

Assessment of Determinants of Managerial Competencies among Healthcare Managers in Healthcare Hospitals from their Perspectives at KSA

Hatim Saad Helal AlGhamdi¹, Shaker Wanis Alshammari², Abdulkarim sultan Alowayqil², Sultan Hamad Alawthah², Faraj Mohammad Alyami³, Meshari Mana Almansour³, Saud Owaid Aldhafeeri⁴, Afaf Murajjih Almutairi⁵, Ahmed Faihan Al-Otaibi⁶, Sumayyah Mohmmad Thani Bin Adam Alhawsah⁷, Salhah Yahya Alneami⁸

1Health Services Management Specialist, Al Baha Health Cluster - Al Jurashi Primary Health Care Center No. 1, Saudi Arabia.

2Health Administration, Ministry of Health Branch in Al-Jawf Region, Saudi Arabia.

3Health Administration, Khobash General Hospital, Saudi Arabia.

4Health Administration, King Khalid Hospital in Hafar Al-Batin, Saudi Arabia.

5Female medical secretary, Dental Center East Riyadh, Saudi Arabia.

6Health Services Management Specialist, Al-Dawadmi General Hospital, Saudi Arabia.

7Women health informatics technician, Medina Health Center - Hope and Mental Health Complex -Department of Community Psychiatry and Home Care, Saudi Arabia.

8Health informatics specialist, King Saud medical city, Saudi Arabia.

ABSTRACT

Background:

Competencies refer to an individual's knowledge, abilities, and behaviors that can contribute to an organization's competitiveness. Assessing managerial skills is crucial for continuously improving healthcare quality. The aim of this paper is to assess the abilities and importance of essential management skills at Makkah hospitals, Saudi Arabia.

Materials and Methods: A cross-sectional study was conducted at University Hospitals in Makkah, KSA. The survey included 219 clinical managers, representing a comprehensive sample. Data was obtained using a modified self-regulated questionnaire to measure clinical managers managerial skills. Data was utilized to rank importance.

Results: Most of the sample (55.2%) lacked managerial ability, particularly in staff management, planning and prioritization, issue resolution, and finance management, but demonstrated strong communication skills. The managerial domains with the least importance are planning and prioritization, financial management, and leadership, whereas communication and problem-solving are significant. Managerial experience and certification significantly impacted self-assessment of managerial ability among healthcare managers.

Conclusion: There is a significant capability gap among healthcare managers. Strengthening management skills can lead to better and more sustainable healthcare delivery. To address the skill gap, there is need for suitable and further training and development.

Key words: Manager, Competency, health care organization and Communication skills.

Introduction:

The Saudi government has recognized a scarcity of specialist healthcare staff, including healthcare managers. Nursing personnel in Saudi Arabia come from diverse educational backgrounds, which can affect the quality of care offered to the local population. [1]. Healthcare leadership has become more challenging as the healthcare system evolves and innovates [2]. Healthcare managers and administrators are exploring new techniques to transform care delivery in healthcare organizations [3]. Competent managers (Healthcare managers) are required to manage the complexity and complexities of healthcare. Over the last decade, healthcare institutions in the Kingdom of Saudi Arabia (KSA) have faced a serious scarcity of competent and skilled managers [1]. Several studies have found that managers are responsible for creating and sustaining safe and healthy work environments, which improve patient outcomes and satisfaction while lowering mortality rates in all healthcare companies [4, 5, 6, 7]. Furthermore, skilled Healthcare managers increase nurse

satisfaction and retention [5]. Competent managers must have strong communication skills, financial understanding, and emotional and cultural intelligence; nevertheless, opportunities to acquire these talents are restricted [8].

The World Health Organization (WHO) has emphasized the importance of assessing performance and competences in healthcare (2000). According to Milena et al. (2010), health organizations face a challenging climate that requires increased creativity and productivity to expand their services. Healthcare facilities are challenging to manage due to high patient demand, limited resources, political influences, the requirement for excellent care, accountability, and accessibility (Mosadeghrad 2014).

Managers in healthcare are accountable for ensuring the organization's objectives, mission, and vision are met. Health management requires certain managerial skills for healthcare delivery. Research in both developed and developing nations emphasizes the importance of managerial competences in improving service delivery efficiency and effectiveness. According to Pillay (2010), there is a significant management capacity gap in healthcare settings worldwide, particularly in developing countries. Health service managers are responsible for overseeing hundreds of employees, facilities, and equipment costing millions of dollars, as well as ensuring high-quality healthcare services (Mahon et al., 2006).

Healthcare companies' lack of formal education and succession planning for managers leads to unfavorable financial and patient care results [9, 10, 11, 12]. Managers are critical to any organization; their responsibilities are necessary, complicated, and usually demanding. Healthcare managers must be focused on balancing the requirements of patients, health care organizations, staff, physicians, and themselves. Healthcare managers require a distinct set of knowledge and abilities from those required for nursing practice, but few nurses have received the appropriate education or training to be managers.

Managers are responsible for four core functions, regardless of their location or role. The functions include planning, organizing, leading, and controlling. Jannati et al. (2017) define planning as determining organizational goals, organizing as coordinating human, information, and material resources, leading as encouraging others to achieve goals, and controlling as evaluating performance and tracking progress toward objectives. Effective and efficient management requires a diverse set of skills. Managerial competencies refer to an individual's knowledge, abilities, and behaviors that enable them to excel in various managerial roles and organizations. They can provide a competitive advantage for firms (Milena et al., 2010).

Developing managerial skills is crucial for improving healthcare quality, sharing best practices, and designing effective training programs (Pillay, 2010). Kalhor et al. (2016) suggest that there may be a capacity gap among health facility managers. Managerial ineptitude negatively impacts wellbeing, service delivery, healthcare system performance, and provider retention (Munyewende et al.). The management competency matrix includes practical and intellectual competencies such as communication, planning, leadership, prioritization, problem solving, performance evaluation, and teamwork (Filerman, 2003). According to Davies (2006), many countries struggle to adapt their healthcare systems to match changing standards of care and patient needs. Primary care managers have significant responsibilities, but there is no available competency assessment for them. Additionally, there is no clear evidence that they understand their roles and possess the necessary skills (Shamsudin and Chuttipattana 2012).

Aim of the study:

The purpose of this study was to assess the abilities of clinical health physician managers in the hospitals and rank the relevance of essential management skills in their current condition.

Study design: descriptive cross sectional research design was utilized to conduct this research

Setting :-It was conducted at Makkah city in seven governmental hospitals affiliated to the ministry of health, including four general hospitals and three specialist hospitals. These hospitals employ 219 clinical health managers who hold diplomas and bachelor's degrees in nursing science.

Tools :

Data was collected using the following two survey instruments:

The demographic questionnaire was used to collect information on clinical managers' gender, age, qualification, and years in present position.

II. Self-assessment and importance questionnaire: This self-regulated questionnaire assesses physician managerial competencies relevant to daily clinic management duties. It is based on the American College of Healthcare Executives' (2018) competencies assessment tool, current literature, and validated study tools (Milena et al., 2010; Munyewende et al., 2016). This test ranked fundamental managerial competencies and assessed medical managers' competency levels.

The tool features six subscales. They are as follows: Communication (seven items): Evaluates the manager's ability to listen, produce reports, exchange ideas, overcome communication barriers, and develop connections; Leadership and management (five items): evaluates the manager's vision, ability to consult with key personnel, motivation of staff, handling difficult patients, and infection risk reduction; Employee leadership (eight elements) focuses on human resources management, including absenteeism, task delegation, feedback, performance monitoring, and service training.; Finance management (nine items): evaluate managers' abilities to manage budgets in line with regulations, generate realistic budget estimates, assess program performance based on expenditure, and educate personnel on financial elements Strategy and Priority Setting (nine items): includes information management, task prioritization, identifying community health needs, assessing opportunities, threats, strengths, and weaknesses, creating a mission, vision, goals, and objectives, and developing action plans.

The problem-solving subscale (six items) assesses a manager's ability to monitor the work environment for potential risks to patients and staff, manage situations, and take remedial action when necessary. Managers responded to the questionnaire using a five-point Likert scale, with task priority ranging from 1 (very low importance) to 5 (extremely high importance) and managerial skills self-assessment ranging from 1 to 5. The main item questions (communication, leadership, staff management, financial management, planning and prioritization, problem-solving, and grand total) were totaled and categorized based on their medians (cutoff point) as high importance and high managerial skills. It or low, if less than it.

A pilot research with ten managers tested the questionnaire's clarity, relevancy, ease of understanding, and response speed. The reliability coefficients (Cronbach's alpha) of all questionnaires were found to be high, making them suitable for scientific purposes. The pilot study results were incorporated into the main results as there was no significant difference between the two.

During the study, each health care institution was visited once. At the managers' meeting, the researcher outlined the goal of the study and answered any concerns.

Statistical analysis:

Data was analyzed using SPSS version 26.0 for Windows. Qualitative data was evaluated using frequency and percentages, while quantitative data was analyzed using mean and standard deviation. We utilized the Student t-test and correlation to determine significance.

Results:

Table (1) Distribution of managers according their demographic characteristics, about half of academic them were in the age group of 30 to 40 years old. While, more than one-third (37.9%) of them were in the age group less than 30 years. The majority of mangers (93.6%) were female. Regarding years of experience 30.1% of healthcare provision had experience range from 5 to less than 10 years, while 10.0% had more than 20 years of experience.

Table (1): Distribution of the studied cases according to demographic data (n = 219)

Demographic characteristics		No.	%
Age	Less than 30	83	37.9
	From 30-40	109	49.8
	From 41 to 50	27	12.3
Sex	Male	14	6.4
	Female	205	93.6
Years of experience	Less than five years	66	30.1
	5 to less than 10 years	68	31.1
	10 to less than 20 years	63	28.8
	20 to more	22	10.0

Figure 1 demonstrated that In a self-evaluation of clinical health managers' managerial competency, 55.4 percent had low competency in employee leadership (53.1%), strategy and priority setting (58.7%), problem solving (56.6%), and finance management (54.46%). However, 58.5 percent had low communication skills. In terms of leadership, people with high and low competency levels were equally represented.

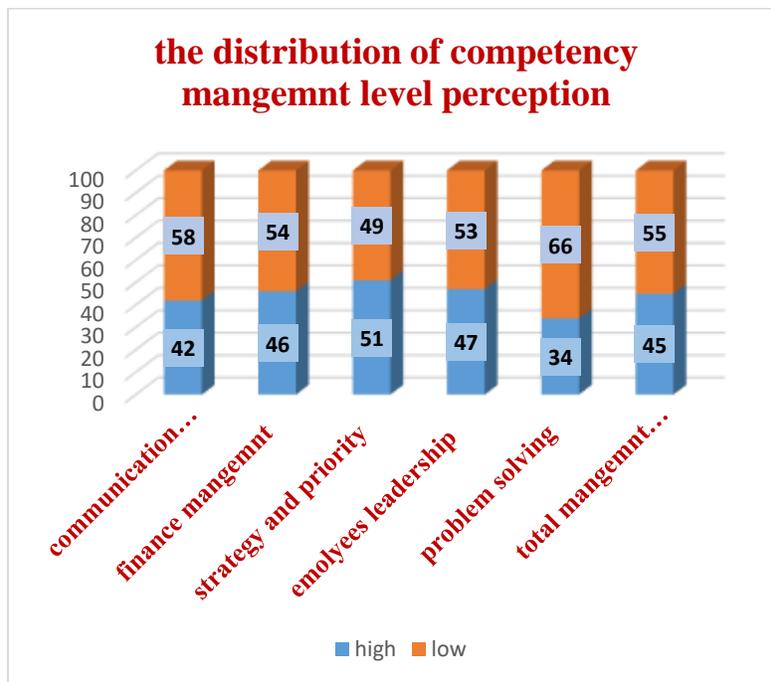


Figure 1

Managers perceived the relevance of competency skills. According to Fig 2, the majority of participants ranked planning and priority setting (38.0%), financial management (45.3%), and leadership (44.3%) as the least important managerial domains, while communication and problem-solving (66.6%, 60.9%) were the most important.



Figure 2

Table 2 shows that participants had high self-assessment of managerial competency (32.63 ± 4.9) for financial management, planning, and priority setting, but low self-assessment for leadership and problem solving (16.3 ± 3.7 and 19.4 ± 4.3 , respectively). Participants ranked planning and priority setting (30.9 ± 4.9) and financial management (29.15 ± 5) as the most important competencies, with a total perceived significance of 146.2 ± 23.1 .

Table 2 the mean and standard deviation of self assessment and importance of competenc management skills among clinical health mangers

Variables	Self assessment	Importance	Correlation
	Mean \pm SD	Mean \pm SD	R (pvalue)
Communication	20.8 \pm 4.6	21.9 \pm 4.7	0.8(0.00**)
Leadership	16.3 \pm 3.7	16.9 \pm 3.8	0.63 (0.00**)
Staff management	26.4 \pm 5.4	26.5 \pm 5.2	0.88 (0.00**)
Financial management	32.63 \pm 4.9	29.15 \pm 5	0.29 (0.04*)
Planning and priority setting	30.1 \pm 4.9	30.9 \pm 4.9	0.64(0.00**)
Problem-solving	19.4 \pm 4.3	20.8 \pm 3.2	0.7 0.00**
Total.	145.6 \pm 21.9	146.2 \pm 23	0.9 0.00**

A substantial positive association was found between the perceived relevance of all abilities and managers' self-assessment of their proficiency.

Table 3: Correlation matrix between self assessment and importance :

Variables	Importance
	R (pvalue)
Communication	0.8(0.00**)
Leadership	0.63 (0.00**)
Staff management	0.88 (0.00**)
Financial management	0.29 (0.04*)
Planning and priority setting	0.64(0.00**)
Problem-solving	0.7 0.00**
Total.	0.9 0.00**

Discussion :

The healthcare system should meet residents' evolving needs, be efficient, accessible, fair, and sustainable, and positively impact health outcomes. According to Pilav and Šaćić (2016), healthcare providers require managerial abilities and knowledge to navigate the complex healthcare system. Numerous research and statements from international organizations, including WHO, focus on the effectiveness of health managers' efforts. One of this institution's strategies,

"The new European policy for health—Health 2020," focuses on strengthening leadership within healthcare systems, particularly at the unit level, to improve the quality of services (16, 30, 34, 40). Health managers can collaborate with other institutions to enhance the efficacy of the healthcare system. This thesis is part of the official WHO document "Strengthening Public Health Capabilities and Services in Europe: A Framework for Action" [41].

Creating a suitable competency model, particularly for managerial skills, is challenging. When used in healthcare settings, there are considerable complications. One major challenge for managers is determining their intended career. This individual may work as a physician, nurse, or economist. Proponents of the latter argue that it is necessary to maintain successful operation, such as in contracting benefits, while also competing with private organizations. Proficiency in cost accounting is crucial when deciding on treatment alternatives for complex medical cases, highlighting the necessity of management skills and knowledge [42]. A deficit in managerial abilities was detected in both the current study (Fig 1) and Mosadeghrad's 2014 study on factors influencing health care service quality in Canada, suggesting that these deficiencies may be universal. According to Stefl (2008), effective communication is essential for health systems. Our study found that over 60% of participants rated communication as one of their most important managerial skills. Effective communication systems and employee interaction are crucial for organizational success (Wagner et al., 2015). Poor communication between managers and employees is a leading cause of job dissatisfaction (Kekana et al., 2007).

Health providers spend around 40 hours each week at work, necessitating ongoing communication skills (Mokoka et al., 2011). Regarding leadership. According to Chen (2018), most physicians take on leadership roles throughout their careers, although they are often neither trained or compensated for their efforts. Medical organizations recognize the need of "leadership" as a key ability, yet it is not typically taught or strengthened during medical training. Physician supervisors consistently rated their leadership qualities as low. Approximately half of physician managers lack leadership skills (Fig 1), and over 60% believe it is not necessary for managerial abilities (Fig 2). Previous research has identified this as a contributing factor to dysfunctional health systems in Africa (Oleribe et al., 2016). Several managers in the survey believed they lacked staff management skills (Fig 1), but considered it vital for managerial competence.

Munyewende et al. (2016) evaluated the skills of nursing managers at basic health care clinics in two South African regions. Unplanned absences and shortages of human resources might negatively impact the healthcare system (Kabene et al., 2006). According to Perry (2008), planning and prioritizing for healthcare managers involves lists of operations rather than coordinated processes with measurable results and performance monitoring. Insufficient emphasis has been given to planning and prioritizing skills in medical education and training, despite their importance in improving health systems and addressing gaps (Hendry and Walker 2004).

It is a skill. Our findings suggest that healthcare managers administrators require additional training in planning and prioritization, as over half are incompetent (fig 1) and view it as unimportant (fig 2). The study's findings align with previous research on healthcare managers and hospital management teams, which found competency gaps in planning and prioritization that negatively impact healthcare (kang et al., 2012). Managers reported unsupportive supervisors who disrupted their duties with unannounced clinic visits and unrealistic expectations and deadlines. Financial management in healthcare requires balancing cost-cutting, quality improvement, and personnel retention (safarani et al.).

Conclusion:

The current study looked at the administrative and leadership skills of healthcare managers in Makkah city hospitals. The survey showed that none of the healthcare managers were classified as competent in Makkah hospitals. Furthermore, there was no institutional committee, plan, policy, or formal criteria in Makkah hospitals for selecting and promoting nurses to first-line management roles. Finally, the current study discovered a deficit in managerial and leadership competencies

among healthcare managers for a variety of reasons, including non-managerial tasks, a shortage of staff nurses, a lack of healthcare managers training, education, and preparation, work overload, stress, burnout, verbal abuse, a lack of autonomy, a lack of development opportunities, a blaming culture, a lack of appreciation, unfairness, abuse of power, and a lack of compensation.

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