques when conducting scoping studies, thereby ensuring the reliability of the findings (19). Specifically, our objective is to identify the key elements that contribute to the professionalism of health managers.

Methods
Search Strategy
According to the systematic method for scoping review described by Arksey and O'Malley (20), we reviewed the related literature. The present study was conducted as a scoping review in January 2021. The primary research objective is to discern and delineate the key components that characterize professionalism within the field of health management. The steps of the research are shown in Figure 1.

The search was conducted in databases including Pub-Med, Scopus, Web of Science, and ProQuest, Persian databases such as SID Magiran, and library texts, including books and reports from international organizations. In addition, websites related to management development institutions and professional management forums were
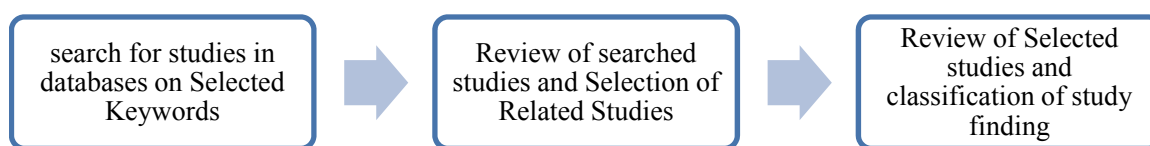

Figure 1. Stages of conducting research

screened.

A total of 14,948 search results were initially procured, from which 4836 duplicate findings were systematically identified and expunged using EndNote software. Consequently, a comprehensive scrutiny was undertaken on a final selection of 10,117 studies. It is imperative to clarify that the search across databases was predicated upon scrutinizing titles and abstracts. This search encompassed various document types, including reports, conference proceedings, workshops, review articles, and original research studies.

The selection and exclusion criteria for this study encompassed considerations, such as language, temporal relevance, duplicate publications, alignment with the professionalization domain, appropriateness in the context of the study's objectives, and methodological congruence. The keyword identification process began by initially identifying keywords relevant to the subject matter. Subsequently, equivalents or those associated with dynamic systems within the healthcare sector were meticulously curated with expert input and comprehensive internet searches.

Study Selection Criteria

From an exhaustive review of studies conducted between 2000 and 2021, a total of 10,117 pertinent research endeavors were incorporated into this analysis. These selections were made after meticulously eliminating duplications through EndNote and culling studies that were inconsistent with the research's focus based on scrutinizing their titles, abstracts, and relevance to the health care sector. The search procedure is depicted in Figure 2 and comprises all literature that was found (N = 14,948), articles that were found to be relevant following the screening of abstracts (N = 241), and full-text documents (N = 51)

from the second screening. We only chose primary literature (N = 13) for content analysis.

Data Extraction

The full texts of pertinent and semirelated studies were consulted in their entirety. This comprehensive review encompassed diverse categories of the literature, including theoretical and primary sources, as well as works centered on professionalism, professionalization, and professional management. Beyond ensuring that the content of each study aligned with the research's objectives, efforts were made to ascertain and classify the key messages they conveyed. Particular emphasis was placed on segments of each study encapsulating their central message.

These sections, encompassing the title, methodology, year of publication, country of origin, and principal findings, were meticulously scrutinized. The extraction of relevant information was undertaken by a team member with profound expertise in the subject matter. Moreover, to enhance precision and mitigate potential interrater discrepancies, a single individual conducted a thorough reading of all studies, thereby averting the introduction of errors.

Data Analysis Method

In the concluding phase, each chosen study underwent a meticulous examination to pinpoint pivotal concepts. The comprehensive scrutiny of all data extracted was executed using a framework analysis applied to the final set of studies.

Results

Based on Table 1, professionalization dimensions in management are presented in a diverse and varied manner, and no framework or model for professionalization was
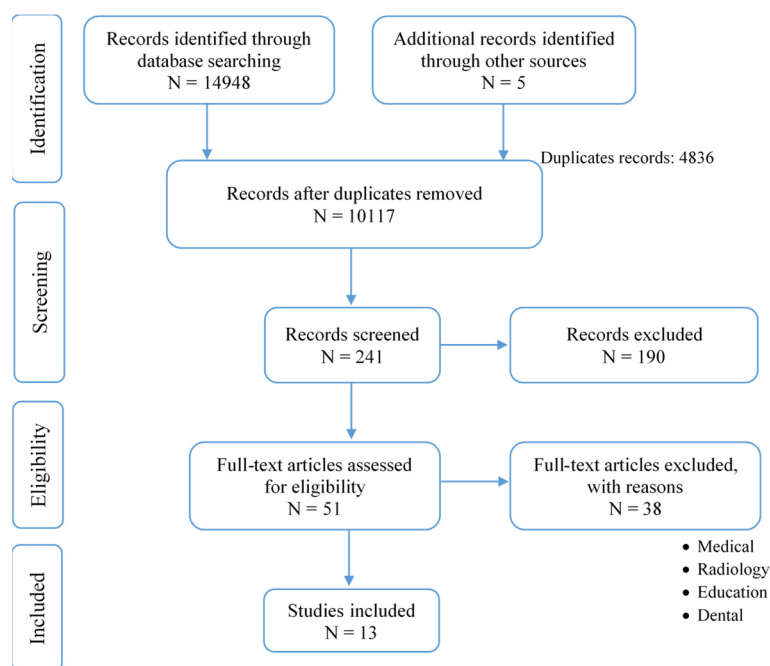

Figure 2. Search and achievement stages of the main findings in the studied databases

Table 1. Structured Search Method of Databases and Findings Obtained in Preliminary Search Based on the Names of the Studied Databases

Database name	Keyword
PubMed	((((((health[Title/Abstract]) OR (health care[Title/Abstract])) AND (management[Title/Abstract])) OR (manager[Title/Abstract])) OR (manag*[Title/Abstract])) AND (professionalization[Title/Abstract])) OR (professionalism[Title/Abstract])
Scopus	(TITLE-ABS-KEY (health) OR TITLE-ABS-KEY (healthcare) AND TITLE-ABS-KEY (management) OR TITLE-ABS-KEY (manager) AND TITLE-ABS-KEY (professionalization) OR TITLE-ABS-KEY (professionalism))
ProQuest	((ti(manager) OR ti(management)) OR (ab(manager) OR ab(management)) OR (su(manager) OR su(management))) AND ((ti(Health) OR ti(Healthcare)) OR (ab(Health) OR ab(Healthcare)) OR (su(Health) OR su(Healthcare))) AND ((ti(Professionalism) OR ti(professionalization)) OR (ab(Professionalism) OR ab(professionalization)) OR (su(Professionalism) OR su(professionalization)))
Web of Science	((((((health[Title/Abstract]) OR (healthcare[Title/Abstract])) AND (manager[Title/Abstract])) OR (management[Title/Abstract])) AND (professionalization[Title/Abstract])) OR (professionalism[Title/Abstract])) OR (professionalisation[Title/Abstract])

found in the studies reviewed. The dimensions of professionalization in management include training, establishment of professional institutions/associations, improvement of knowledge infrastructure, issuance of professional certifications, development of management standards, signing management contracts and agreements, creation of ethical codes, culture, and suitable environment, various education methods, defining the role of management enhancement, defining career paths, recognizing and formalizing management jobs, developing laws and regulations, determining entry conditions and conducting entrance exams. These dimensions are categorized and presented in 6 general areas: the science of management, educational path and program, cultural infrastructure and ideology, standards, professional institutions and associations, and licenses and certifications.

Knowledge of Management and an Educational Program

Having a basic management knowledge and participating in skill-based and up-to-date training programs is of paramount importance. The science of management helps managers find the best methods and strategies for managing resources, people, and processes and achieve the best results. Additionally, manager training programs should help enhance the necessary and up-to-date skills and knowledge for effective and efficient organizational management (21).

Individual autonomy in time management arises when the job activity is sufficiently complex and involves the application of abstract theoretical knowledge in specific situations that require a set of knowledge and skills that are formally recognized based on established concepts and theories and require significant discretion in decision-making (22-24).

Within the Canadian context, there exists an established corpus of research and empirical evidence delineating the dimensions of healthcare leadership. The Leadership Evaluation for Advancement and Development in Health Services (LEADS) framework faithfully mirrors this body of research and evidence. This framework serves as a valuable resource for crafting educational curricula and programs aimed at preparing individuals for entry into the health care profession, as well as facilitating their ongoing professional growth. Furthermore, the LEADS offers a solid foundation for succession planning, the judicious selection of leaders, and the comprehensive management of leadership performance (25).

In Ukraine, in the field of management education, they focus on 3 principles: problem-based learning, learning by doing, and a systemic approach to training. The principle of problem-based learning aims to transfer knowledge and past experiences through problem-oriented and decision-making management training to bridge the gap between training and current management issues. The principle of learning by doing emphasizes the importance of transferring knowledge through practical training and skill acquisition. The systemic approach is not only applied in the training process but also the development of training programs. A critical aspect of training programs is the use of various instructional methods. Nowadays, trainers in professional management education utilize a wide range of organizational and educational tools and techniques, both traditional and innovative. The most definitive methods include lectures, seminars, practical classes, and individual coaching. Among the mentioned methods, other approaches such as simulation, syndicates/associations, case studies, management games, brainstorming, self-learning, Bobur talks, and coaching are used (21).

The educational trajectory should ideally encompass both theoretical and hands-on preparation. This amalgamation of classroom instruction and practical fieldwork has been a fundamental feature of health care management programs in the United States since their inception, a tradition that endures to the present day. The inaugural undergraduate program in this field was inaugurated in 1926 at Marquette University. Nevertheless, it was in 1934 that the professional standing of health care management was substantially enhanced, as the University of Chicago launched the premier graduate program in hospital administration. This groundbreaking initiative featured a year-long educational curriculum and an additional year of practical experience, known as an administrative residency (13).

Country Context and Culture

The successful transformation of management into a profession requires development and progress within an appropriate cultural framework. An ideology that serves

higher values relies on a more significant commitment to doing good work than on economic rewards (22). One necessary framework regarding professionalism in management is the recognition of the role of health care management in health care organizations. This requires formal recognition of the health care manager's position within the health care system at all relevant levels, involving active career choices to become a health care manager and professional development. This choice consists in acquiring formal academic readiness (26). The need to professionalize health care managers emerged from a background of extracting experiences from health care managers. Most of them felt that management performance had been less acknowledged and identified. Recognizing the role of health care managers at all levels of the health care system is considered essential for their professionalization. Experts praised this as a means of legitimizing and clarifying the role of health care managers, as well as fostering motivation among them (26).

Community trust in a professional management orientation is crucial. Professions assure the general public that those who "practice this profession" adhere to specific standards regarding services related to the public interest. In this regard, trust and professionalization are called adhesive and greasing agents. Professions perform vital functions that contribute to maintaining a society. When confidence in a profession is lost, this adhesive disappears, and the community weakens (25).

Management Frameworks

A common topic in the professionalization of health care management is a national framework or a set of supportive policies that enhance the role of professional management in attracting, empowering, and rewarding management expertise. In the United States, most hospitals in the 1920s and 1930s were led by physicians who assumed administrative responsibilities without formal training or management experience. This later evolved into a highly selective executive role with leadership authority and influence over organizational changes (CEO). An example of such reforms comes from Ethiopia, where a 10-year investment in hospital management was based on reforming public service regulations to achieve "establishing a full-time CEO role with clear and comprehensive job responsibilities and selection and performance review criteria," "establishing governing boards to manage CEO performance and accountability to the government and society," and "creating local revenue streams to reward good management and entrepreneurship." (13). The emergence of professional disciplines brings with it a suite of technical, ethical, and performance benchmarks that serve as guiding principles, outlining the profession's anticipated standards. Remarkably, in the United States, the initial performance standards for health care management were formulated primarily at the institutional level; namely, hospital accreditation, rather than at the individual level through licensing. Consequently, professional health care managers are entrusted with the responsibility of creating and sustaining hospital management systems that rigorously adhere to the established accreditation standards (24).

Professional Associations and Institutions

Professional associations play a pivotal role in furnishing nascent health care professionals with vital networking opportunities and resources for their career advancement, advocacy, and role sustenance within their respective countries. The formation of such organizations is a common and integral characteristic across numerous professions. In the United States, a significant milestone in hospital management unfolded in 1899 when a collective of hospital administrators convened to grapple with the escalating intricacies of the US health care landscape. Remarkably, even after the establishment of the inaugural graduate program in hospital management, a consortium of seasoned administrators gave rise to the American College of Hospital Administrators, which has since evolved into the American College of Healthcare Executives (ACHE) in 1933. The ACHE's founding mission was to cater to nonclinical managerial personnel specifically. The organization currently boasts a substantial membership base of nearly 50,000 individuals and offers board certification for healthcare executives. The ACHE further provides its members with opportunities for ongoing education, networking, and professional guidance, facilitated through annual congresses and regional events, all in pursuit of the comprehensive enrichment of the health care management profession. In stark contrast, the investment in health care management within Ethiopia has predominantly been spearheaded by the Ministry of Health and development partners (13, 23, 27).

These reforms encourage the introduction of management focusing on efficiency, performance, and, recently quality, administrative decentralization, and the adoption of market principles while supporting contractual arrangements as the primary form of stakeholder coordination. The central position of traditional management, its experts, and their representatives in governing the system is heavily criticized for inefficiency and corporate decision-making. In contrast, managers' responsibilities are strengthened through the establishment of independent units and the expansion of their management power (28).

Licenses and Qualifications

All professions control entry and exit into their membership. For medical, nursing, and legal professions, we have independent, member-based bodies that control access, exit, maintenance of licenses, and ethical principles to regulate conduct. Such official bodies for health management do not exist in Canada. There are other examples of similar systems around the world for medical practitioners. One such example is the Royal Australian College of Medical Administrators in Australia, which serves as a specialized organization for developing medical professionals' leadership and management abilities. This college diligently oversees processes related to admission, withdrawal, and the conferral of licenses. Likewise, in the United Kingdom, the Faculty of Medical Leadership and Management has established a comprehensive framework for issuing certifications to medical leaders, reflecting

their commitment to stringent standards. Notably, when considering licensing prerequisites for entry into health care leadership roles, a consensus remains elusive. In Canada, however, several educational institutions have taken proactive measures to develop graduate programs and accompanying credentials that align with the LEADS framework. These programs are open to healthcare professionals, spanning physicians, nurses, and managers. Examples include the Graduate Certificate in Health System Improvement at the School of Public Health, University of Alberta, and the Advanced Certificate in Health Leadership Program at the British Columbia Institute of Technology. Nevertheless, it is imperative to underscore that achieving uniformity and controlled access to these programs, structured around LEADS standards, necessitates a concerted, collaborative effort within the health care community. Considerable endeavors are yet required to advance these aspirations (25).

Standardization

Standardization refers to the process by which the conditions under which a specific task should be performed can be predetermined. In such cases, practitioners don't need to exercise individual discretion. This is likely undesirable as following standardized rules minimizes the risk of errors (22). Routinization is a method in which management practices are carried out either periodically, unplanned (a few times), or not performed at all. This means that the more consistently a specific process is completed, the more repeatable and sustainable, safe, effective, and efficient it becomes (29). Standardization and regularization are strengthened by the concept of the cyclical method of executing procedures, which involves starting with planning, then implementation, and finally evaluation before replanning. This means every management action is divided into activities before, during, or after intervention. Therefore, any activity is part of a repetitive and systematic cycle, indicating whether an information management action has been done professionally or not. Professionalism in terms of standardization and regularity means whether the activity has been performed regularly, irregularly, or not (29).

Professionalism in information management is considered an order in processes where all information management activities (procedures) are performed, ensuring that information technology correctly supports the hospital's goal of patient care. Governance encompasses all activities to ensure the creation of general conditions that determine the achievement of organizational objectives. It serves as a framework for decision-making and task execution at different levels, aiming to support information management activities that lead to better performance of information technology and, consequently, information and quality of the information system (29).

Discussion

A systemic approach requires instructors to have a health-oriented mindset that should be utilized during the development and implementation stages of the curriculum. In Ukraine, to improve the educational method in shaping

managers' readiness to create a health-centered environment in organizations, a special workshop called "Fundamental Concepts for Future Managers" was introduced as an active educational factor (21). In Ethiopia, as a cornerstone of hospital reform efforts with an initial focus on newly appointed executives, the country established its first master's degree program in health care management at Jimma University in 2009. Until 2016, health care management programs were offered by 5 public universities across the country (13). Finally, in the study conducted in the eastern region of Uganda, considering the limited experience most managers had in their initial appointments, acquiring educational preparedness to build the capacity of health managers at the regional level was considered crucial. Formal education was seen as an opportunity for information dissemination to understand the concept and roles of management (26).

Fitzgerald also emphasizes the value of knowledge and ethics in his study, which, considering the vital and critical role of managers and their training, prevents the wastage of significant resources such as budget, facilities, and time on a wide scale (30). Adhvaryu et al have also concluded in their research that improper allocation of training can lead to poor management quality in companies. Managers, by utilizing updated information, can take action to adopt and implement practical and scientific policies that are suitable for their conditions, resources, and changes in their work environment. Training and preparing managers for their managerial roles in organizations is essential" (31).

The increasing demand for management expertise is also a result of Ethiopia's efforts to decentralize governance and control financial matters at the hospital and regional health administration levels, improving responsiveness and efficiency in the health care system (13). A strong organizational culture can provide organization and control mechanisms for an organization. A good corporate culture creates good teamwork with committed professionals. Radhika Kapur states in her study that strengthening professionalism is essential, and individuals must be professional in performing tasks and activities, especially in dealing with others. Through organizational culture, individuals must develop awareness of values, ethics, principles, and morals. Instilling these characteristics in individuals is considered necessary to achieve personal and professional goals and create conducive and effective relationships with each other (32). In the report published by the Health Professions Council, the role of the organizational structure and background in promoting and facilitating professionalism has been highlighted as an important observation. This can take the form of management and resources or the design and perception of other professional groups (33).

In Canada, like other national frameworks, the LEADS provides a set of Canadian standards. Agreement on a set of national standards is essential for addressing dispersion issues, creating healthier work environments, generating change, and, in the process, contributing to the development of a critical profession (25). In China, it is believed that the characteristics of professional management and

knowledge have been obtained from the perspective of professional development in health management, and standards will also be shaped in the near future. However, laws or regulations do not clearly define health care management titles, and there is no specific framework in this regard; thus, professionalization of health care management lacks the features of rules and seriousness, and does not receive deserved attention (24). Batman et al state that the lack of professionalism and disregard for this issue has made everyone consider themselves worthy of managerial positions. Professionalism aims to create attitudinal and structural changes in organizations; thus, managers can recreate new roles (34).

The mission of professional associations primarily revolves around education and information dissemination. Through their work, they contribute to defining and establishing standards for their respective professions and promoting high-quality standards through awards and other forms of recognition (35). In recent decades, professionalism and vocational institutions have gradually developed and transformed, leading to contradictory and competitive definitions of what it means to be professional (36). The emergence of management institutions is considered a progress in the past decade, according to Kumar's research. Management education experts facilitate knowledge and skill development through interactive learning methods, and they are expected to perform various tasks. The roles, responsibilities, and educational activities in management institutions have also changed due to shifts in the training process (37). Oberg, in his study, states that with the emergence of new public management, the idea was introduced that professional managers rather than professional individuals should lead public organizations. This is referred to as the new managerialism (38).

From the perspective of certification issuance, since 2009, the College of Family Physicians of Canada has had a voluntary certification based on the LEADS framework (the Canadian Health Leadership Executive). Recently, the Canadian College of Health Leaders has emphasized "the role of the college in supporting leaders in the Canadian healthcare system in defining and understanding leadership and the role it plays in leading system change." To achieve professionalism, these certifications should be required for all health leaders and managers (23, 25, 28). The study conducted by Alemne et al, which focused on hiring health specialists based on licenses, indicates that there are weaknesses in license issuance, and there is no system to detect fraudulent claims and control expired licenses in all regions of the country. In this study, voluntary professional certifications are perceived as a signal of applicants' competencies and potential future performance (39).

The future may lie in the rejection of standardization, but finding a balance between flexibility and maintaining a sufficient level of standard for work is also crucial. A study by Nordesjo suggests that experts can participate in developing procedural standards related to occupational professionalism and reduce tensions (40). In Frost's study conducted on physicians, the authors demonstrates that standardization discourse aims to achieve homogeneity, uniformity, and a limited spectrum of capabilities while indicating that there is a unified approach to having a competent and professional physician. Additionally, educators should acknowledge and benefit from the tension between standardization discourses and diversity (41). Lawrence argues in his research that standardization and specialization enhance talent allocation and strengthen future innovation (42). Events states that sociological analysis has positioned professionalism as a specific tool for organizing work and controlling workers, in contrast to hierarchical, bureaucratic, and managerial controls of organizations (43).

Limitations of the Study
Due to the novelty of the topic of professionalization in management, excluding medicine, there were limited documents, articles, and reports available in this field. Even in countries where a professionalization process existed, published papers were scarce.

Conclusion
In the reviewed studies, a specific process and structure for the professionalism of management in health was not provided, and in each of the studies, 1 dimension was mentioned. The 6 related topics presented here include the science of management, educational path and program, cultural infrastructure and ideology, standards, professional institutions and associations, and licenses and certifications, which were identified through a scoping review and may be as a guide in trying to move towards the professionalization of health management. Surveys showed that little attention has been paid to the issue of professionalism in health management compared with other professions. A professional cadre of health care managers who can strike an effective balance is a solid foundation for building better health systems and, ultimately improved health outcomes.

Conflict of Interests

The authors declare that they have no competing interests.

References

1. Dwyer J, Paskavitz M, Vriesendorp S, Johnson S. An urgent call to professionalize leadership and management in health care worldwide. Manag Sci Health Occasion. 2006.

2. Bradley EH, Taylor LA, Cuellar CJ. Management matters: a leverage point for health systems strengthening in global health. Int J Health Policy Manag. 2015;4(7):411.

3. Egger D, Travis P, Dovlo D, Hawken L, Organization WH. Strengthening management in low-income countries. WHO; 2005.

4. Prashanth N, Marchal B, Kegels G, Criel B. Evaluation of capacity-building program of district health managers in India: a contextualized theoretical framework. Front Public Health. 2014;2:89.

5. Rockers PC, Bärnighausen T. Interventions for hiring, retaining and training district health systems managers in low-and middle-income countries. Cochrane Database Syst Rev. 2013(4).

6. Regmi K, Naidoo J, Greer A, Pilkington P. Understanding the effect of decentralisation on health services: the Nepalese experience. J Health Organ Manag. 2010;24(4):361-82.

7. Khurana R, Nohria N. It's time to make management a true profession. Harv Bus Rev. 2008;86(10):70-7.

8. Hashem-Abadi M, Mirkamali S, Pourkarimi J. Studying the professionalism of faculty members in Tehran University in the second half of the academic year 2015-2018. IHEJ. 2017;9(2):51-80.

9. Manesh PA, Ardestani AS, Kermani B, Rezapoor A, Asiabar AS. The relation characteristics of personality of managers working in Iran University of Medical Sciences with success and desirable job. Med J Islam Repub Iran. 2015;29:232.

10. Hernandez SR, O'connor SJ, Meese KA. Global efforts to professionalize the healthcare management workforce: the role of competencies. J Health Educ. 2018;35(2):157-74.

11. Yaqoob Mohammed Al Jabri F, Kvist T, Azimirad M, Turunen H. A systematic review of healthcare professionals' core competency instruments. Nurs Health Sci. 2021;23(1):87-102.

12. Malmoon Z, Tourani S, Maleki M, Jafari M. Future competencies for hospital management in developing countries: Systematic review. Med J Islam Repub Iran. 2020;34:15.

13. Linnander EL, Mantopoulos JM, Allen N, Nembhard IM, Bradley EH. Professionalizing healthcare management: a descriptive case study. Int J Health Policy Manag. 2017;6(10):555.

14. Uryuhara Y, editor Professionalism and Human Resource Management of Donor Coordinators: Results of an International Comparison. Transplantation proceedings; 2014: Elsevier.

15. Nortjé N, Hoffmann W. Perspectives on the development of professionalism as experienced by radiography students. Radiography. 2018;24(2):110-4.

16. Kasule OH. Medical professionalism and professional organizations. J Taibah Univ. Med. 2013;8(3):137-41.

17. Emanuel EJ. Enhancing professionalism through management. JAMA. 2015;313(18):1799-800.

18. Dikmen Y, Karataş H, Arslan GG, Ak B. The level of professionalism of nurses working in a hospital in Turkey. J Caring Sci. 2016;5(2):95.

19. Munn Z, Peters MD, Stern C, Tufanaru C, McArthur A, Aromataris E. Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. BMC Med Res Methodol. 2018;18:1-7.

20. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. International journal of social research methodology. 2005;8(1):19-32.

21. Zavydivska OI, Zavydivska NN, Kovalchuk VY, Khanikiants OV. Features of professional training of hr managers: the ability to create a health-oriented environment in the organization. J Phys Educ Sport. 2018;18:1072-8.

22. Desmond H. Professionalism in science: competence, autonomy, and service. Sci Eng. 2020;26(3):1287-313.

23. Starr P. Professionalization and public health: historical legacies, continuing dilemmas. J Public Health Manag Pract. 2009;15(6):S26-S30.

24. Tao J, Liu Y, editors. Bottleneck of the Development of Health Management Professionalization and Countermeasures Study. 2016 2nd International Conference on Economics, Management Engineering and Education Technology (ICEMEET 2016); 2017: Atlantis Press.

25. Dickson G, Van Aerde J, Tholl B, editors. Pathway to professionalizing health leadership in Canada: The two faces of Janus. Healthcare Management Forum; 2020: SAGE Publications Sage CA: Los Angeles, CA.

26. Tetui M, Hurtig AK, Ekirpa-Kiracho E, Kiwanuka SN, Coe AB. Building a competent health manager at district level: a grounded theory study from Eastern Uganda. BMC Health Serv Res. 2016;16(1):1-13.

27. Teclemariam L, Wright C. Professionalization in the public sector health supply chain management: IAPHL's present and future contribution. J Pharm Policy Pract. 2014;7(1):1-2.

28. Feroni I, Kober-Smith A. La professionnalisation des cadres infirmiers: l'effet de l'action publique en France et en Grande-Bretagne. Rev Fr Sociol. 2005;46(3):469-94.

29. Thye J, Esdar M, Liebe JD, Jahn F, Winter A, Hübner U. Professionalism of information management in health care: development and validation of the construct and its measurement. Methods Inf Med. 2020;59(S 01):e1-e12.

30. Fitzgerald A, Clukey L. Professional identity in graduating nursing students. J Nurs Educ. 2021;60(2):74-80.

31. Adhvaryu A, Murathanoglu E, Nyshadham A. On the allocation and impacts of managerial training. National Bureau of Economic Research; 2023.

32. Kapur R. The Significance of Organizational Culture, Politics and Job Satisfaction among the Employees in Various Job Settings. 2018.

33. Marrow G, Burforod B. Professionalism in healthcare Professionals: Int J Qual Health; 2014.

34. Batmani MA, Baghfalaki A, Babashahi J, Yazdani HR. Concept Analysis of Professionalization in Human Resource Management Field. J Hum Resour Sustain Stud. 2020;2(2):65-93.

35. National-Academies-of-Science. The Role of Professional Societies. Washington, DC: The National Academies Press; 2005.

36. Hughes W, Hughes C. Professionalism and professional institutions in times of change. Build Res Inf. 2013;41(1):28-38.

37. Kumar AS. A critical analysis of stress faced by teaching professionals at management institutes in Pune with special references to role stressors. 2012.

38. Öberg SA, Bringselius L. Professionalism and organizational performance in the wake of new managerialism. Eur Political Sci Rev. 2015;7(4):499-523.

39. Alemneh ET, Tesfaye BH, Teka EC, Ayalew F, Wolde EG, Ashena WD, et al. Health professionals' licensing: the practice and its predictors among health professional hiring bodies in Ethiopia. Hum Resour Health. 2022;20(1):62.

40. Nordesjö K. Framing standardization: Implementing a quality management system in relation to social work professionalism in the social services. Hum Serv Organ. 2020;44(3):229-43.

41. Frost HD, Regehr G. "I am a doctor": negotiating the discourses of standardization and diversity in professional identity construction. Acad Med. 2013;88(10):1570-7.

42. Lawrence B, Zhang JJ, Heineke J. A life-cycle perspective of professionalism in services. J Oper Manag. 2016;42:25-38.

43. Evetts J. The concept of professionalism: Professional work, professional practice and learning. International handbook of research in professional and practice-based learning. 2014:29-56.