The Role of Project Management in Public health

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Abstract

The research into the factors that influence project management performance and success has been ongoing for several years, and as a result, the literature on this subject is fairly extensive. While success is a central concept in project management (PM), the literature on topics related to PM success is relatively extensive and generalist. Numerous metrics and factors affecting the success of a project are common across industries, although some are unique. The focus of public health action projects and programs is on the protection of the health of specific target groups or populations, and many of them address issues of survival. Public health projects, on the other hand, have a different focus; they are concerned with creating the conditions necessary for people to be healthy, and they are critical for population welfare. Their unique characteristics justify the need for research to develop a unique model of success factors to assist top management and project managers with planning and operational management. A model of success factors would assist in identifying, controlling, and mitigating issues that increase the likelihood of going in the wrong direction, while strengthening those that add value or increase the likelihood of succeeding. It would also be beneficial as a predictive and diagnostic tool for objectively and gradually reducing the probability of project failure, thereby assisting in project performance improvement. The success of public health projects requires a systematic approach and the application of a comprehensive set of success criteria. This article provides a concise overview of the literature on the use of project management in public health.

Key words: project management, public health

Introduction

The majority of people would agree that the environment of the twenty-first century requires organizations to perform with fewer resources. Fiscal constraints, in particular, are compelling healthcare organizations worldwide to implement change processes (Casebeer & Hannah, 1998). As a result, retooling strategies are putting pressure on organizations to integrate, merge, acquire, downsize, or close. To achieve an integrated healthcare system, strong organizational change and project management capabilities are required.

Organizational change is not uncommon when attempting to integrate a healthcare system. However, any change initiative that involves integrations must have a common set of objectives that satisfy a variety of stakeholders (Chreim et al., 2010).

According to the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK), a project is a temporary endeavor undertaken to produce an original product, service, or result. The term "project management" refers to the process of applying knowledge, abilities, tools, and techniques to project activities in order to meet the project's requirements. Project management, which is used across disciplines, is the systematic planning, organizing, and then execution of a predetermined set of steps in order to maximize resource utilization and accomplish specific objectives.

Despite the growth of PMO establishments across industrial sectors, the PMO has not seen increased use in the health and public sectors. Project management has risen to prominence as a critical business skill in our time due to its ability to help control costs, mitigate risk, and improve outcomes.

Project management has risen to prominence as a critical business skill in the modern era.

As healthcare continues to evolve in response to mounting cost and quality pressures, the importance of project management becomes increasingly apparent. Understanding and applying project management principles can significantly improve outcomes in a variety of health care delivery settings. Over the last few decades, healthcare management and public health have grown significantly. Thus, in order to improve public health services and to improve public health performance, several healthcare projects must be redefined.

The world has made enormous and unprecedented strides in the health of human populations over the last 50 years (Medlin et al., 2006). Numerous types of public health interventions have been developed and can be classified as providing standardized products to a population (e.g., immunizations, drugs), providing clinical services (e.g., primary health care services), promoting personal behavioral change (e.g., strategies to prevent sexual disease transmission), or addressing environmental hazards (e.g., air quality control measures). Recognizing the importance of identifying the most cost-effective interventions, it is recognized that actions lacking objective evidence of added value should be evaluated, reviewed, and discontinued if they are found to be ineffective (Sakellarides et al., 2005). Thus, successful public health projects must be identified, promoted, and funded; those that fail should be thoroughly analyzed to determine the factors that contributed to their failure.

Because success is a central concept in project management, the literature on the criteria and factors that contribute to project success is relatively extensive and generalist. However, critical success factors vary according to the characteristics of the project (Pinto et al., 1988). The expected outcomes, for example, in projects developed in private organizations with a profit motive may differ from those developed in non-profit organizations. This logic applies to public health initiatives aimed at preventing disease, promoting health, and extending life for the general population (WHO, 2014). Indeed, the intangibility of the majority of outcomes and the difficulty of quantifying effects are some of the distinguishing characteristics of health promotion projects.

Why We Need Project Management in Healthcare

Healthcare delivery is one of the largest industries on the planet, and it is growing and changing at a breakneck pace. Another significant issue is cost. These issues, combined with the introduction of new electronic health record systems, regulations, and technologies, have heightened the importance of project management in healthcare. Organizations are undertaking projects to incorporate new elements into their workflows, to improve processes across the continuum of care, and to enhance their facilities, all while improving outcomes and lowering costs. According to the Massachusetts Hospital Association, the advantage of project management in

healthcare is that it enables organizations to "stay one step ahead of any potential risk" as they complete this diverse array of projects.

Additional complexities, such as regulatory constraints and a diverse set of stakeholders, amplify the importance of project management in healthcare. Project managers must adhere to a plethora of procedures and regulations pertaining to patient safety, quality, and privacy. Each industry has its own set of rules, but healthcare is particularly complicated, with the government and private organizations such as the Joint Commission keeping a close eye. These increased constraints emphasize the critical nature of project planning and execution.

Public health is concerned with assessing and monitoring the health of communities and vulnerable populations, developing public policies to address identified problems, and allocating resources. It works to ensure that everyone receives appropriate and cost-effective care, including services for health promotion and disease prevention (WHO, 2014). Quality is critical in this context, as many projects are concerned with survival, the government is frequently a stakeholder, and public funding is critical (Schwalbe, 2013).

During integrated planning, project managers cannot ignore the impact of change on the healthcare sector. Golden (2006) develops a framework for change management in healthcare organizations, taking into account the complexity of processes and variables in healthcare. Drucker (1993) asserts that the most complex organizational structure exists in healthcare. This is due to the fact that there are numerous stakeholders, multiple missions, decision makers with professional autonomy, and a dearth of information when managing a change process (Golden, 2006). Without a doubt, effective organizational change is a project in and of itself (Englund et al., 2003). Organizational change and project management have four critical characteristics in common. Both entail a deliberate process, an identified leader, well-defined objectives, and a well-defined timeline (Englund et al., 2003).

Within health systems, change management aims to connect change processes to implemented outcomes (Casebeer & Hannah, 1998). Due to fiscal constraints in the twenty-first century, it is unavoidable that healthcare organizations must evaluate their current processes in terms of efficiency and economies of scale. VanDeusen Lukas et al. (2007) conducted an analysis of organizational transformation among 12 health service providers and identified five elements necessary for change: external pressure to transform; executive commitment to quality; employee engagement through quality improvement initiatives; goal alignment through resource allocation at all organizational levels; and implementing the change process; on the other hand, it necessitates a commitment to the stages of change. While Kotter (1995) discussed eight stages of change, Golden (2006) focused on four for healthcare organizations.

While project management has been practiced for thousands of years, the discipline of project management is relatively new to the field of research. Project management has developed into a profession (Kenny, 2003), capturing the interest of the majority of organizations in the twenty-first century. PMI publishes an international standard for project management methodologies. It is A Guide to the Project Management Body of Knowledge (PMBOK® Guide) (Project Management Institute, 2008), which details the project processes that management should take into account. They include the phases of initiating, planning, carrying out, controlling and monitoring, and concluding. Global attention has been piqued as a result of the realized return on investment experienced by senior managers when project management practices are implemented (Kwak & Ibbs, 2000). Recently, the importance of project management in the medical field has prompted the adoption of a project-based approach to managing healthcare infrastructure and patient needs (Sa Couto, 2008).

Financial constraints are compelling healthcare organizations worldwide to implement change processes (Casebeer & Hannah, 1998). The construct of healthcare integration, in particular, has gained prominence over the last two decades as a result of Stephen Shortell's seminal work introducing the concept of an organized delivery system (ODS) in healthcare. Although the reform of healthcare has been framed in terms of ODS, the path to achieving an ODS is through effective integration (Shortell et al., 1993). Shortell et al. (1993) propose strategies for overcoming integration barriers. Integrated models are the most effective way to support superior organizational performance, when combined with rigorous quality improvement initiatives (Dey & Hariharan, 2006). Dey and Hariharan (2006) develop a logical framework for healthcare systems that is uniform and is based on the integration of clinical and non-clinical practices; however, practical guidance on the integration of clinical and non-clinical practices within health systems is lacking (Suter et al., 2009).

When implementing integrated healthcare processes, a project management framework that complements the facets of change management is required, as there is no alignment between change management and project management for the purposes of healthcare integration initiatives. The perceived best practices in project management were broadly defined as the methodology that a project team must adhere to in order to promote integrated healthcare changes.

Integration of healthcare must be viewed as a project management initiative that results in system changes. However, any change initiative that involves integrations must have a common set of objectives that satisfy a variety of stakeholders (Chreim et al., 2010). As it is succinctly stated, "the nature of project management is change" (Griffith-Cooper & King, 2007, p. 14). While there is no doubt that the PMBOK® Guide's Knowledge Areas focus on the control element of change requests to the project, they neglect to address the human aspects of change (Griffith-Cooper & King, 2007). According to King and Peterson (2007), it is critical to incorporate change agents and stakeholder engagement into the project planning process. Due to the high failure rate of change projects, academic interest has shifted to a better understanding of the complexities associated with transformational change (Burnes, 2005).

The importance of project management in health care is becoming increasingly clear.

Additionally, healthcare lacks a straightforward buyer-seller relationship. Rather than that, numerous parties are involved. If the product is care, the recipients are patients and the providers are doctors and nurses, but the buyers are health insurance payers and the government. The greater the number of stakeholders, the more complicated the situation becomes. Similarly, healthcare project teams may be larger and more diverse as a result of the inherent cross-functional nature of patient care, necessitating the availability of a project manager who is adaptable and willing to consider all perspectives. Health care projects may require additional approvers or buy-in; it is critical to identify all stakeholders during the planning stage to avoid delays during the execution stage.

In general, healthcare requires more project managers and project management. In a rapidly changing and growing industry, project management can provide structure and discipline. By implementing this tried-and-true methodology, the field will be able to accomplish more in less time, conserve resources, and foster collaboration.

Health Project types

In health, projects are recognized as an especially effective way to introduce innovations, address new challenges, or find solutions to problems that cannot be accommodated by existing procedures and routines. There are several distinct types of health projects:

• Research projects with the objective of increasing knowledge that can be used to make "evidence-based" decisions;
• Development projects, which entail the design and pre-testing of an intervention aimed at resolving a specific issue in a specific population or target group;
• Implementation projects, which focus on disseminating and implementing an existing intervention among a specific target group or population. Schwalbe (2013) [6] describes the following characteristics of other health projects:
    • Quality is critical: health projects are typically developed to address or prevent a specific health problem; many are also concerned with survival issues;
    • The government plays a critical role: the state is frequently the project's financier or the impetus for the development of a health project.
    • Individuals' perspectives on health are highly individual: their behavior, willingness to pay for healthcare, and the types of services they use vary.

• A health department establishes a wellness program for maternal and child health
• A hospital establishes a program to reduce readmissions by identifying and monitoring high-risk patient discharges

Thus, despite the fact that we are well aware of the unique characteristics of these types of projects, the literature review is deficient in referencing studies that include health projects. Success models were developed specifically for the information technology and software development industries, and when compared to other types of projects, information technology (IT) projects are unique (Leonard & Zyl D, 2014). These studies are primarily concerned with general descriptions of project manager and project organization factors and frequently appear to overlook project team characteristics, external environmental factors, and unique characteristics of the area in which the project is developed.

Change Management in the Health Sector

Over the last decade, project management processes have gained recognition for their ability to manage change. According to Kumpf and Wittelsberger (2005), formal project management is prevalent in the healthcare information technology (IT) sector; however, healthcare projects outside of IT also require a formal project management system due to the cumulative impact of systems, processes, and people. There is a wealth of research on the application of project management in healthcare information technology; however, little attention has been paid to the application of project management strategies in other facets of healthcare planning. As a result, when formal project management processes are not implemented, project costs, timelines, and scope creep have the potential to escalate. Due to the high failure rate of change projects, academic interest has shifted to a better understanding of the complexities associated with transformational change (Burnes, 2005).

Project management practices are being adopted in response to increased fiscal constraints, integration opportunities, and a growing population. According to one study, senior citizens are the fastest growing age group in Canada and the United States (Gale, 2012). As a result, an effort has been launched to establish a senior-friendly emergency department at Mount Sinai School of Medicine in New York city, New York (Gale, 2012). Similarly, the Calgary Health Region in Calgary, Canada, hired a project team of healthcare architects to improve hospital design in order to more closely resemble a family-centered care facility, rather than the traditional institutional resemblance (Buchanan, 2008). Government organizations are embracing project management strategies such as earned value management (EVM) to improve project performance measurement (Kwak & Anbari, 2011). EVM enables project managers to identify early warning signs of poor performance, allowing for more time to implement mitigations, resulting in more efficient resource allocation and planning (Anbari, 2003). Claudio (2005) discusses a collaboration between the Project

Management Institute's Healthcare Project Management Special Interest Group and the National Association for Public Health Information Technology (NAPHIT). NAPHIT held two project management sessions in the summer of 2005 and stated unequivocally that healthcare managers are responsible for demonstrating project management practices to healthcare funders (Claudio, 2005).

Kumpf and Wittelsberger (2005) report on a study in which the AMERIGROUP Corporation's project management practices were evaluated. The AMERIGROUP Corporation provides healthcare services through a network of health maintenance organizations. At first, it was discovered that AMERIGROUP managed healthcare projects with an unclear scope, unpredictable outcomes, and a failure to identify required resources, resulting in scheduling concerns (Kumpf & Wittelsberger, 2005). To address these concerns, an external consulting firm was retained. Twenty stakeholders in AMERIGROUP were interviewed. The data indicated that highly motivated individuals had a favorable perception of project management. Additionally, there was no standard project management planning process in place, there was ambiguity surrounding the project management office, there were no defined roles and responsibilities, and project managers lacked the necessary skill set. Six recommendations were made in response to these issues. These included the creation of a framework for project management processes, the implementation of project management tools, the creation of project management job descriptions, the design and implementation of a project management function, the identification of a plan to enhance project managers' skill sets, and the identification of coaching and mentorship opportunities for project managers (Kumpf & Wittelsberger, 2005).

Integration of Healthcare: A Synthesis

Integrative healthcare is frequently defined as a multidisciplinary approach, colloquially referred to as integrative medicine (Bell et al., 2002); however, the term "integration" has been much debated (Atun et al., 2010). According to Lehman (2008), the term "integration" is frequently used when searching for information on change management. Integration is a transformational strategy that entails the engagement of multiple intra-organizational levels in multifaceted functions (VanDeusen Lukas et al., 2007). Similarly, projects are actually change initiatives (Wideman, 1995). This is largely because integration improves coordinated care, which has been defined as a collection of fragmented services (Ogles et al., 1998). For instance, a centralized patient intake system, care management, and coordinated teams are all examples of this (Ogles et al., 1998). Integration models arose as a result of such fragmentation, in which health services are organized around functions rather than around patients' direct needs. As a result, functional units created territorial silos within the health system, oblivious to the patient's quality of experience, resulting in low patient satisfaction ratings and increased costs (Leatt et al., 2000).

Integrated healthcare models have evolved to place a premium on the continuum of care and the manner in which health services are coordinated to accommodate it (Leatt et al., 2000). Integrated models are the most effective way to support superior organizational performance, when they are supplemented by rigorous quality improvement initiatives (Dey & Hariharan, 2006). In other words, integration improves an organization's performance when quality improvement is a priority. While Dey and Hariharan (2006) developed a logical framework for healthcare systems that is consistent and is based on the integration of clinical and non-clinical practices, there is a dearth of practical guidance on how to apply integration within health systems (Suter et al., 2009).

The literature reviews the evolution of integrations in healthcare. Vertical and horizontal integrations gained popularity in the latter half of the twentieth century. According to Burns and Pauly (2002), vertical integration occurs through the acquisition of primary care physicians; physician alliances are formed between hospitals and organizations that manage services and have an established organizational culture focused on patient health maintenance. Horizontal integrations, on the other hand, occur when mergers and strategic alliances result in the development of a multi-hospital system (Burns & Pauly, 2002). Integrated delivery systems (IDS) gained popularity toward the end of the twentieth century, particularly in the healthcare industry (Longest, 1998). IDS provide coordinated service delivery across the continuum of care, enabling organizations to structurally integrate and provide a range of services to customers (Longest, 1998). Regardless of the approach taken, the geneses of integration activities were an attempt to address the fragmented and uncoordinated nature of services (Levesque et al., 1999). Integration is motivated by the desire to overcome barriers associated with information sharing, duplication of services, resource competition, cycle time, and a holistic treatment approach that improves patient satisfaction and wellness (Levesque et al., 1999). One must be cautious not to view integration as a cost-cutting measure, but rather to focus on the barriers people face when seeking health care. Burns and Pauly (2002) state unequivocally that hospital mergers achieve little in the way of economies of scale and cost savings. However, while clinical consolidations during horizontal integrations will result in cost savings, they will face political and geographic obstacles in attempting to address fragmentation.

When leading integrations, it is critical to determine which services should be integrated. According to conventional wisdom, hospitals should be responsible for acute and subacute care (Lega, 2007). Integration efforts indicated that a number of services could be provided in the community by general practitioners or other health authorities rather than being confined to hospitals. These changes have an effect on how health organizations are governed. Lega (2007) notes that governance models are put to the test when integrations occur, owing largely to the voices of external stakeholders advocating for integration. Among

these external stakeholders are the dominant political ideology, communities, employed professionals, and lobbying organizations (Lega, 2007). This is demonstrated further in a change management study of ten organizations, where it was discovered that almost all of the changes were attributed to the political environment, whether within government or external relations, prompting companies to make significant changes (Quinn, 1978). However, organizational change effectiveness is contingent on the concept of readiness, which encompasses two messages: communicating to stakeholders a comparison of the current state to the desired state and the competencies associated with individual and collective efforts to effect the change (Armenakis et al., 1993). Thus, a driving force behind integration is the collective advocacy of external stakeholders for a new service system that clearly mitigates identified fragmentation and lack of coordination in the new service delivery system.

Criteria for Project Success

The success of a public health project is determined primarily by its global impact on the target population, which is difficult to quantify because the results are frequently intangible. This inability to quantify effects poses a significant challenge for project and program managers.

Success is a multifaceted concept that can be defined in either an objectivist or subjectivist paradigm, and it is influenced by a number of cultural, leadership, project, management, and behavioral factors (Shore, 1998).

Project success is a critical aspect of project management that has been studied extensively over the years but remains poorly defined in terms of its concept and the paths required to achieve it. For many years, the prevailing view of project success was centered on timely and cost-effective completion in order to generate results that met the organization's criteria, variables highlighted in the famous "triangle of virtue" that has been extensively described in the literature. Currently, our understanding of what constitutes project success or failure is much more complicated, and there is little agreement on what "project success" and "project failure" mean (Ika, 2009), owing to the fact that the literature contains a variety of viewpoints, perspectives, and approaches to this issue.

To begin, it is critical to differentiate between project success and project management success. While project success is determined by the achievement of the project's objectives or the impact of the project's final product, project management success is determined using traditional performance measures (cost, time, and quality) and is thus easier to quantify (Baccarini , 1998). When the project's long-term outcomes are projected beyond the project's completion date or the effect size is difficult to quantify (e.g., health promotion projects), the evaluation of these projects is frequently more focused on project management success. Thus, while project management success can result in project success, the

converse is not true: while it is reasonable to accept that project management failure can result in project failure, except in exceptional circumstances, the project can fail despite successful project management (Freeman & Beale , 1992).

Freeman and Beale (1992) identified seven primary criteria for project success based on a literature review: technical performance, project efficiency, organizational and management outputs (including customer satisfaction), personal growth, project completion, technical innovation and business performance, and manufacturing feasibility.

Wideman and Shenhar (1996) discuss the strong correlation between project success and customer satisfaction and argue that different time points should be used to measure project effects. In the short term, project objectives should be measured during execution; in the medium term, project direct contribution should be measured; and in the long term, future growth opportunities should be measured.

Ika (2009) places a premium on efficiency and effectiveness in assessing project success, building on an older concept [14] that project success is determined by its efficiency and effectiveness. The same author notes the evolution of additional dimensions associated with the concept of project success over time. The first period (1960s–1980s) was defined by the iron triangle (time, cost, and quality); the second period (1980s–2000s) recognized the importance of client satisfaction, organizational benefits, end user satisfaction, stakeholder benefits, and project team benefits. Indeed, success is also contingent upon the extent to which the project serves the project owner's strategic objectives and the success of the business.

In a 2008 study (Simpson, 2008) conducted in the United States, two major American consultants, Jama Software and Ravenflow, surveyed 808 employees from various industry sectors and discovered that customer satisfaction is the most important metric of project success for 86 percent. The following are some of the factors to consider: quality assurance (52%), investment return (46.1%), and cost savings (40 percent).

Schwalbe (2011) summarizes several perspectives on success found in the literature and identifies the following traditional criteria for project success:

• Scope, time, and cost objectives are met: the estimates provided for these three variables are met until the project is completed;
• Meeting customer and sponsor expectations: it is frequently more important to satisfy end users and sponsors than to strictly adhere to established cost, schedule, and scope goals;
• Project main objectives are achieved

Project Success factors

While success criteria define how success should be measured, success factors are inputs to the management system that contribute to project success either directly or indirectly. From the literature review, the Pinto and Slevin (1988) and Belassi and Tukel (1996) studies stand out because they provide a broader perspective on the use of information about success factors. To begin, the notion that the significance of each success factor varies according to project phase (WHO, 2014). That is, factors such as the project's mission, top management support, and project planning are critical during the project planning phase, strategic planning, defining the project's objectives and the process for achieving them; and factors such as customer engagement, the project team, technical functions, customer acceptance, monitoring and feedback, communication, and problem solving are critical during the subsequent phase - imitative planning. Monitoring these variables enables the project's strategy and tactical levels to be defined, thereby acknowledging that strategy effectiveness has an effect on tactical performance.

Belassi and Tukel (1996) conducted a review of the literature on success factors and examined their relationship to project success through the use of a questionnaire administered to project managers. For example, it was concluded that resource availability is far more critical than top management support for completing the project to the quality specified at the start, whereas if the focus is on completing the project on time, project manager skills and effective communication processes within the project team are both critical dimensions. The success factors identified in the literature review were classified into four categories, and a framework was developed that enables, for example, a rapid diagnosis of whether the project is failing due to issues related to the project manager or exogenous factors beyond his control (Table 1 - next page).

Success in Public Health Projects

Public health projects focus on creating healthy environments for people and are critical for population welfare. The scant literature in the field of public health describes findings that differ from those previously presented. Medlin et al. (2006) analyzed the factors that contributed to the development and implementation of cost-effective interventions in healthcare and emphasized the importance of strong leadership, effective management, realistic financing arrangements, country ownership, openness and receptivity to learning by doing, and constantly improving strategies and processes through the incorporation of new research findings. Another study (Tempfer & Nowak, 2011) examined organizational development in healthcare and identified the following success factors: adequate financing; collaborations; advanced project logistics; small-scale projects; and adequate internal and external communication.

Table 1: Groups of project success factors (Belassi & Tukel , 1996)

Project manager	- Ability to delegate authority - Ability to make choices - Ability to coordinate - Perception of their role and responsibilities- Commitment.
Organization	- Support from top management - Project organizational structure - Support from functional managers; - Project "champion".
Project	- Size and value - Uniqueness of project activities (versus standard activities) - Density of network design - Project life cycle - Urgency of results.
External environment	- Political context; - Economic context; - Social context; - Technological context; - Client; - Competition; - Sub-contracts.

Being a critical topic in project management and possessing unique characteristics for public health projects, it is widely recognized in public health that the quality of a project is determined by the relevance of the products or services created, the technical and methodological quality with which these products or services are produced, and the manner in which this process is managed. Thus, a model of success factors would be extremely beneficial [EU, 2011], identifying the factors that contribute to the development and implementation of successful disease prevention and health promotion projects. To begin, this knowledge can be used as a predictive and diagnostic tool, allowing for an objective and gradual (over time) assessment of the probability of project failure and thus assisting in its improvement. Secondly, developing a broad understanding of public health success factors enables the identification, control, and minimization of issues that increase the likelihood of going in the wrong direction and the strengthening of those that add value or increase the likelihood of succeeding. This adds value to the planning of projects, particularly in terms of identifying risks and opportunities. Thirdly, it may help define a link between project success factors and project success criteria. Additionally, it may aid in identifying significant relationships between project attributes and success, as well as providing project managers with pertinent information about success factors critical to the successful completion of the project or project phase.

Final Thoughts

Change management is a proactive approach that involves stakeholders in the decision-making process, including monitoring their concerns and empowering them to take action to alleviate them. Wells (2012) conducted a qualitative study to ascertain the benefits and support provided by project management methodologies (PMM) in the information technology and information systems industries. The study discovered that 47.9 percent of respondents viewed strict adherence to PMM as a barrier to project delivery. PMM, according to the project managers, focuses on management, compliance, and control, rather than guidance and support, when embarking on projects.

Change-initiating projects can create ambiguity. Project managers must feel at ease working in this environment. According to Hagen and Park (2013), project managers who successfully manage change in ambiguous environments demonstrate innovation, entrepreneurial traits, and adaptability. Similarly, improvisational approaches are advantageous when working on a change project (Leybourne, 2006). Due to the fact that the health sector is not a static environment, project planning within integrated healthcare planning requires improvisation due to the necessary management of stakeholder engagement. This study indicates that agile techniques may be a critical consideration for project teams to adopt, as nearly half of respondents advocated for their use. Agile methodologies received consideration due to their ability to adapt to fast-paced and volatile environments, particularly in the software industry. However, proponents of agile techniques argue that they are more appropriate as a people-centered approach when projects result in environmental adaptations (Syed-Abdullah et al., 2006). Additionally, agile has been a popular methodology due to the inherent flexibility it brings to projects (Christopher, 2000).

Conclusion

Government organizations have been impacted by the twenty-first century's economic constraints, which have resulted in downsizing, a lack of in-house expertise, and agency restructuring (Soni, 2004). This type of pressure has resulted in government actions such as integrations, mergers, downsizing, and closures. In the Canadian province of Ontario, healthcare integration has been widely accepted as a necessary process for improving patient care and addressing fiscal constraints. Change management has become a critical issue for healthcare organizations. During project management implementation, one cannot ignore the impact of change on the healthcare sector.

The field of project management has expanded beyond engineering, construction, and information systems since its inception (Kloppenborg & Opfer, 2000). Project management practices have been integrated into government organizations as a result of new hires from such vocations bringing their expertise and practices with them. Managing change in a healthcare setting presents unique challenges associated with managing projects that rely on stakeholder support.

Given the dynamic nature of the health sector, projects must be approached iteratively. Public health projects are fundamentally different from engineering or information technology projects. Public health is concerned with assessing and monitoring the health of communities and vulnerable populations in order to identify health problems and priorities, developing public policies to address identified local and national health problems and priorities, and ensuring that all populations have access to appropriate and cost-effective care, including disease prevention and promotion. Additional research is needed to advance our understanding of the factors that contribute to the success of public health projects and how to optimize them. It is believed that knowledge will be relevant and will contribute significantly to the theoretical and practical value of health public strategy planning and strategic and operational management of public health projects. We propose that as future work, we develop a model of success factors for public health projects.

Despite the sector's unique characteristics, its economic and social significance in global society, the significant investments made by health ministries worldwide in projects and programs that contribute to the National Health Plan, the funding opportunities available for cross-country initiatives, and the large number of private project-oriented organizations that operate.

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