
LEADERSHIP SKILLS IN THE FIELD OF HEALTH MANAGEMENT

Nikola GeorgievFaculty of Public Health, Medical University - Sofia, Bulgaria, nrgeorgiev@abv.bg

Abstract: The requirements for the development of managers in the health care system are directly related to the ongoing reform in Bulgaria and the need to adopt new organizational values, requiring a new management style, skills and attitudes to work. Implementation of development programs of management competence in health care is something that the health reform cannot be implemented successfully without, no matter how good our doctors professionals are in their narrow specialties. Hence the problem - expertise in health management becomes a strategic task for managing resources, not just for their redistribution. The managers from middle and lower level need to prepare for their new roles of developing leaders and "agents of change" is becoming apparent. Leadership, according to the thesis of John Adair /which I maintain also/, is both a quality and the role that can be mastered. Critically important for the health manager is to combine guidance with leadership. Such skills are achieved primarily by education and learning through experience. The purpose of this study is to examine both the European practice in the implementation of competency-based approach for training managers and views of current health managers when building a competency profile of the effective manager and leader in healthcare. The study was carried out among 122 health managers from hospitals in Sofia. Following methods of research were used: critical analysis of scientific literature on the research problem; documentary method - national and European documents were examined, inquiry method - direct inquiry. Results: The most necessary areas for respondents developing relate to motivation skills, conflict resolution and team cohesion, communication skills, leadership skills. Based on the analysis the important leadership competencies in healthcare are identified, structured in six main groups. The set of competencies specified for a particular position and place in the organizational hierarchy, can be used as individual assessment / appraisal profile. Conclusion: Using the competency-based approach in training health care managers and in managing health is associated not only with the delivery of recommended competencies (respectively knowledge skills, expertise) that managers of all managerial and organizational level in the health system should possess, but also the need to introduce professional standards to assess these competencies. The establishment of effective system for managing health through competency-based approach implies: firstly, to define the necessary competencies for each level of organization and management, second, to derive guidelines for training in healthcare management through competency-based approach; third, to draw specific recommendations to stakeholders, in order to optimize their operations. Modeling the main aspects of the managerial competence in health management creates opportunities for systematic and focused design activities for the development of managers at different levels in the health system.

Keywords: leadership, skills, competency-based approach, healthcare management

INTRODUCTION

Effective management of modern hospitals is associated with the establishment of an orderly and efficient system of powers in connection with use of competency concept in practice. Requirements for health managers are directly related to the ongoing health care reform and the need to adopt a new type of organizational culture, a new management style, skills and attitudes to work. The current stage of development of the Bulgarian healthcare system requires finding the most appropriate model for developing and maintaining the necessary competencies for health leaders to achieve the main goals of health and develop an effective system for organizational development. Currently, most functions in human resources remain fragmented and often are a responsibility of clinicians who manage health facilities and who have little or no training for human resources management [3, 6, 11]. The progress in achieving the objectives of the strategy for development of the human potential depends not only on increasing resources, but also the competence of managers that run teams at all levels of the health system. In accordance with the Lisbon Strategy and Bologna Process the competency-based approach founded on so-called defined management responsibilities may be relative to processes and activities enhance skills of health managers. Managers need training and preparation to deal with these challenges [3, 4, 6, 7, 11]. More and more authors are trying to build models of managerial skills and roles, and determine the corresponding processes of learning and development. A noticeable trend is to integrate a functional approach based on competence and personal characteristics of the approach in practice [1, 2, 4, 5, 7, 8, 10].

MATERIAL AND METHODS

The main objective of this study was to examine the views of current health managers when building a competency profile of the effective manager and leader in healthcare in line with European practice for the introduction of professional standards of management and leadership.

To achieve the goal, the following methods of research were used: critical analysis and synthesis of scientific literature on the research problem; documentary method - national and European documents were examined, inquiry method - direct inquiry. Own questionnaires were prepared and implemented to identify the key managerial competencies in health for health managers at the operational and team level. Questionnaires were compiled on the basis of a screening questionnaire to assess the competencies and structure of questions concerning organizational behavior in the medical facility. In designing the questionnaire, the expert assistance of specialists from the health and management practice with considerable experience in the field of organizational behavior and human resource management is taken into account. Questionnaires are anonymous.

RESULTS

Based on a survey conducted among 122 healthcare managers from hospitals in Sofia were specified their key leadership and managerial competencies. The data obtained confirms the results of our previous survey among 220 health managers on a team and operational level and 730 health professionals from hospitals in the country [4, 5].

The structure of significant leadership skills in the field of health management, based on the analysis the leadership competencies in healthcare and European practice for the introduction of professional standards of management and leadership, includes six main groups:



Fig. 1. Structure of key leadership competencies in healthcare management

First group: Self-improvement and development of personal qualities and skills

- ☐ Manage personal resources; ☐ Self-control and mental stability / "mentality of a winner /; ☐ Awareness / image and a clear assessment of oneself/ and self- education; ☐ Ability to coordinate values; ☐ Integrity and Responsibility;
- ☐ Adaptability and coping in situations of tension; ☐ Application of personal strategies for coping with stress;
- ☐ Communication Skills and assertively behavior; ☐ Ability to lead people; ☐ Presence of specific professional knowledge and skills; ☐ Professional Development; ☐ Positive health behavior.

Second group: Personal organizational effectiveness

- ☐ Orientation to organizational results; ☐ Motivation for Training and Development; ☐ Orientation to others;
- ☐ Implement and contribute to organizational policy; ☐ Professional - role flexibility.

Third group: Leadership of others

- ☐ Effective communication; ☐ Develop effective working relationships with colleagues and subordinates;

□ Develop effective working relationships with clients and stakeholders countries; □ Skills and actions for affecting the others; □ Respect others and diversity management; □ Skills to hear (out); □ Targeting achievements through shared vision, values and objectives; □ Developing and managing teams; □ Style of interaction in the team; □ Concern for people; □ Effective partnership, Social Networking - building confidence and supportive relationships; □ Planning, selection and retention of suitable staff; □ Allocation and control the quality of teamwork; □ Support for developing and maintaining the effectiveness of team; □ Provide training opportunities for team members; □ Ensure the implementation of priorities in public health specific professional area specific; □ Help to finding solution to problems that concern their performance; □ Prevention and management of conflicts in team.

Fourth group: Leadership style action

□ Management of change and risk; □ Application of knowledge, experience and technology; □ Delegation of responsibilities; □ Monitoring of implementation; □ Supervision; □ Motivational behavior.

Fifth group: Leadership of achievements and change

□ Encourage innovation in the team, the ward; □ Encourage innovation in the professional area of responsibility; □ Developing a vision for their implementation; □ Ability and effort to develop and improve work; □ Ability to problem-solving and decision making; □ Implementation of change and overcoming resistance to change.

Sixth group: Achieving Results

□ Operational planning and project management; □ Develop and implement marketing plans for specific areas of responsibility; □ Solving problems in servicing patients and clients; □ Monitoring solving problems in servicing patients; □ Support for improvements in patient care; □ Develop and implement a client-centered health care; □ Manage the implementation and monitoring the subordinates' and patients' satisfaction; □ Improving organizational efficiency; □ Manage the quality of health services by implementing professional standards for the quality of the activities; □ Entrepreneurship.

The set of competencies specified for a particular position and place in the organizational hierarchy, can be used as individual assessment [1, 2, 5, 7, 8, 9]. For each position can be derived basic behavioral indicators for the degree of knowledge and its use in the activity, graded in levels of competence assessment:

"0" - competence under the requirements of their position /deficiency; "1" - extremely unsatisfactory; "2" - weak; "3" – satisfactory; "4" - good; "5" - very good; "6" – excellent; "7" - extremely.

The levels correspond to the essential, qualitative differences in the mastery of specific competence, which can be monitored and quantify evaluated to all the behavioral indicators included in the description of each competency.

Based on the made evaluations and on specific requirements and needs for development of managers from health organizations, modular training program development can be designed and give new meaning to academic bachelor and master programs in healthcare management. In their design as key areas it is appropriate to commit topics and issues aimed to develop core competencies identified as important by participants. It is reasonable to expect differences in requirements for the training needs of managers from different levels - strategic, operational and team management.

CONCLUSION

Model was created to develop leadership competence in health, in line with common standards bring out on the basis of the best practices that define requirements for competent performance of the work and the necessary personal skills for this specific subject of health care and its management. It provides a general framework for modeling the key managerial skills that are necessary to optimize for the training of managers to implement effective management of human resources in health organization.

The presented set of competencies is based on the need to introduction of professional standards of management and leadership in health care. Consistent with the specifics of health care as mission, objectives and priorities, it is derived on the basis of empirical data from own research and conducted a thorough analysis of scientific literature, practical experience and European / primarily the British Council / professional standards of management and leadership [9]. The model can be used as a general guide for the healthcare facilities. They need to be specified and evaluated according to their individual roles and specific activity.

REFERENCES

- [1] Adair, J., 2005. *How to Grow Leaders: The Seven Key Principles of Effective Leadership Development*, Kogan Page.

- [2] A v o l i o, B. 2004. Examining the Full Range of Leadership: Looking back to transform forward. In: D. Day, St. Zaccaro & S. Halpin. *Leader development for Transforming Organizations* Lawrence Erlbaum Associates Inc. , p.71 - 98.
- [3] Balkanska P. 2009. *Psychological approaches to health management*, Bulvest 2000, Sofia.
- [4] Balkanska, P., N. Georgiev, K. Popova. Modeling of the core management competencies in the process of training and development of healthcare managers, *Trakia journal of sciences*, ISSN 1312-1723, 2010.
- [5] Balkanska, P., N. Georgiev, Key Leadership Competencies in Healthcare. *Management and Education*, 2010, 6, 4, Burgas, 349 – 353.
- [6] Borisov, V. 2006. *Strategic Management*, Firmest, Sofia.
- [7] Cook, J., Hepworth, S., Wall, T. & Warr, P. 2004. *The Experience of Work: A Compendium and review of 249 Measures and their Use*. Academic Press Inc., London.
- [8] Dimitrov, P. 2007. Catalogue of competences, *Psihoblog*, Sofia.
- [9] Management Standards Centre National Occupational Standards for Management and Leadership. London. 2004-2008. www.management-standards.org.
- [10] Georgiev, N., Balkanska, P. Approaches to Increase the Health Manager's Competence to Resolve Conflicts. In: *International Journal Knowledge, Scientific Papers*, Vol. 19.4. Medicine and Natural Sciences, ISSN 2545 – 4439, 2017, p. p. 1379 – 1384.
- [11] Vodenicharov, C. 2010. *10 principle of medic and manager*, SIMELPRES, Sofia.