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ENHANCING HEALTHCARE THROUGH THE DEVELOPMENT OF MANAGERIAL COMPETENCIES OF THE HEALTHCARE LEADERS

Abstract. The study aims at diagnosing the managerial competencies of the medical managers as well as practical tools for their development in order to enhance healthcare in crisis and under unstable conditions. The authors suggest a methodical approach to form a profile of the managerial competencies of the heads of medical facilities, which is based on the use of the method of expert evaluations and provides for the three stages: preparatory (within which the scientific and methodological basis for analysis is formed), evaluatory (which involves diagnosis of the managerial competencies of the medical managers in the context of three groups: instrumental, interpersonal and systemic), and recommendatory (which provides practical tools for the development of the medical institution head's competencies in order to enhance healthcare in crisis and under unstable conditions). To form the basis of the study a questionnaire was created, which lists managerial competencies in terms of three groups: instrumental, interpersonal and systemic. The survey was conducted among the heads of medical institutions, their departments and the chief nurses of the healthcare institutions in Precarpathia. The article substantiates that nowadays it is not enough for a medical institution manager to have only a high level of knowledge on medicines, but also be aware of the elements of financial management, strategic planning and marketing, risk and conflict management, high-rate readiness for change and teamwork. The study of managerial competencies of the supervising physicians allowed to create profiles of the managerial competencies of the actual and future medical managers, to offer practical tools for their managerial competencies development, taking account of the need to work in crisis and under unpredictable conditions.

Keywords: medical care, heads of medical institutions, managerial competencies, instability.

JEL Classification M12, M14, I10

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ПОЛІПШЕННЯ МЕДИЧНОГО ОБСЛУГОВУВАННЯ ЧЕРЕЗ РОЗВИТОК УПРАВЛІНСЬКИХ КОМПЕТЕНЦІЙ МЕДИКІВ-КЕРІВНИКІВ

Анотація. Метою дослідження є діагностика управлінських компетенції медиків-керівників і розроблення інструментарію щодо їхнього розвитку задля поліпшення медичного обслуговування населення у кризових і нестабільних умовах. Запропоновано методичний підхід до формування профілю управлінських компетентностей керівників медичних закладів, що ґрунтується на використанні методу експертних оцінок і передбачає виокремлення трьох етапів: підготовчого, у межах якого формується науково-методична база для здійснення аналізу; оціночного, що передбачає діагностику управлінських компетенцій медиків-керівників у розрізі трьох груп: інструментальні, міжособистісні та системні; рекомендаційного, що передбачає розроблення практичних інструментів розвитку компетенцій керівників медичних закладів з метою поліпшення медичного обслуговування населення в нестабільних і кризових умовах. Для формування бази дослідження сформовано анкету для опитування, у якій наведено управлінські компетенції в розрізі трьох груп: інструментальні, міжособистісні та системні. Опитування здійснювалося серед керівників медичних закладів, їхніх відділів і головних медсестер закладів охорони здоров'я на Прикарпатті. Обґрунтовано, що в сучасних умовах керівникові медичного закладу не достатньо мати тільки високий рівень медичних знань, необхідним є також володіння елементами фінансового менеджменту, стратегічного планування і маркетингу, управління ризиками і конфліктами, мати високу готовність до змін та вміння працювати в команді. Дослідження управлінських компетенцій медиків-керівників дозволило побудувати профілі управлінських компетенцій наявного і майбутнього медика-керівника, запропонувати практичні інструменти розвитку їхніх управлінських компетенцій з урахуванням необхідності роботи у кризових і непередбачуваних умовах.

Ключові слова: медичне обслуговування населення, керівники медичних закладів, управлінські компетенції, нестабільність і непередбачуваність.

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Introduction. Today, the status of the Ukrainian health care system has the following characteristics: significant lag behind its European neighbors in such indicators as life expectancy and mortality; publicity and obsolescence with strict management and funding procedures. As a result, citizens do not want to use a health care system that does not meet their equitable healthcare needs and aspirations. Preservation of the current system of management, financing, staffing of the medical sector only leads to deteriorating public health, exacerbating the problem of inefficient use of financial resources, increasing inequality in access to health care for certain segments of the society,

further dissatisfaction with healthcare and public policy in general. Ukraine needs the effective functioning of legal, financial, economic, structural, managerial, organizational, information and communication institutions in order to achieve the best results for health, financial security in receiving medical care, prompt satisfaction of citizens' requirements and expectations and overall efficiency of the industry. Therefore, the «National Strategy for the Healthcare System Reform in Ukraine in the period 2015—2020», which is a part of the Sustainable Development Strategy «Ukraine — 2020», has been proposed [1].

Relying also on the research of Moskalenko V. [2], we can say that the effectiveness of healthcare workers is significantly manifested in the formation of the population health, which is the basis of socio-economic, scientific, cultural development of any society and is an important component of its social security.

Korolenko V., Yurochko T. [3] substantiated the ways to improve the state personnel policy in the field of healthcare in accordance with the European vector of Ukrainian development; Gryshnova O. and Brintseva O. [4] characterized tendencies, processes and asymmetries that accompany the gradual transformation of the national healthcare system. The need to increase the attention of scientists to study the role of management in the activities of health care institutions is justified in the analytical note of the National Institute for Strategic Studies [5].

One of the ways to reform the national healthcare system is to form an effective management of medical institutions. As indicated in the methodological recommendations of 2019 on the formation of a system of training of managers in the field of healthcare [6], «... the efficiency of the healthcare system is largely determined by its resources, primarily — personnel. This is due to the leading role of personnel in the medical field, their use of a significant part of the healthcare budget, the dependence of the quality and availability of medical care on the number, level of training and distribution of specialists and their management».

Considering the field of healthcare, we note that the implementation of medical reforms in Ukraine, focusing on the patient's needs, the need for heads of medical institutions to cooperate with all stakeholders, the need for a sustainable smart approach to healthcare, the urgent need to introduce new technologies and achievements in medicine, form new challenges for the heads of medical institutions, requires the formation of new managerial qualities and competencies. Nowadays, it is not enough for the head of the healthcare institution to have only an excellent knowledge of medicine, it is necessary to have some skills in financial management, strategic planning and marketing, risk and conflict management, to have a high readiness for change. We believe that the development of managerial competencies of the heads of medical institutions will ensure more effective management of the healthcare facilities, which provides for one of the most important components of social security — the health of an individual — community — society.

Until recently, there has been no specialized training for healthcare professionals in Ukraine delivered, as medical education was considered sufficient for managerial practices. However, today, as mentioned above, there is an urgent need for qualified managers in medical institutions. Therefore, in order to fulfill the goals of reform in the second, most relevant, in our opinion, direction, the Ministry of Health of Ukraine amended the Handbook of Qualification Characteristics of Occupations [7], which provides for such management positions in the healthcare institution as the general director and his deputy, and also the established qualification requirements to these categories. Thus, at the regulatory level, the issue of division of managerial and medical functions is regulated and the need to guide the process of providing medical care by professional managers is recognized.

Based on the research of the Ukrainian Institute for Strategic Studies of the Ministry of Health of Ukraine [6], it can be argued that under the current conditions of reforming the medical sector of Ukraine, the heads of healthcare institutions, their structural units, departments, perform a number of managerial functions.

According to PeopleFluent, the need for leadership positions in terms of healthcare in 2016 and 2026 will increase by 20 %, which is clearly a challenge for the health recruiters and heads of educational institutions in healthcare organizations. Successful healthcare managers need clinical

skills, business competencies, and interpersonal or soft skills to drive their organizations to success. For example, George Washington University reduces the list of core skills to three: facilitating change, focusing on lower management, and conflict management. Becker's Hospital Review points to listening skills, vision formation, integration skills, empathy, and optimism as core skills of healthcare leaders [8].

Taking into account the experience of foreign countries, and the defined changes in the personnel policy of the medical industry of Ukraine, the changes caused by the COVID-19 pandemic, we believe that all the above-mentioned will provide for updating the study of effective functioning of healthcare facilities in Ukraine through the development of new management competencies, knowledge, skills, abilities and motivation of the heads of medical institutions.

Literature review. On the whole, within the framework of recent research in the field of management there were the following four groups of a modern manager competencies identified: instrumental, interpersonal, systemic and special ones aimed at acquiring and developing the skills, needed by future professionals [9]. Deepening the scientific achievements analysis, the experience of foreign countries on the formation of competencies and leadership qualities of the heads of medical institutions has been considered. Kvas A., Seljak J., Stare J. believe that the effectiveness of the healthcare system depends to a large extent on appropriate leadership and personnel management. In their research, the authors used a new approach in human resource management, such as the study of competencies and competency models. This allowed them to develop a competency model for managers in nursing and compare it with the management competency model for public administration. In the proposed model of competence the authors identified general competencies (flexibility, creativity, leadership, organizational climate, organizational skills, teamwork skills, self-awareness and influence skills) and three groups of competencies that are special (considered characteristics of nursing leaders): ethical/unethical behaviour (priority is not given to relatives, acquaintances, nursing regulations violated are reported, patient confidentiality is protected, the patient is informed about medical activities); interprofessional relationships with physicians that indicate a proper understanding of the position of nurses in the healthcare system and their relationship with physicians (cooperation and communication with doctors on equal terms, knowledge of nursing and the role of nurses in the healthcare system, responsibility for the field of nursing in the healthcare team); attitude of nursing leaders to the education of their subordinates as well as their own education (knowledge of management and economics/business, ability to communicate in foreign languages, knowledge of working with new technologies, knowledge of quality standards, encouraging colleagues to study) [10].

The World Health Consortium's [11] research resulted in the following healthcare managers' competencies: leadership, communication and relationships, professional and social responsibility, health and healthcare setting, business. The Global Handbook of Healthcare Management Competencies enlists similar blocks of competencies [12]. Mary E. Stefl, examining the actions of the Healthcare Leadership Alliance (HLA) the HLA Competency Directory, its applicability and relevance to practices and academia, agrees with the findings of the HLA on the necessary competencies of healthcare managers [13]. In particular, using the research and experience of individual personality assessment processes, the HLA identified five areas of competence common to all practicing healthcare managers: communication and relationship management, professionalism, leadership, knowledge of the healthcare system; business skills and knowledge [14]. McKenna, Gartland and Pugno, using the data from the computer-administered survey, examined the perceptions of 110 physician supervisors, physician educators, and medical students as to which competences are important for an effective physician guidance, and what activities and methods are effective for the development of competencies of the head doctor. The results showed that «interpersonal and communication skills» as well as «professional ethics and social responsibility» are perceived as the most significant competencies for an effective physician guidance. In addition, the respondents believe that «influencing peers to adopt new approaches in medicine» and «administrative responsibility in the organization of the healthcare» are the ones that are the most indicative of effective management of the doctor. Finally, the respondents perceive

«coaching or mentoring by an experienced manager» and «work experience (e.g. leadership position)» as the most effective methods of developing a doctor's leadership competencies [15].

Given the fact that to date in Ukraine there has been actually no medical managers training delivered, with the heads of educational institutions and their departments perform a number of managerial functions, it is necessary, firstly, to assess the level of management competencies of the current heads of healthcare institutions; secondly, to suggest ways for managers to develop the necessary competencies that will allow them to successfully manage health facilities or their units, especially in the context of pandemic and high instability.

Therefore, in this study we aim to determine the actual and desirable profile of managerial competencies of the head of a medical institution, identify the actual level of their management competencies and give recommendations for their enhancement to improve healthcare services in Ukraine in crisis and under unstable conditions.

Summarizing foreign experience in the formation of competencies of healthcare institution heads, and taking account of the qualification requirements in Ukraine, we will form the author's version of the profile of a Ukrainian medical manager in accordance with the current situation, which consists of three groups of competencies: 1. Instrumental competencies, 2. Interpersonal competencies, 3. System competencies.

Methodology. The authors propose a methodical approach to the formation of the profile of managerial competencies of the heads of medical institutions, which is based on the use of the method of expert assessment and provides for outlining the three stages: preparatory, assessment and recommendation (*Fig.*).

Thus, the procedure of forming a portrait of the head of a healthcare institution provides for defining the three stages: preparatory, within which the scientific and methodological basis for the analysis is formed; assessment-analytical study of the actual and desirable level of mastery of a set of components within each management competence; recommendation — development of practical recommendations and tools to bring the actual professional portrait of the leader to the desirable, which in a pandemic, instability and uncertainty will improve the work of healthcare facilities as well as the quality of the medical services provided to the population of Ukraine.

To form the basis of the study, the authors created a questionnaire for the survey, which lists managerial competencies in terms of three groups: instrumental, interpersonal and systemic competencies. In particular, the information was collected by means of an indirect survey (questionnaire) of the respondents through the registration of their answers to the formulated questions in a pre-formulated questionnaire (questionnaire) in Google-forms.

The survey was conducted among the heads of medical institutions, their departments and chief nurses of healthcare institutions in Precarpathia. The respondents were asked to assess the actual and desirable levels of management skills, considering a scale from 0 to 5. The following groups of the heads of various levels of management of medical treatment and prevention institutions took part in the expert survey:

- multidisciplinary hospitals and their structural subdivisions (Ivano-Frankivsk City Clinical Hospital, University Clinic of Ivano-Frankivsk National State Medical University, Nadvirna CDH, Precarpathian Clinical Oncology Center of Ivano-Frankivsk Regional Council);
- outpatient clinics: dental clinics, primary healthcare centers of OTG of Ivano-Frankivsk region, namely Uhrynivska OTG, Yamnytsya OTG and Tlumach primary care center, pediatric departments of the City Children's Clinical Hospital;
- blood transfusion facilities, ambulance and emergency care stations (Ivano-Frankivsk regional blood transfusion station, Ivano-Frankivsk ambulance station).

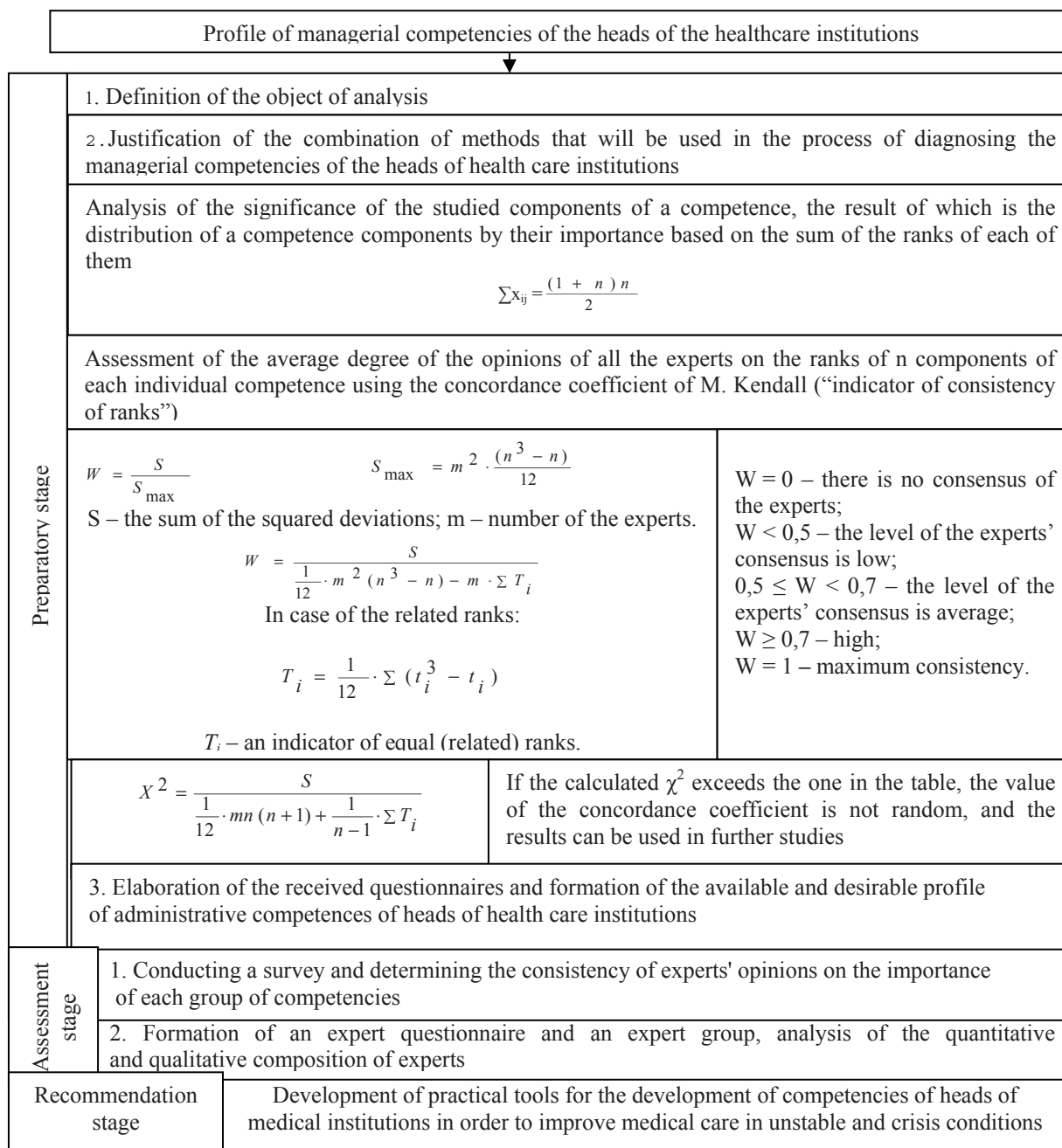


Fig. Methodical approach to the formation of the profile of managerial competencies of the heads of the medical institutions

Source: generated by the authors.

Table 1 provides response rate by group sampling. A total of 50 questionnaires were sent out, 32 of which were returned and filled in correctly. Analyzing the feedback, we see that only 72 % of the previously sent questionnaires were received, which corresponds to 36 completed questionnaires, but only 32 correctly completed questionnaires were taken into account, the share of which is 64 %.

Table 1

Response Rate by Group Sampling

Respondents	Number of people	Percentage ratio
Total distributed, of which:	50	100
- correctly filled	32	64.00
- filled with inaccuracies	4	8.00
- not returned	14	28.00
Correctly filled, including	32	100
Multidisciplinary hospitals, of which	13	40.63
- heads of hospitals	2	6.25
- heads of hospitals structural subdivisions	11	34.38
Outpatient clinics, of which	14	43.75
- heads of dental clinics	6	18.75
- heads of primary healthcare centers	3	9.38
- heads of pediatric departments	5	15.63
Blood transfusion facilities, ambulance and emergency medical care stations, of which	5	15.63
- head of the blood transfusion station	1	3.13
- head of the ambulance station	1	3.13
- heads of the structural subdivisions	3	9.38

As you can see, among the respondents 40.63% are heads of multidisciplinary hospitals, of which 6.25 % are heads of hospitals; 43.75 % — heads of outpatient clinics, including 18.75 % — heads of dental clinics, 9.38 % — primary healthcare centers, 15.63 % — pediatric departments; 15.63 % — heads of blood transfusion facilities, ambulance and emergency care stations.

Results. The analysis of the qualitative composition of the respondents, *Table 2*, shows that the average age of the heads of the healthcare facilities/structural units is 40; women predominate — almost twice the number of men; experience in a managerial position — 7 years. All of the interviewed managers have only medical education, which is a confirmation that until recently in Ukraine there has been no specialized training of managers for healthcare facilities, as it was considered that the availability of medical education is quite sufficient for managerial practices.

Table 2

Characteristics of the Sample

Respondents	Number of persons	Educa-tion	Internship in management position, years	Gender, persons (%)	Average age, years
Total persons, including	32	Medical	7.2	10 men (31.25%) 22 women (68.75%)	40.5
Multidisciplinary hospitals, of which	13		4.2	3 men (9.38%) 10 women (31.25%)	36.9
- heads of hospitals	2				
- heads of hospital structural subdivisions	11				
Outpatient clinics, of which	14		10.0	6 men (18.75%) 8 women (25%)	44.1
- heads of dental clinics	6				
- heads of primary health care centers	3				
- heads of pediatric departments	5				
Blood transfusion facilities, ambulance and emergency medical care stations, of which	5	7.4	1 men (3.13%) 4 women (12.5%)	40	
- head of the blood transfusion station	1				
- head of the ambulance station	1				
- heads of structural subdivisions	3				

Processing the received survey data allowed to reveal the level of agreement of experts' opinions (*Table 3*).

Table 3

Indicators of the consistency of the experts’ opinions on the desirable competencies

Competence	Kendall concordance coefficient		Pearson’s agreement criterion	
	value	degree of the experts’ agreement	actual	tabular
1. The need for instrumental competence	0.71	high	47.86	14.06714
2. The need for interpersonal competence	0.85	high	90.57	22.36203
3. The need for systemic competence	0.72	high	94.49	23.68479

As you can see, Kendel’s concordance coefficient for all three groups of desirable competencies is high, and the actual value of the Pearson agreement criterion exceeds the tabular one, which indicates that the results are not random, so they can be used in a further research.

We processed the obtained results and offered professional portraits of the current and a future manager of the medical institution (Table 4).

Table 4

Actual and desirable profile of managerial competencies of the heads of healthcare institutions

Group	List of components within the integrated competencies framework	
	Actual competencies	Desirable competencies
1. Instrumental competencies	awareness of the management general principles	awareness of the management general principles
	financial management skills	financial management skills**
	awareness of organizational systems and their management	awareness of organizational systems and their management
	strategical planning and marketing	strategical planning and marketing**
	information management	information management**
	risk management	risk management**
	quality management	quality management**
	supply chain management	supply chain management**
2. Interpersonal competencies	ability to engage effective interpersonal communications*	ability to engage effective interpersonal communications**
	ability to communicate with stakeholders	ability to communicate with stakeholders**
	involvement of employees in decision-making*	involvement of employees in decision-making**
	ability to listen to employees’ opinions*	ability to listen to employee’s opinions**
	assessment and value of employees’ contribution to the development of the institution*	assessment and value of employees’ contribution to the development of the institution**
	employees supported and turnover reduced*	employees supported and turnover reduced**
	self-control and self-awareness*	self-control and self-awareness**
	orientation in a stressful environment	orientation in a stressful environment
	giving employees an opportunity to take care of themselves, and providing support*	giving employees an opportunity to take care of themselves, and providing support**
	ability to make risky decisions*	ability to make risky decisions **
	promotion of employees’ professional development and the career path*	promotion of employees’ professional development and the career path**
	creation of corporate values*	creation of corporate values **
	self-improvement*	self-improvement **
promoting nonstop employee training*	promoting nonstop employee training **	

Table 4 (continued)

Group	List of components within the integrated competencies framework	
	Actual competencies	Desirable competencies
3. System competencies	ability to set goals and objectives	ability to set goals and objectives**
	ability to adhere to ethical and professional standards	ability to adhere to ethical and professional standards**
	personal and professional responsibility and reporting*	personal and professional responsibility and reporting **
	professional development and lifelong learning*	professional development and lifelong learning**
	contribution to the profession	contribution to the profession**
	ethical behavior and social consciousness*	ethical behavior and social consciousness **
	knowledge of the healthcare system and organization*	knowledge of the healthcare system and organization**
	organization, analysis and control of the public health system	organization, analysis and control of the public health system**
	speed and flexibility of decision making	speed and flexibility of decision making**
	awareness of technological advances in diagnosis and treatment	awareness of technological advances in diagnosis and treatment**
	awareness of regulatory requirements and assistance in their improvement	awareness of regulatory requirements and assistance in their improvement**
	cooperation and integration of medical care networks	cooperation and integration of medical care networks
	being aware and informed	being aware and informed**
	ability to rationally organize the workflow	ability to rationally organize the workflow**
	ensuring the orientation of the healthcare system on the patient (person, family) on the basis of a partnership	ensuring the orientation of the healthcare system on the patient (person, family) on the basis of a partnership

* the competencies possessed by the heads of medical institutions that are sufficient to carry out effective management;

** the competencies which, in the opinion of the respondents, should be demonstrated by the heads of medical institutions.

Source: Developed by the authors on the results of the survey.

Since the authors found out that the medical managers lack a sufficient majority of the desirable competencies, we offer the following ways and tools for their development (Table 5).

Table 5

Ways and tools for the competencies development by the heads of medical institutions

Group of competencies	Ways of development
1. Instrumental competencies	Trainings, refresher courses, creating a mind map to visualize the mental process; enhancing the ability to filter information through mastering time management tools; mentoring and facilitating.
2. Interpersonal competencies	Mastering the art of small talk, watching educational videos, participating in conferences and symposia, organizing meet-ups, workshops, networking, creating one's own brand, observation development, enhancing trust in relationships with colleagues; conducting intellectual games for the team; establishing team traditions, institution symbols, history; enhancing the employees' moral values and harmonizing them with the general corporate values; organizing joint leisure for employees; participating in charity projects, employing people with disabilities, introducing facilitation tools; developing and maintaining favourable climate in the team; resolving conflicts.
3. System competencies	Modeling critical situations; creating mind maps as ways to visualize the mental process; typical situations analysis and searching for alternatives; participation in discussions; adherence to the ethics of cooperation in the team; certification of the job environment and employees; encouraging the employees' learning; reducing the intensity of the workload; setting up distance work and free work schedule; developing social and compensation packages for the employees and their families; trainings and educational courses on the system, methods and ways of rational healthcare organization.

Conclusion. As we can see, the worst situation today is with instrumental management competencies, none of which are sufficiently possessed by the physicians-managers, but almost all of them consider it necessary for effective management. In particular, national medical executives need training and retraining in financial management, strategic planning and marketing, information, risk and quality management, supply chain management. The situation with interpersonal competencies is the best. All but the ability to connect with stakeholders are well-possessed by medical executives. The respondents also believe that all the interpersonal competencies proposed by the authors should be possessed by the heads of medical institutions.

Regarding systemic competencies, only 5 of 15 proposed ones are actually at a high level of mastery, namely: personal and professional responsibility and accountability, ethical behavior and social consciousness, knowledge of the health care system and its organization, speed and flexibility of adoption of solutions, professional development and lifelong learning. The respondents did not pay attention only to ensuring the orientation of the healthcare system on the patient (individual, family) on the basis of partnerships and the ability to cooperate with healthcare networks. All other systemic competencies are considered necessary for the effective management of healthcare facilities.

Thus, the results of the research indicate an insufficient level of the national physicians-managers' system competencies, practical lack of experience and ability to manage certain functional areas, whereas their personal competencies are of high level. All these testify to the need to train the heads of medical institutions in the elements of financial management, risk management, mastery of strategic planning tools, the ability to communicate with stakeholders, learning the skills of rational organization of the work process, improving communication and information systems, etc.

Література

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