Original Research

Perceived Bureaucratic Red Tape in Hospital Administration: A Case Study from a District General Hospital in Sri Lanka

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Abstract

Background: Public Hospitals are hierarchical organizations characterized by the features of bureaucracy described by Max Weber. Tiring rules and regulations, endless paperwork, and strict legal requirements are some of the adverse outcomes of bureaucracy, termed bureaucratic Red Tape. They have detrimental effects on organizational performance.

Objective: To assess employees' perceptions of bureaucratic Red Tape in the administrative section of the District General Hospital, Kalutara.

Methods: This study utilized a case study approach employing mixed methods. Office employees were selected using purposive sampling, and a semi-structured questionnaire that featured a ten-point scale to measure Red Tape with close-ended and open-ended questions was used to explore the causes. Key informant interviews with managers and focus group discussions with office employees were conducted to obtain management perspectives on the causes and suggestions to alleviate Red Tape. Potential solutions for the Red Tape were discussed at a stakeholder meeting. In addition to descriptive analysis, inferential statistical analysis was performed for demographic variables and operational factors to explore any correlation with Red Tape. Thematic analysis was performed using qualitative data.

Results: The mean perceived bureaucratic red tape score was 5.03 (95% CI: 4.25–5.81), slightly above the midpoint of the scale, indicating inefficiencies in existing rules or procedures, as the literature suggests that even such levels of perceived red tape are significant and warrant attention. Key factors contributing to Red Tape include deficient technology for information management; problematic procedural formats; insufficient in-service training; lack of modern infrastructure; and challenges in rules, regulations, and procedures. Stakeholder suggestions to alleviate Red Tape included training; establishing a committee to investigate, review, and seek suggestions; technology integration; supporting managers; job rotation; increasing access to information on procedures; and streamlining the documentation process.

Conclusions and Recommendations: The employee-perceived Red Tape was slightly above the expected level in the administrative section, primarily due to inefficient administrative practices and outdated technology, highlighting the need for targeted interventions. The study identified enhancing employee training in administrative processes, streamlining procedures, integrating advanced information technologies, and fostering a supportive leadership culture to mitigate the effects of bureaucratic Red Tape. Continuous feedback mechanisms are also recommended to ensure the adaptability and effectiveness of administrative processes.

Keywords: Bureaucratic Red Tape; Hospital Administration; Public Administration; Public Health Sector.

Background

Bureaucracy refers to a complex structure with multiple layers and procedures. According to German Sociologist Max Weber (1864-1920), the bureaucracy is "a rational-legal authority system based on clearly defined roles, a hierarchy of authority, and a set of formal rules

and procedures aimed at achieving organizational efficiency."[1] Systems functioning under bureaucracy can retard decision-making due to rigid formalization. However, Bureaucratic systems that are formal and rigid are required when following critical safety procedures [2]. Max Weber described six main features of the bureaucracy. These are "hierarchy of authority", "division of labour", "formal rules and regulations", "impersonality", "career orientation", and "formal selection." Mainly public organizations have adopted these principles [3].

The term "Bureaucratic Red tape" is commonly used to describe organizational actions that are considered wasteful, unnecessary, self-serving, and troublesome. Tiring rules and regulations, including long queues, endless paperwork, lengthy procedures, and strict legal requirements, are features of Red Tape. This profoundly affects personal performance, innovation levels, organizational performance, and economic growth. [4,5]. The Red Tape is the worst consequence of bureaucracy [4]. Some authors have described it as part of institutional pathology, and formalization as part of institutional physiology [6].

A rule can be Red Tape for one stakeholder group but useful for another. Different stakeholder groups may have different perspectives on organizational rules and procedures; therefore, they may have different perspectives on Red Tape [6].

According to Bozeman (1993), Red tape often arises from two primary categories of problematic rules [7]: "rules born bad" and "good rules gone bad." "Rules born bad" are inherently flawed due to insufficient understanding, excessive control, unnecessary complexity, or conflicting objectives, resulting in inefficiency and adverse outcomes. Conversely, "good rules gone bad" originate as functional but evolve into Red Tape through factors such as purpose drift, inconsistent application, or diminished relevance. Issues such as misinterpretation, overburdening (rule strain), and the accumulation of overlapping regulations (accretion) further exacerbate inefficiencies, creating systems that hinder operations rather than support them.

Kalutara District General Hospital is a tertiary care hospital in the Kalutara District of Sri Lanka. The hospital consists of 1250 beds. There are about 49 specialist medical officers, 206 medical officers, and 760 nursing officers, with 839 staff members out of 1854 total staff providing curative care to about 500,000 people around the Kalutara area. The average bed occupancy rate was 66.43%, and 107,885 admissions with 22,113 surgeries were performed in 2019.

The administrative section of the hospital consists mainly of the Establishment Division, Administration Division, and Accounts Division. The Director and two deputy directors oversee the administrative tasks of those units, supervising the accountant and administrative officers. The planning and development unit also assists in management processes. The prevalence of Red Tape in the administrative section of a hospital can affect internal client satisfaction and delay the administrative procedures essential in the healthcare delivery process.

Objective

The objective of this case study was to analyze bureaucratic Red Tape in the Administrative section of the District General Hospital, Kalutara.

Methods

This case study utilized a mixed-methods design to explore bureaucratic Red Tape in the administrative sections of Kalutara District General Hospital. Quantitative data assessed the prevalence and intensity of Red Tape, while qualitative methods, including thematic analysis, explored the underlying causes and perceptions. Drawing on the established literature [7,12], a self-administered semi-structured questionnaire was developed by adapting items from internationally validated tools and achieving face and consensual validity through expert review. The questionnaire included ratings of current Red Tape (1-to-10-point scale), qualitative data on contributing factors, items representing identified factors, employee alienation, decision-making centralization, morale, engagement, and satisfaction as potential contributors to Red Tape. A 7-point Likert scale was used to rate the items of those factors (1 indicates total disagreement, 7 indicates total agreement, and 4 represents a neutral stance).

Participants were selected using purposive sampling to ensure diverse representation of experiences and roles within the hospital's administrative section for qualitative data gathering. All Management Assistants and Development Officers in the administrative section

of the hospital were invited to participate in the quantitative survey. The questionnaire was distributed to officers who volunteered to participate on two consecutive working days. Participants were allotted one hour to complete their responses. The officers were not forced to participate in the study and could leave it at any time. An information sheet was provided to all participants and written consent was obtained from all participants. The two Deputy Directors, The Accountant and the Administrative Officer, were invited to participate in Key Informant Interviews (KIIs). Ten management assistants were selected and invited for a focus group discussion (FGD). Additionally, a stakeholder meeting was called to share the case study's findings and discuss strategies to minimize Red Tape, purposively selecting participants from each unit considering the institutional work experience to represent diverse insights. Administrative clearance was obtained from the hospital director.

Quantitative data were analyzed using descriptive statistics to determine the mean values and confidence intervals. Inferential statistics, such as correlation and the Kruskal-Wallis test, were used to explore associations between perceived Red Tape and various demographic and operational factors. Qualitative data from KIIs and FGD were transcribed and subjected to thematic and content analysis using a free online word cloud generator (wordart.com). A cause-and-effect analysis was conducted on the identified themes to gain a deeper understanding of the causes of the Red Tape. These approaches have facilitated the identification of recurring themes and patterns related to perceptions of bureaucratic Red Tape.

Results

Participants demographics and response rate

Thirty-three management assistants and development officers from the administrative section participated in the study, representing a response rate of 76.74% out of the 43 invited. Table 01 illustrates the respondents' socio-demographic characteristics. Notably, 87.9% of the participants were female, the mean age was 40.1 years, and the average service duration in the public sector was 13.16 years.

Table 01: Sociodemographic characteristics of the respondents

Sociodemographic characteristics	Frequency or value (Percentage)
Participants from the administrative division	17 (51.5%)
Participants from the accounts division	16 (48.5%)
Females	29 (87.9%)
Males	3 (9.1%)
Participants who preferred not to mention their gender	1 (3%)
Mean age	40.1 years
Mean years of service experience in the public sector	13.16 years
The mean years of experience in the hospital	6.2 years
Participants with Advanced Level qualifications	12 (36.4%)
Participants with Graduate degree-level qualifications	19 (57.6%)
Participants with post-graduate qualifications	2 (6.1%)

Quantitative Analysis of Bureaucratic Red Tape and factors contributing to it

The mean value for rated Bureaucratic Red Tape was 5.03, with a 95% confidence interval of 4.25 to 5.81, and the level of bureaucratic Red Tape in the administrative section of the hospital was slightly above the midpoint of the scale.

Table 2 presents the mean ratings for participants' agreements measured on a 7-point Likert scale for items related to the five factors influencing employee-perceived Red Tape.

Work alienation was negatively and weakly correlated with Red Tape use (r=0.379, p= 0.039). None of the other factors were significantly correlated with Red Tape in this sample at 0.05 level.

Qualitative analysis of factors contributing to Red Tape

The causes contributing to the Red Tape that were stated in the open-ended questionnaire by the participants were analyzed using a word cloud and revealed that the following words, 'Outdated,' 'Technology,' 'Information,' 'Rules,' 'Regulations,' 'Formats,' 'System,' 'Procedures,' and 'File' were prominent as illustrated in the figure 01.

Thematic analysis of qualitative data identified the following causes of perceived Red Tape: deficient technology for information management, outdated formats, outdated rules and regulations, complexities in formats, improper file storage, and poor planning of procedures.

Influences on Perceived Red Tape: Insights from Key Informant Interviews

The analysis of opinions provided by the Deputy Director, the Administrative Officer, and the Accountant during the KIIs and the FGD revealed several influences on the perceived Red Tape. According to them, the prevailing influences include inadequate training for newcomers, lack of proper job rotation, improper fulfilment of duties by officers covering vacant positions, and insufficient computer literacy.

Cause and Effect Analysis

Thematic analysis of qualitative data from the questionnaire, KIIs, and the FGD. identified eight primary themes as causes of Red Tape in the study setting.

Table 02: Factors contributing to the employee's perceived Red Tape

	Factors contributing to the employee's perceived Red Tape	Number of items in the Factors	Mean	Std. Error	Comment
1	Work alienation	5	1.636	0.070	Participants' agreement on items for work alienation shows that they are not alienated from work.
2	Centralization of decision-making	2	4.288	0.171	participants have neutral agreement on the view that decision-making is more centralized or decentralized
3	Employee morale	2	5.803	0.102	participants have slightly agreed to the items supportive of employee morale
4	Employee engagement	5	5.909	0.091	participants have slightly agreed to the items supportive of employee engagement
5	Employee satisfaction	6	5.566	0.115	participants have slightly agreed to the items supportive of employee satisfaction

Figure 01: Word cloud for the content analysis of qualitative data collected to identify contributory causes of Red Tape

Sub-themes were identified as secondary causes, and a cause-and-effect diagram was created to visualize these relationships, as shown in Figure No 02 below.

Figure 03 illustrates the proposals to address the identified causes that emerged during the stakeholder meeting.

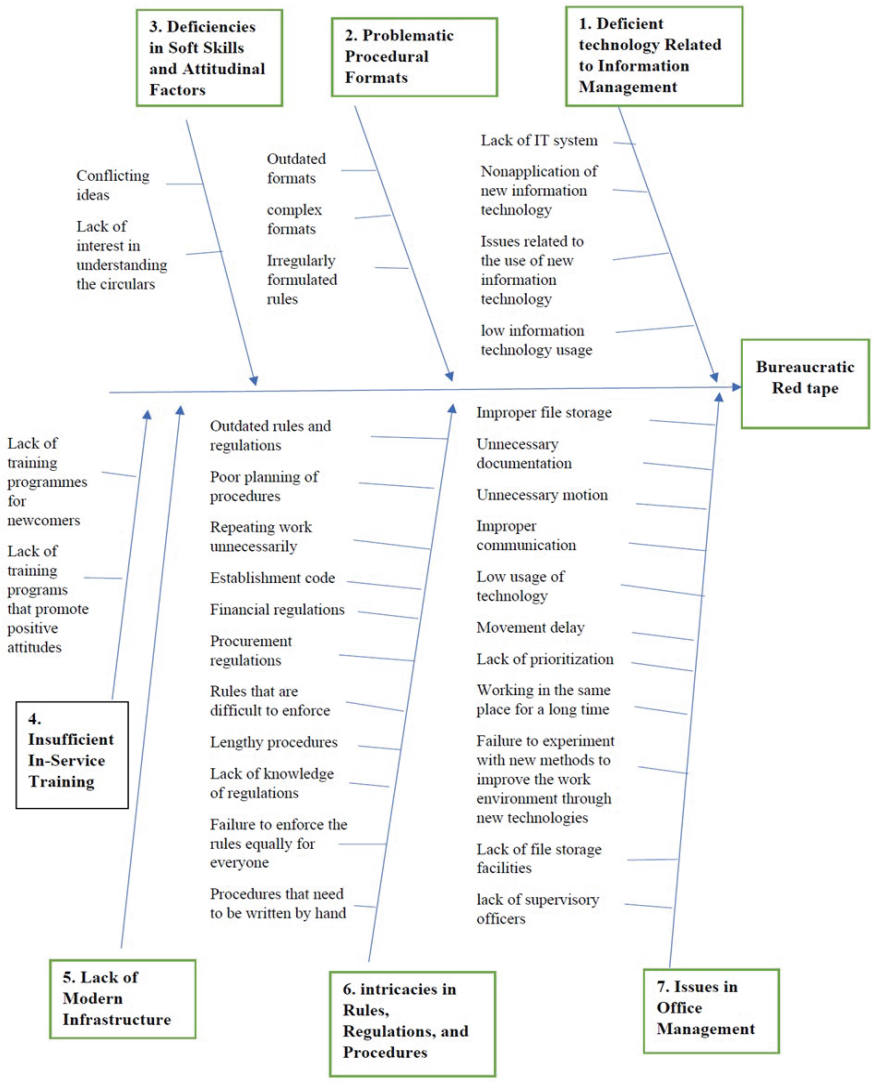

Figure 02: Fishbone diagram- factors contributing to the Red Tape in the administrative section of the District General Hospital, Kalutara

Proposal	Description	Targeted Causes
Enhance Training Programs	Training on the establishment code, financial regulations, office procedures, and file management, guided by training needs analysis.	Lack of understanding of rules and procedures; perception of outdated rules and regulations.
Formation of a Review Committee	Investigate institutional factors and propose solutions for outdated formats, format complexities, improper file storage, and poor planning.	Outdated formats; format complexities; improper file storage systems; poor planning of procedures.
Integration of Technology	Establish an Office Information Management System as part of the strategic plan to streamline processes.	Deficient technology for information management.
Supportive Leadership Development	Develop leadership skills to enhance guidance and mentorship among middle-level managers.	Lack of leadership and mentorship contributing to inefficiency.
Early Orientation Program for Newcomers	Conduct an orientation program to familiarize new employees with organizational culture and procedures.	Inadequate training for newcomers.
Regular Review Meetings and Participatory Decision-Making	Schedule monthly review meetings to improve communication and encourage participatory decision-making practices.	Lack of communication and centralized decision-making.
Comprehensive IT and Soft Skills Training	Incorporate IT and soft skills training into the annual schedule to improve staff competencies.	Insufficient computer literacy; lack of soft skills among staff.
Job Rotation	Implement job rotation to enhance work efficiency and broaden employee skill sets.	Lack of proper job rotation.
Accessibility to Updated Information	Ensure new circulars and updates are readily available to keep staff informed of changes.	Limited access to updated information; outdated rules and procedures.

Figure 03: Proposals to Alleviate the Targeted Causes of Red Tape

Discussion

This study revealed that the employee perceived bureaucratic Red Tape at the administrative section in the District General Hospital Kalutara slightly above the mid-level of the scale, with a mean Red Tape rating of 5.03. According to the findings of Feeney (2012), even slightly higher responses to Red Tape measures can indicate the levels of inefficiencies that are common in public sector organizations [8]. Pandey and Kingsley (2000) reported a mean Red Tape rating of 4.23 on a 7-point scale among U.S. public managers, and perceived Red Tape was negatively associated with job satisfaction, organizational commitment, and overall performance, highlighting its harmful impact on employee well-being and organizational efficiency [6].

The predominant causes identified through qualitative analysis include outdated rules and regulations, inadequate technology for information management,

and complexities in the existing formats. According to theoretical frameworks, Bozeman (1993) suggested that some rules are problematic from the start ("Rules born bad") and how others become problematic over time ("Good rules gone bad"), which could be responsible for the current issues of employee perception about outdated rules and regulations [7]. While Max Weber's concept of bureaucracy highlights the efficiency of hierarchical structures and formal rules, this study's findings suggest that, in practice, these structures often contribute to inefficiencies, as also noted by Scott & Pandey (2000) and Pandey & Kingsley (2000) [4, 6]. The critical causes identified, outdated rules and regulations, inadequate technology for information management, and complexities in formats suggest that Red Tape may have arisen from functional rules becoming burdensome or ineffective over time because of the dynamic nature of bureaucracy. This highlights that the functionality of existing rules and regulations should be reviewed, warranting further scientific exploration and corrections to prevent the accumulation of Red Tape in similar institutions.

The majority of respondents were females with substantial experience in the public sector, which could influence their perceptions of bureaucracy and Red Tape. As noted by researchers, such as Mattia Wegmann and Shawn Cunningham [5], the interaction between different stakeholder groups can exacerbate perceptions of Red Tape. This factor may be relevant in our study setting, where diverse backgrounds and roles intersect.

The finding that participants have neutral agreement on whether decision making is centralized or decentralized suggests uncertainty about the organization's decision-making structure. This could indicate confusion over who holds authority or a perception of the balance between centralized and decentralized practices [9]. This ambiguity may have contributed to bureaucratic inefficiency. Streamlining and clearly communicating the decision-making processes could help reduce the perceived Red Tape. The weak negative correlation between work alienation and perceived Red Tape supports enhancing employee involvement to reduce Red Tape potentially [10]. The absence of significant correlations with other factors suggests that systemic and procedural issues might be more influential than individual characteristics with regard to bureaucratic Red Tape [6,11,12].

The identification of essential components for the Red Tape Reduction Program through stakeholder discussions was a critically important outcome of this study, as it could offer a foundation for creating a model to address administrative Red Tape in Sri Lankan hospitals. The formation of a committee and conducting periodic reviews to assess the efficiency and effectiveness of administrative formats, file systems, storage processes, and participatory decision-making is a key step in streamlining operations, as the efficiency of the public health sector often depends on central support, decentralized structures, establishing clear directives, priority setting, benchmarking, performance reviews and reporting, ongoing monitoring, data utilization, coordination, and transparency in reporting, in addition to process reforms and resource allocations [13]. Additionally, integrating an Office Information Management System should be a strategic goal for public sector hospitals in the near future, as this initiative will have a significant impact on workflow enhancements and overall workplace morale. [14]. Furthermore, timely implementation of job rotation, organizing orientation programs for newcomers and providing training on the establishment code, financial regulations, and office procedures based on a thorough training needs analysis are accepted initiatives to advance the efficiency and effectiveness of office processes [15,16].

The mixed-method approach enabled a comprehensive exploration of the extent and causes of bureaucratic Red Tape. However, this study's limitation to a single hospital may affect the generalizability of the findings. Furthermore, this study investigated the perceived levels and contributing factors of red tape. An in-depth analysis of various influencing factors using rigorous research methods could identify additional factors that would be highly beneficial for the public health sector when formulating a generalizable Red Tape reduction program. Further studies could explore the impact of Red Tape reduction interventions over time by examining both short- and long-term outcomes. Additionally, this research could focus on the role of digital technologies in mitigating bureaucratic inefficiencies in public sector healthcare and Red Tapes in Patient Care Management.

Conclusions and Recommendations

This study has provided a detailed examination of perceived bureaucratic Red Tape within the administrative section. The findings revealed a red tape slightly above the mid-level of the scale, with a mean value of 5.03. The primary causes identified included outdated technological systems, complex procedural formats, inefficient in-service training on procedures, insufficient procedure planning, and file management. These factors may contribute to delays and frustrations that ultimately affect the efficiency and effectiveness of hospital operations.

This study highlights the need for targeted recommendations to address and mitigate bureaucratic Red Tape in hospitals. Key proposals include enhanced training of employees on regulations and procedures to bridge knowledge gaps and foster efficiency, simplifying procedural rules without compromising operational integrity, and adopting advanced information management systems to replace outdated technologies. Establishing regular feedback mechanisms ensures that the procedures remain relevant and effective. Promoting supportive leadership to empower staff and reduce formalities is essential. Further research is recommended to explore and address bureaucratic red tape objectively. Implementing these strategies as part of a comprehensive Red Tape Reduction Program will enhance operational efficiency and improve service delivery.

Author declaration

Author contributions: All Authors contributed to the conceptualization and design of the study. WMCRW and WAPPR contributed to the acquisition and analysis of data. All authors contributed to the interpretation of the data and the writing of the manuscript. All authors read and approved the final manuscript.

Conflicts of interest: The authors declare that they have no conflicts of interest concerning the research, authorship, and/or publication of this article.

Ethics approval and consent to participate: This case study aimed to provide recommendations for enhancing the quality of administrative processes. Patients were not involved, and ethical approval was not sought. Administrative clearance was obtained. Participation was entirely voluntary, with participants retaining the right to withdraw at any time without any consequences. An information sheet outlining the study's objectives and procedures was provided to all participants, and written informed consent was obtained prior to their involvement.

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