

Assessment of Managerial Skills Among Healthcare Provider Managers

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ABSTRACT

The primary objective of this research is to assess the managerial skills of managers working in healthcare and hospital centers (primary healthcare) within Isfahan province. This cross-sectional study was carried out in 2023, encompassing a sample size of 1,420 healthcare providers operating in these healthcare and hospital centers. The research utilized the Cameron and Whetten questionnaire, which employs a Likert scale for measurement. Data analysis was conducted using Pearson correlation coefficient and linear regression tests. The findings revealed that 53.4% of managers demonstrated effective skills in writing, oral communication, and listening. Additionally, 62.8% of managers exhibited proficiency in time management. However, only 39.12% were adept at avoiding troublesome decisions, 30.2% were skilled in persuading higher-level individuals, and 30.8% showed competence in planning. A significant relationship was identified between the ability to persuade higher-level individuals to perform tasks and teamwork among managers with more work experience. The results also highlighted a higher incidence of troublesome decision-making among women and individuals with extensive managerial experience. In conclusion, the study suggests that managers of healthcare providers in healthcare and hospital centers (primary healthcare) in Isfahan province require more focused attention and training in certain key managerial skills to enhance their effectiveness. This includes improving their abilities in decision-making, persuasion, and planning, which are crucial for their roles. Therefore, targeted training programs and interventions are recommended to address these gaps and improve the overall managerial capabilities within these healthcare settings.

Introduction

The objectives of any organization are its reason for existence, and achieving these objectives requires systematic teamwork, which is shaped by effective management. Effectiveness and efficiency are two important components of these objectives (Javadian et al., 2007). Management arises from the existence of the organization, and on the other hand, the survival of the organization depends on its management; thus, these two are interdependent (Katz, 1974). To realize these two components, managerial skills are of particular importance and have been a topic of discussion since the inception of management studies, ultimately aimed at moving toward organizational goals. The role and position of managers in organizations are such that the life and sustainability of organizations depend on their capability and success (Pardakhtchi, 2007). Managers strive to create coordination in order to achieve effectiveness and lead their organization to success (Ghadami and Niazmand, 2006). When capable, skilled, knowledgeable managers who are well-versed in management principles and techniques are at the helm of an organization, the organization's success in achieving its goals will be guaranteed.

The healthcare sector must be positioned within the welfare sector to effectively transmit solid treatment through its structures (Goldsmith, 2012). As highlighted by the WHO, public healthcare has the most significant responsibility for ensuring public welfare and is distinguished as primary pharmaceutical services. Al-Ma-Ata (1978) demonstrated that public healthcare enhances essential welfare frameworks, strengthens management utilizations, and improves patient satisfaction. The lack of management capacity is a major barrier to achieving the goal of health for all. Healthcare managers are responsible for operationalizing the visions and policy objectives for the health and welfare of the country. They must combine leadership and management skills to meet the expectations of patients, health professionals, policymakers, and the community. Without good management, we will not be able to improve efficiency, effectiveness, and accountability in the delivery of health services (Pillay, 2010).

Managerial skills are core competencies at all levels of managers in the healthcare delivery system. The efficient functioning of the healthcare system requires capable managers. Managers can be categorized into high-level, middle-level, and lower-level (frontline) managers, each requiring different skills. High-level managers need conceptual skills, middle-level managers need human skills, while lower-level managers require technical skills. All levels of managers require all types of skills, but the proportions differ since multitasking is essential for every manager in the healthcare system (Kalra et al., 2019).

Managers must possess certain characteristics, abilities, competencies, and specific skills to foster effectiveness. Healthcare managers, who possess both medical and administrative skills, must also have negotiation skills, communication skills, a shared vision, and the ability to convey ideas and concepts (Schreiber et al., 2022). There is very little evidence regarding the role of middle-level healthcare managers who are crucial for the responsiveness of healthcare services (Di Vincenzo et al., 2021). Therefore, this study aims to assess the managerial skills among healthcare provider managers.

1.1.Theoretical Literature

- **Leaders and Managers**

Leaders or managers? The terms "leaders" and "managers," although often used interchangeably, have distinct and undeniable definitions. The latter is more useful than the former. Additionally, this term is used to specify activities, irrespective of whether we consider them to be organizational or authoritative. Throughout development, managers negotiate daily administrative tasks, while individuals focus on the bigger picture, employees, organizational structure, and process efficiency. A leader "advances the position," while a manager "improves potential" (Beiko et al., 2016). Managers are often engaged in regular, legitimate exercises. Techniques are developed; representatives, goods, or assets are attracted, built, and exempted. The term "managers" typically encompasses job roles. Expertly, this includes enrolling skilled staff, improving agencies that can adeptly enhance patient capacity, and processing payroll for workers and providers (Kotter, 1996). Rarely does any title include "leader," but there are positions that have significantly broadened, requiring managerial characteristics for a comprehensive view, innovative reasoning, and critical investigation.

- **Healthcare Management Skills**

Healthcare managers are recognized for performing explicit legitimate jobs both in various medical services today and in routine human services offices. It is noteworthy that the distinctions between beneficial and clinical organizations are gradually diminishing. A limited number of medical service observers in many associations accept that, with extensive coordination, they are adequately prepared for the job of a healthcare management specialist (Shortell and Kaluzny, 2000). There are four key types of healthcare management skills identified by Slipicevic and Masic:

- 1) **Interpersonal Skills:** This is considered the most significant type of relevant professional training, encompassing cognitive, intellectual, and emotional capabilities that allow individuals to share with one another. This classification of experience includes three key abilities:
 - **Empowerment:** The ability to empower and uplift individuals, "present" ideas, negotiate, and encourage explicit efforts.
 - **Relational Capacities:** The ability to engage in natural cognitive processes, assess oneself effectively, think of others, and promote cooperation, coordination, and collaboration.
 - **Support and Development:** The ability to establish and support organizations, encourage others to grow, lead gatherings, and educate others.
- 2) **Information Management:** Another key category of capabilities required for action is information management, which enables the collection, facilitation, and analysis of data.
- 3) **Analytical Skills:** Analytical abilities, which are cognitive/informational capacities, allow for the use and absorption of new data for planning purposes and system improvement, making them a key classification of talents.
- 4) **Action Skills:** The fourth and final classification of necessary talents is "action skills," which are organized capacities expected to arrange, direct, and complete practices.

- **Healthcare System**

In the primary healthcare system, health services are provided by general practitioners or family doctors and nurses in locations close to where people live or work. In other words, the primary healthcare system is the first point of contact for individuals, families, and communities with the health system, bringing health and medical services closer to people's residences and workplaces. Primary healthcare is the most comprehensive, equitable, cost-effective, and efficient method for promoting the physical and mental health of individuals and social well-being.

Primary healthcare encompasses essential health services that are affordable and accessible to the general population throughout their lives, including educational services and health promotion, disease prevention, treatment, rehabilitation, and palliative care. The main components of primary healthcare include health education, improved nutrition, access to clean drinking water and environmental sanitation, maternal and child health, vaccination, access to essential medications, treatment of common illnesses and injuries, and prevention and control of communicable diseases.

Primary healthcare (Care Health Primary) is different from primary care (Care Primary). Primary healthcare is a strategy aimed at ensuring that all people achieve an acceptable level of health. It mobilizes all health and healthcare organizations and providers to deliver health and medical services tailored to people's needs based on an appropriate referral system, effectively and efficiently. In contrast, primary care is a part of the primary healthcare system that serves as the first point of contact for people with the health system, providing the basic healthcare needs required by individuals. More specialized care and services are provided in hospitals and specialized health and medical organizations (World Health Organization, 2000).

- **Value-Based Care for Health Centers**

Value-based care places greater emphasis on integrated care, meaning that healthcare providers collaborate to address an individual's physical, mental, behavioral, and social needs. In this way, providers treat a person as a whole rather than focusing on a specific health issue or disease. In value-based care, what matters is the outcome of the actions taken for the patient and their impact on the patient's health. In this approach, the physician examines the patient and may request the same diagnostic tests, but when it comes time to choose a treatment method, they must also consider long-term outcomes (Porter, 2008).

2. Research Methodology

To achieve the stated objective, a cross-sectional study was planned in 2022 in Isfahan Province. The Isfahan region has a total of 45 Primary Health Care (PHC) centers. Each PHC is managed by a medical director who acts as the health care center manager. This senior medical director is guided and supervised by health authorities at the regional level. We considered the medical directors of PHCs and regional health managers as the study population.

The statistical community for this study included all medical directors of PHCs and regional health managers (100 individuals). Questionnaires were distributed among the heads and managers of hospitals, nursing managers, administrative affairs managers, medical records managers, financial managers, facilities managers, senior educational supervisors, senior clinical supervisors, senior infection control supervisors, emergency department head nurses, operating room head nurses, special care head nurses, pediatric head nurses, surgical head nurses, and internal medicine head nurses, of whom 10 responded to the questions.

The questionnaire for this study was standardized and focused on effective managerial skills, designed by Cameron and Whetten. This questionnaire was tested and assessed with minor modifications and consists of two sections:

- The first section relates to demographic information (gender, age, sex, education level, and management experience) and
- The second section includes 9 main questions regarding the assessment of current managerial skills, classified on a scale of very high, somewhat, sometimes, rarely, and never. The options were scored from 1 to 5, with a lower score indicating that the individual possesses effective skills. Scores of 3 and 4 indicate that the skill in question needs improvement, while a score of 5 means that the individual lacks the necessary skills for effective management.

To determine the validity of the questionnaire, the Content Validity Ratio (CVR) method was used. Accordingly, 10 experts provided their opinions on the appropriateness of each question, and the CVR for each question was calculated, confirming their suitability. For reliability testing of the questionnaire, Cronbach's alpha test was used. Thus, the questionnaire was assessed in a pilot study, and its Cronbach's alpha was calculated to be 0.85.

Data were analyzed using SPSS16 software and through Pearson correlation and regression tests.

3. Results

Among the 100 managers studied, 56% were male and 42% held a master's degree, with most individuals having more than 5 years of management experience (Table 1).

Table 1: Demographic Information

Demographic Variables	Status	Frequency Percentage
Gender	Female	44
	Male	56
Age	36 to 45 years	5
	46 to 55 years	52
	Over 56 years	43
Education	Bachelor's	22
	Master's	42
	Doctorate	31
	Other	5
Management Experience	1 to 4 years	2
	5 to 7 years	10
	8 to 10 years	37
	More than 10 years	51

The highest skills among the managers studied were in time management and communication skills (Table 2).

*Table 2: Frequency of Management Skills Among Healthcare Managers***

Skill	Has (Percentage)	Somewhat Has (Percentage)	Does Not Have (Percentage)
Writing, Verbal Communication, and Listening	53.4	46.6	-
Avoiding Problematic Decisions	39.12	40.58	20.3
Time Management	62.8	37.2	-
Persuading Senior Levels to Perform Tasks	30.2	49.8	20
Willingness to Strengthen Weaknesses	48.7	47.4	3.9
Teamwork	45.9	51.4	2.7
Delegation	25.4	-	10.2
Communication	25.4	51.3	24.33
Planning	30.8	26.5	12.7

Table 3 addresses the correlation between demographic variables and management skills.

Table 3: Correlation Matrix Between Management Skills and Demographic Variables (Spearman Correlation)

	Gender	Education Level	Management Experience
Communication	r = 0.210 sig = 0.020	r = 0.420 sig = 0.100	r = 0.570 sig = 0.000
Avoiding Problematic Decisions	r = 0.580 sig = 0.040	r = 0.220 sig = 0.410	r = 0.310 sig = 0.030
Time Management	r = 0.050 sig = 0.037	r = 0.134 sig = 0.080	r = 0.415 sig = 0.020
Persuading Senior Levels to Perform Tasks	r = 0.875 sig = 0.017	r = 0.421 sig = 0.200	r = 0.261 sig = 0.001
Willingness to Strengthen Weaknesses	r = 0.260 sig = 0.090	r = 0.157 sig = 0.140	r = 0.110 sig = 0.001
Teamwork	r = 0.034 sig = 0.067	r = 0.421 sig = 0.200	r = 0.261 sig = 0.001
Delegation	r = 0.023 sig = 0.067	r = 0.058 sig = 0.120	r = 0.0346 sig = 0.000

The results obtained from Table 3 indicate a significant relationship between the ability to persuade senior levels to perform tasks and participation in teamwork among managers with work experience ($p = 0.0001$, $r = 261$). Additionally, individuals with higher education and more management experience had greater communication skills. Those with higher work experience had a greater ability to persuade senior managers to act. Moreover, avoiding problematic decisions was more common among women and individuals with extensive management experience.

4. Discussion

This study was conducted with the aim of assessing managerial skills among healthcare provider managers. The results indicated that most of the managers studied possessed good managerial skills at an appropriate level. In this study, managers demonstrated strong communication skills. In line with this study, Truss et al. (2020) stated that a manager's effectiveness also depends on their ability to communicate with employees. Managers can enhance this communication skill by writing and actively listening to their employees. They also reported that for success in their duties, managers require skills such as public speaking ability, knowledge and information, writing skills, research capabilities in various fields, time management, and human communication skills.

In this study, gender was significantly correlated with avoiding problematic decisions, which contradicted the findings of Keshtekaran et al. (2018), who found no significant relationship between verbal skills, effective listening, and feedback from managers and gender. Additionally, the results indicated that women had higher skills in teamwork and the ability to persuade higher-level individuals, which aligned with the findings of Babaei Zakliki (2006).

Given that 20.3% of managers lacked the skills to avoid troublesome decisions, it appears necessary to plan for training managers in this area. In this study, 12.7% of managers lacked effective managerial planning, which was identified as one of the weaknesses among healthcare providers in Isfahan. Thus, long-term planning is needed for optimal performance by managers.

Most managers showed a willingness to work in teams, which is consistent with the findings of Rughani (2010). The performance of the health sector is highly dependent on employee motivation, quality of services, efficiency, and equity, all of which are directly influenced by workers' willingness to engage in their duties. The availability of resources and worker competence is essential, but it is not sufficient to ensure optimal worker performance (Bagga et al., 2019). Motivation affects work quality and productivity, and health managers should know what encourages employees to achieve peak performance. Employee participation in decision-making enhances their morale and sense of belonging to the healthcare system.

The findings showed that most managers had over 5 years of management experience, which was a strength of the healthcare centers in Isfahan. Those with more work experience had a greater ability to persuade higher-level managers to undertake tasks, which was consistent with the findings of Khodadi (2003).

This study focuses on healthcare personnel in Isfahan province and cannot necessarily be generalized to all of Iran. Therefore, it is suggested that at least two or more other regions be examined in future studies. Another limitation of the research was the small sample size, which suggests that a larger sample should be considered in future studies. Additionally, given that managers responded to questions regarding their own skills, this may have led to limitations in the results. Distributing a greater number of questionnaires minimized this effect.

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