COMPETENCE OF DOCTORS IN HOSPITAL MANAGEMENT

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Abstract: This publication provides an analysis of the true state of competence of doctors who have been recruited as hospital department managers. The role of ordinator is a position traditionally filled by medical practitioners. In analyzing the competences vested in this group, the author took into account two components, namely knowledge and interpersonal skills. These are traits that can be improved, in terms of both personality and professional skills, however improvement of psychological traits is difficult, since it is economically unprofitable. Experience is gained only in the performance of managerial functions. Medical practitioners who did not hold and did not perform any executive functions in hospitals were analyzed. The author's intention was to examine whether doctors have the characteristics corresponding to the management of medical organizations. For this purpose, the researcher conducted additional research in a group of health care managers with at least 10 years of experience in managerial positions, and education in economics.

Key words: Managerial Knowledge, interpersonal skills, Hospital, Doctor, management professionals, Manager.

1 Introduction

In order to identify and detail the components of competence, the author analyzed both Polish and foreign literature, in particular French and English language. A various different definitions of competence are pointed out in literature. However, the most prevalent is a concept according to which is the power of a collection of the following employee characteristics: knowledge of specific subject matter and the ability to use their knowledge and attitudes in an appropriate way for the benefit of the organization[1].

Another approach to ability is illustrated by T. Oleksyn, who believes that it is a combination of knowledge, skills, experience, attitudes and behaviours, and other characteristics important for mental and physical labour, employee willingness to act in the circumstances, and the ability to adapt to change, along with formal features of possibilities for action and decision-making related to work[2]. Professional knowledge is a competence component, the acquisition of which can be improved[3].

Boyatzis R. perceived competence as a set of individual characteristics that belong to such diverse areas as ability, motives, personality traits, abilities and self-image and their social role or a set of acquired knowledge[4].

According to C. Levy-Leboyer[5] competence concerns the integrated utilization of abilities and personality traits, along with acquisition of knowledge and skills, to bring about the successful implementation of a complex mission within an enterprise.

D. Thierry and others cite the powers of general knowledge, experience, attitudes and employee readiness to act in the circumstances. It is also the ability to adapt to changing conditions[6].

K. Symela proposes treating competence as the ability to perform certain professional tasks, the authority to act, decide, express judgments and evaluations necessary for staff to carry out their professional functions and roles in line with agreed performance criteria or standards of product, service or a major decision[7].

An important determinant of desirable characteristics defining the manager is the organization and the external environment. However, a simplified model of a professional manager can be adopted with the following features: communicative, results-oriented, ability to work in a team, leadership skills, planning and organization, business awareness, along with the ability to adapt to the changing environment and stimulate the development of other people, and the ability to solve problems and conflicts and cope with stress[8].

The study was preceded by the creation of an expert panel of researchers and doctor-managers. The group was comprised of three professors, two associate professors, five doctors of the disciplines of management science and psychology, as well as three medical directors with many years professional experience. Thus, an expert panel was created (Delphi method), the members of which, based on their expertise and experience, have developed a set of ranges of managerial knowledge and skills of interpersonal traits, which are useful and desirable as a health care manager. Based on analysis of literature and using the Delphi method, a theoretical model of managerial knowledge and interpersonal skills that are important for optimal functioning in a managerial position was constructed. It is important to note that the basic scope of medical training is based on the acquisition of medical knowledge required to prepare for the provision of medical services, and not to exercise managerial functions.

Managerial expertise is one of the basic elements of a decision support system in an organization. In the case of hospitals, the situation is more complicated than in other companies. This is due to the specific nature of the organization in which representatives of the doctors function, with staff mainly at the medium level of the organizational structure. A not uncommon scene is that of the appointment of a medically qualified person to the position of Managing Director. Of course, the Medical Director position is always a representative of the "white staff."

Of course, some of the interpersonal skills of managers assigned to a position of health care management are also demonstrated when working as doctors. This is particularly evident when dealing with patients, colleagues or superiors. Doctors do not have a great number of opportunities to hone managerial skills because medical studies provide only two items on the issues of sociological and psychological work in the medical profession.

Managerial knowledge can be divided into the following areas: communication with patients, ability to resolve conflicts, communication with superiors or subordinates, ability to deal with stress and difficult situations, ability to negotiate, quality of treatment, communication with colleagues, development of internal hospital relationships (horizontal and vertical), knowledge of legislative changes relating to the health sector, employee management, remuneration system, service processes, including the availability of services and waiting time for service, external image of the hospital, ability to use internal computer programs, settlement with the National Health Fund, ability to bring about change in the organization, employee motivation, knowledge of the principles of mentoring and coaching (partnership relationship between mentors and learners, supporting subordinates for success), control of income and

[1] See: M. Kossowska, I. Sołtysińska, *Szkolenie pracowników, a rozwój organizacji*, Oficyna Ekonomiczna, Kraków 2002, s. 30-35.
[2] See: T. Oleksyn, *Zarządzanie potencjałem pracy w organizacjach różnej wielkości* [w:] A. Ludwiczyński, K. Stobiński (red.), *Zarządzanie strategiczne kapitałem ludzkim*, Poltext, Warszawa 2001, s. 20-23.
[3] See: M. Kęsy, *Kompetencje zawodowe młodych. Możliwości szkolnictwa zawodowego a potrzeby pracodawców*, Wydawnictwo Uniwersytetu Jagiellońskiego, Kraków 2008, s. 16-17.
[4] R. E. Boyatzis (1982) *The Competent Manager: A Model for Effective Performance*, New York, Wyd. John Wiley and Sons, s. 12.
[5] C. Levy-Leboyer (1997) *Kierowanie kompetencjami: bilanse doświadczeń zawodowych*, Wyd. Poltext, Warszawa, s. 19.
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[8] See: T. Oleksyn, *Zarządzanie kompetencjami. Teoria i praktyka*, Wydawnictwo Oficyny Ekonomicznej, Kraków 2006, s. 17-38.

expenditure, time management expectations for the provision of health, supervision of entrusted property (eg, medical equipment), knowledge of workflow procedures, employee evaluation, security of personal data processing, development of training, budgeting, planning of infrastructure investment (in medical equipment or real estate), promotion and dismissal and recruitment.

The author has classified them into 7 groups or areas of expertise: Psychology of management, Change Management, Marketing and Quality, Financial Management, Information Management, Supervision of infrastructure and Human Resources Management. In turn, the field of interpersonal skills includes 14 major characteristics. These are: resistance to stress, responsibility, orderliness, communication, accuracy, constant willingness to learn, openness, empathy, perseverance, creativity, assertiveness, optimism, flexibility and leadership skills.

2 The employment structure of medical staff

The vast majority of hospitals are organized in a traditional fashion, based on a vertical management structure, in which there are three levels of management. The main organizational units are based on the division of the organization and can be seen as branches, which may be a hospital department, laboratory or clinic. They are based on the unit's net employment, creating cells of focused professionals with the same or similar qualifications, with putting an ordinator or department manager at their head.

The organizational structure of a typical hospital can be divided into three key groups of employees. First of all administrative staff *(at all levels of management and administration of the hospital)*. Secondly, health professionals, which include: doctors, nurses and midwives *(representing various professions, however, due to the fact that perform a similar function and tasks of the organization, they fall into one professional group)*[9], laboratory diagnosticians, pharmacists, physiotherapists and physical rehabilitation specialists, paramedics and medical technicians and persons practicing other paramedical professions. The third group comprises of technical, support and service staff.

Health professionals, especially doctors and nurses, are most strongly represented in the commercial medical treatment entities (previously non-public health care), where they account for almost 90% of personnel. In the hospitals surveyed, medical representatives account for 50-60% of employment. Through this, their position in the organization is certainly dominant, aided by the fact that in both groups of professional employees, individuals are strongly related to each other by the formation of so-called "mutual support groups" or "interest groups"[10].

The results of the previously discussed problems have a significant effect on the functioning of hospitals. Therefore, in considering promotions, the impact of the representatives of professional groups in the hospital should be taken into account, not only in respect of their size, but also the impact on and creation of the immediate environment. This condition is satisfied by doctors, who, after nurses, are the largest group employed in hospitals, and have the greatest impact on the working environment, as a result of which they enjoy esteem in society.

The positive effect of such relationships is to strengthen the working relationships, increase job satisfaction, a sense of the importance of work and participation in the organization. Negative results may include antagonized relationships, negative stereotypes being produced as a result of the struggle for divergent interests, the influence of perceived or non-existent relationships, as well as the desire to control different financial issues. In the outlined environment, organizational and relational representatives of a group of medical personnel function in management positions. Thus, every manager of a group within medical and nursing care must show great resources of knowledge and managerial skills in order to organize and manage employees, and for the pursuit of tasks by specific individuals or cells.

3 Research methodology

Before conducting any research, regardless of the primary or secondary nature of the source, studies should be conducted on the basis of the available literature and knowledge of the subject in order to build a research hypothesis to be tested. In this paper, the research hypothesis was formulated as follows: *What is the difference between the skills possessed by physicians and health care managers?* The effect of the formulation of such a research question as the main goal was the need to diagnose the cognitive knowledge and interpersonal skills by doctors and managers.

The field of research is determined on this basis. In this case, the level of demand for management of competence. The subject of the study are doctors and managers. Then, the researcher described the research group, for which the research sample was restricted to six hospitals. Each analysis consisted of 20% of employees belonging to the groups of medical and health care managers respectively.In total, the sample was 120 employees from selected locations. A detailed breakdown is shown in Table 1.

Table 1. Size of research groups

Numer of Hospital	Size of Doctors group	Size of high and medium level of Managers group	Size of research sample		
			Doctors	Managers	Total
Hospital A	95	15	19	3	22
Hospital B	80	12	16	3	18
Hospital C	77	12	15	2	17
Hospital D	70	10	14	2	16
Hospital E	85	13	17	3	20
Hospital F	74	12	15	2	17
Total	481	74	106	15	122

Source: Own work on the basis of empirical research.

Difficulties in implementing research in hospitals, due to limited access to employees, as well as a notable dislike and distrust of medical personnel in relation to research, required the careful selection of research methods and tools. In order to study indirectly, without the direct participation of the researcher, a questionnaire was selected as the best tool for the purpose, using the survey method[11]. The time range of the medical research covers a period of four months from February to May 2012. However, directors were examined later. This phase of the research was carried out for two months in the same medical establishements from October to November 2012.

Of the 121 surveyed doctors and managers, the questionnaire was returned by 63 physicians and 10 managers. In total, the researcher achieved return of 60.3% for the entire study sample. Among physicians, 59.4% completed the survey, whereas 66.7% of the managers responded positively to the test and returned the questionnaire. The high rate of return from the group of managers was the result of the researcher being known in the hospitals because of a previously conducted research project.

In this section, the researcher checked the correctness of the returned surveys. Due to the simple language and the small number of questions (the questionnaire consisted of two pages), there were no rejected or unsuccessful results. All the surveys

[9] The same position is represented by the legislation in the Act dated. 15.04.2011 on the therapeutic activity (Dz.U.11.112.654 as amended.) Article 2 paragraph 2 pt. 3 states that for the purposes of the law, a midwife should be understood as a nurse.

[10] See: M. Kęsy, *Diagnoza procesu komunikacyjnego oraz propozycja restrukturyzacji w Hospitalach na podstawie badań własnych* [w:] Kapitał ludzki oraz informatyczne systemy wsparcia w procesie zarządzania przedsiębiorstwem, A. Antonowicz (red.), Wydawnictwo Wydziału Zarządzania Uniwersytetu Gdańskiego, Sopot 2011, s. 144-150.

[11] See: G. A. Churchill, *Badania marketingowe. Podstawy metodologiczne*, Wydawnictwo Naukowe PWN, Warszawa 2002, s. 350-391.

were included in the further analysis. Analysis of the test was preceded by the use of coded results (numeric entry) and their entry into a spreadsheet. Statistical analysis of empirical research was conducted using formulas based on the results.Then, a graphical analysis of the primary data was prepared, as presented in subsequent parts of the publication. The researcher decided against the next steps, involving the validation of the original data by repeating the research to seek inconsistencies and conducting quantitative research. This should be carried out in the form of Delphi qualitative research methods. However, due to organizational and economic impossibility, it was abandoned this stage of research.

4 State of managerial knowledge of doctors and health care managers

On the basis of specialized literature and interviews conducted with experienced executives possessing many years of experience, it can be assumed that within managerial knowledge, seven areas of expertise stand out. These consists of: health care finance, marketing, law, accounting, hospital management and employee management.

Table 2 presents data showing the expertise ranges chosen by doctors and mangers. The doctors studied were allowed to choose more than one answer. Among sixty-three subjects, two chose five possible responses, whilst five of the respondents marked four answers. Twelve respondents indicated three areas of knowledge, eighteen chose two answers, and the remaining twenty six people indicated a single answer. Most people chose improved knowledge of staff management and health care marketing. Less frequent were issues of science, and the strictly economic healthcare accounting and finance.

The results obtained from testing 10 health care managers who returned a questionnaire survey, create a picture of a group of people which have very broad interests. On average, 4.7 of those examined had knowledge of management. In the case of doctors, the average was 2.03. It may be deduced that the difference in the improvement of knowledge areas is mainly due to the fact that knowledge of management is in their interests, and is useful for working in this position. Whereas for doctors, who gave a much lower level of response, it is mainly due to the fact that these are side areas which are not associated with their principle job responsibilities.

Table 2. Thematic areas of supplementary managerial knowledge for doctors and managers

Nature of response	Quantitative structure of doctors	Quantitative structure of managers
Healthcare Finance	18	9
Marketing	23	6
Law	21	7
Accounting	17	6
Hospital Management	21	10
Human Resources Management	28	9
Total	128	47

Source: Own work on the basis of empirical research.

The next table shows the self-esteem of doctors, the results of which may not be entirely true, bearing in mind the characteristics of error research methodology. This is due to respondents giving a direct answer relating to the definition of managerial knowledge in those areas which they want to develop. Some people may inflate the results in order to appear better in the eyes of others. However, the research results obtained show for doctors, the self-motivated need for improvement of managerial competence is very low.
It can be concluded, on the basis of prior research, that doctors are largely oriented towards earning and increasing their knowledge of the professional code[12]. They do not have time for other actions and are not interested, therefore the importance of such issues is diminished.

[12] Reference to earlier studies.

The analysis of the results of management in hospitals perpetuates the image of people who are further developing managerial competence. Of the surveyed managers, 60% stated that they very often and 40% often complement knowledge in the areas listed in Table 1. This is a consequence of their position at work and the obligations resulting from this.

Comparing the results in Table 2 and 3, the conclusion was reached that doctors act to increase managerial expertise as required by law or because they want to obtain a document confirming knowledge. Less often they are actually interested in knowledge for jobs in managerial positions because they do not have the time and/or are more interested in issues possibly useful in their current position.

The need of managers, just as in the case of physicians, to improve their knowledge stems from the fact that it is required by law for its own sake, and this knowledge must be updated. However, it may be supposed that many would not supplement their knowledge so often if they didn't wish to and if it wasn't in their best interests.

Table 3. Degree of self-fulfilment of managerial knowledge by doctors and managers (press)

Nature of response	Quantitative structure of doctors	Quantitative structure of managers
Never	23	0
Rarely	21	0
Sometimes	12	0
Often	7	4
Very Often	0	6
Total	63	10

Source: Own work on the basis of empirical research.

In Table 4, aggregate data was posted concerning managerial knowledge to classify the system from most to least desirable in theory. To sum up the values of all ranges of knowledge within the group the following formula was used:
Σ Knowledge level = $((L_1 \times 1) + (L_1 \times 2) + (L_1 \times 3) + (L_1 \times 4) + (L_1 \times 5)) + ((L_1 \times 1) + (L_2 \times 2) + (L_2 \times 3) + (L_2 \times 4) + (L_2 \times 5)) + \ldots + ((L_N \times 1) + (L_N \times 2) + (L_N \times 3) + (L_N \times 4) + (L_N \times 5))$
where N represents the range of knowledge and L_N is the number of responses indicated; numbers in the range of 1-5 mean self-evaluation of knowledge.

By analyzing information from Table 4, it can be noted that the priority group is the psychology of management theory (PZ). Among the top ten most popular areas of knowledge as many as seven (all) belong to the PZ group. This is followed by the groups Change Management (ZZ), Marketing and Quality (MiJ) and Financial Management (ZF). The smallest number of medical staff reported the need for the range of knowledge that is included in Information Management (ZI), Supervision of Infrastructure (NnI) and Personnel Management (ZK).

Table 4. Supplementary knowledge fields for doctors and managers

Nature of Response	Doctors		Managers		Difference
	Sum	Score per person	Sum	Score per person	
communication with patients	262	4,16	4,20	42	0,04
ability to resolve conflicts	259	4,11	4,70	47	0,59
communication with superiors or subordinates	257	4,08	4,80	48	0,72
ability to deal with stress and difficult situations	254	4,03	4,50	45	0,47
ability to negotiate	254	4,03	4,50	45	0,47
quality of treatment	252	4,00	4,40	44	0,40
communication with	251	3,98	4,50	45	0,52

colleagues					
development of internal hospital relationships (horizontal and vertical)	250	3,97	4,20	42	0,23
knowledge of legislative changes relating to the health sector	250	3,97	4,40	44	0,43
employee management	237	3,76	4,60	46	0,84
remuneration system	236	3,75	4,30	43	0,55
service processes, including the availability of services and waiting time for service	236	3,75	4,30	43	0,55
external image of the hospital	235	3,73	4,30	43	0,57
ability to use internal computer programs	233	3,70	4,20	42	0,50
settlement with the National Health Fund	233	3,70	4,50	45	0,80
ability to bring about change in the organization	230	3,65	4,40	44	0,75
employee motivation	227	3,60	4,40	44	0,80
knowledge of the principles of mentoring and coaching (partnership relationship between mentors and learners, supporting subordinates for success)	227	3,60	4,20	42	0,60
control of income and expenditure	226	3,59	4,10	41	0,51
time management expectations for the provision of health	225	3,57	4,20	42	0,63
supervision of entrusted property (eg, medical equipment)	219	3,48	4,30	43	0,82
knowledge of workflow procedures	219	3,48	4,20	42	0,72
employee evaluation	216	3,43	4,30	43	0,87
security of personal data processing	216	3,43	4,20	42	0,77
development of training	213	3,38	4,30	43	0,92
budgeting	213	3,38	4,20	42	0,82
planning of infrastructure investment (in medical equipment or real estate)	209	3,32	4,40	44	1,08
promotion and dismissal	208	3,30	4,50	45	1,20
recruitment	198	3,14	4,20	42	1,06

Source: Own work on the basis of empirical research.

These results show that, according to doctors, the priority is the improvement of managerial knowledge in the field of psychology and educational management. Next, the training should include knowledge of the following areas: Marketing and Quality and Change Management. In the case of other groups, a single range of knowledge, not the whole area of knowledge, was selected. This is due to the preferences of physicians associated with the knowledge they need now, usually resulting from their current professional duties and lack of possibilities to prepare for leadership roles. Therefore, the greatest interest among physicians is soft knowledge, useful in interpersonal relations with superiors, colleagues and patients.

Table 5. The need of doctors and managers for supplementary knowledge in healthcare related fields

Nature of Response	Doctors		Managers		Difference
	Total	Individual degree of evaluation	Total	Individual degree of evaluation	
Psychology of management	1770/7	4,01	315/7	4,50	0,44
Change Management	961/4	3,81	175/4	4,38	0,57
Marketing and	948/4	3,76	172/4	4,30	0,54
Quality					
Financial Management	921/4	3,65	171/4	4,28	0,63
Information Management	668/3	3,53	130/3	4,33	0,80
Supervision of infrastructure	428/2	3,40	87/2	4,35	0,95
Human Resources Management	1062/5	3,37	217/5	4,34	0,97

Source: Own work on the basis of empirical research.

5 Actual interpersonal skills of doctors and health care managers

Another factor, which according to the author has a significant impact on the proper performance of managers is interpersonal skills, which are much needed in service organizations such as hospitals. The considerations were taken into account in the features that were developed in the framework of the expert panel.

The results obtained have been converted by the researcher according to the following formula. Rating scale ranged from 1 to 5.

Σ Interpersonal feature$_N$ = (L_{WSK} x 1) + (L_{WSK} x 2) + (L_{WSK} x 3) + (L_{WSK} x 4) + (L_{WSK} x 5),
where N is any interpersonal trait, L_{WSK} indicates the number of employees, and a number in the range of 1-5 indicates the level of confidence.

Hence, the median was statistically calculated for each of the skills possessed by doctors and health care managers. Of the doctors examined, it was estimated that six characteristics have a very high level, with a further six at a high level, in relation to average scores obtained for the feature of disposition. The lowest scores were for aptitude and self-esteem for doctors acquiring leadership capacity, a feature which has reached not even the average, but instead a low level.

Managers all rated their skills as being at a very high level. The average ratings of all skills in managers was 4.55, whereas in doctors, the result was, on average, lower by 7-8% per skill.

As with the earlier findings, this element of the manager's interpersonal skills can be applied to the medical profession. For three qualities - responsibility, regularity and accuracy, the doctors assessed themselves more highly than health care managers. These are skills that are useful in both aspects of the profession. However, for doctors, these are features that affect the professional duties of their work and organization. In the case of four skills (continuous willingness to learn, openness, empathy and resistance to stress), assessments were at a similarly high level in both groups. Both doctors and managers are forced to continually improve competencies within the competence of the obligations arising from their professional responsibilities. Empathy and openness are qualities that the nature of the work forces upon both types of positions. Resistance to stress is a very useful skill. On the one hand, physicians are responsible for the health of the patient, and bear the burden of being the person upon whose actions the patient's life depends on. On the other hand, managers are accountable to employees, bear the consequences of their actions and, worstly, are in a permanent struggle with financial problems. The next group of six characteristics had a median of the group of medical managers in the range from 0.22 to 0.72. These include: communication skills, perseverance, creativity, assertiveness, flexibility and optimism. According to this test, they are more developed knowledge holders, and the differences are no longer as significant. The author believes that it is precisely this group of features which would improve the skills of doctors. This is due to the fact that doctors have these features (in addition to disposition) at a good level, based on which it would not be difficult to convince the members of this group to participate in their improvement. The final skill is the one feature that is typical for a management position and very useful in the medical

profession. This is the ability of leadership, and the difference is almost 61%. In the group of interpersonal skills, it is the biggest obstacle to deal with for doctors in functional positions. The author proposes improving this feature only when a doctor takes up a healthcare management position.

Table 6. Interpersonal traits held by doctors and health care managers

Nature of response	Total response	Average rating	Total response	Average rating	Difference
Responsibility	289	4,59	45	4,50	+0,09
Resistance to stress	288	4,57	46	4,60	+0,03
Systematic approach	284	4,51	43	4,30	+0,21
Accuracy	283	4,49	43	4,30	+0,19
Desire to continuously learn	282	4,48	45	4,5	-0,02
Communication	282	4,48	47	4,70	-0,22
Empathy	272	4,32	44	4,40	-0,08
Openess	270	4,29	43	4,30	-0,01
Creativity	268	4,25	47	4,70	-0,45
Perseverance	263	4,17	45	4,50	-0,33
Assertiveness	259	4,11	47	4,70	-0,59
Optimism	257	4,08	48	4,80	-0,72
Disposition	242	3,84	45	4,50	-0,66
Leadership	184	2,92	48	4,80	-1,88
Total	3723	4,22	636	4,54	

Source: Own work on the basis of empirical research.

These interpersonal skills build a very positive image. The analysis of empirical data shows that doctors have a high level of interpersonal traits. From this, it can be summed up that the doctors have potential in the area of interpersonal skills that predispose them to managerial positions.

6 Conclusion

When analyzing the need for knowledge of managerial and interpersonal skills of doctors and health care managers, the specific characteristics and the subjects of most importance and impact on the functioning of the medical organization should be taken into account.

The interpersonal skills of doctors predispose them to perform management functions. Some of these skills can be improved whislt at work in the role of a doctor, because they are useful in everyday working life. On the other hand, other features can be improved when starting work as a health care manager. These features can be enhanced through interpersonal training and conducting case studies.

The situation is different in the field of knowledge management. Representatives of the medical group focused on the acquisition of knowledge useful in accomplishing the operational tasks, the provision of medical services, quality of treatment and patient support. Only some doctors have expertise in financial management and personnel management.

In conclusion, it is difficult to convince medical staff to improve their managerial knowledge unless they have such a need. This research suggests conducting workshops focused on relationship-building skills, internal communication in vertical and horizontal contact with patients, the ability to argue and transparently and comprehensibly to explain the set of diagnoses, as well as dealing with conflict situations and stressors.

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