



STUDY OF PERCEIVED HOSPITAL MANAGEMENT COMPETENCY AND DISTINGUISHING BETWEEN PRIVATE AND PUBLIC HOSPITALS IN IRAQ

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ABSTRACT

To coordinate the complex environment hospitals, managers must possess enough managerial competencies. The underlying assumption is that there is a potential gap in management capacity between public and private hospitals in Iraq. This study aims to evaluate competency level of hospital managers and to compare their competencies in public and private hospitals. This study was descriptive-analytic, carried out in 2017 in Baghdad / Iraq. A survey using a self-administered questionnaire was conducted among 65 public and private hospitals managers. Respondents were asked to rate their competencies in a five-key subscale that included people-related skills, health delivery, self-management, task-related skills, as well as strategic planning and management. Ratings were based on a five-point Likert scale ranging from very low to excellent competency level. Self-assessment of competencies level showed that managers in all state hospitals evaluate their competency at a low level. Managers felt most competent in health delivery skills (3.73), people-related skills (3.65), strategic planning and management (3.60), relatively less competent in self-management (3.49) and task related skills (3.39). While being the mean total competency levels were significantly higher among male managers, those who participated in the healthcare/hospital management training courses, and those whose primary formal qualification was management in healthcare/hospital management ($P=0.044$). Similarly, managers who had more experience in their current position were more likely to report higher competencies level ($P=0.046$). Managers in private hospitals perceived themselves to be significantly more competent than their public hospitals colleagues in most of the management facets ($P=0.001$). There is a perceived lack of management capacity by managers of both public and private hospitals and the gap between public and private hospitals is small. There is widespread need for management training to be made available in Iraq.

KEYWORDS: Hospital managers, Managerial competencies, Private hospitals, Public hospitals.

INTRODUCTION

Hospitals, as one of the most complex organizations in the healthcare systems, face challenges of both external and internal environments such as epidemiological transitions, application of new expensive technologies, demographic changes, and changes in economic conditions and health market.^[1] The management of this system requires trained managers.^[2] Managers react to these challenges by improving and modifying hospital management structures and upgrading managerial skills.^[3,4] Managers, as the main decision-makers in dealing with organizational problems, are important and determine the role played in the success or the failure of the organization.^[5,6]

However, the efficiency of managers is associated with managerial skills that prepare them for different roles

and responsibilities.^[7] There is a dearth of empirical evidence on hospital managerial work and its influence on quality of care.^[8]

Irrespective of where and what to manage, managers are responsible for four general duties, namely planning, organizing, leading, and controlling.^[9] They need to be highly competent to perform their leadership roles efficiently and effectively.^[10] Studies have identified different competencies for healthcare managers.^[11-14] Managerial competencies are 'sets of attitudes, knowledge, skills, and behaviors that a person needs to be effective in a varied range of managerial jobs in different types of organizations'.^[15] Previous studies have shown that managers in both the public and the private sectors with the requisite competencies and skills will help to improve effectiveness, efficiency, efficient

management, and responsiveness in the delivery of healthcare services in a sustainable manner.^[16,17]

Lack of skills and competencies of hospital managers to allocate resources are associated with poor healthcare quality and outcomes.^[18] The improvement of skills and management performance has a significant relationship with lower mortality and better financial performance. Also, the presence of differences in hospital management competencies provides an excellent opportunity for improving the poor performance of hospitals.^[19] In developing countries, hospital management is often overlooked. The first thing that comes to mind when ones think of a hospital is a surgeon, paramedics, and nurses.^[16,20]

Generally, hospitals in underserved areas are known to have shortage of medical capacity, cumbersome system services with inconsistent levels of medical interventions in clinical quality, shortage of clinical staff, centralization of most hospitals in large cities, and human resource management problems.^[2,21] One of the current challenges is the lack of effective training to produce competent managers.^[2]

Over 70% of hospital services in Iraq are provided through both public and private sectors.^[22] Hospitals in Iraq are often managed by doctors or other clinical personnel who have had little preparation to enable them to perform this role efficiently. Generally, as top managers, they manage hospitals with low involvement from other level managers (e.g. heads of departments), thereby overlooking the value of teamwork and a multidisciplinary approach.^[2,23]

Although the field of hospital management offers undergraduate, masters, and PhD degrees, it is far from the real needs; managers are not always appointed on the basis of their capacity and competence, particularly in the public sector.^[2]

Determining the level of current capacity and training required for management as a part of the management development process is the main focus of many countries to promote the implementation of policies and performance of health systems.^[24,25] The aim of this study was to evaluate hospital managers' perceptions of their competencies in terms of their current role in hospital management.

PARTICIPANTS AND METHODS

This study used a descriptive-analytic design, and was carried out between May and August, 2017. Data were obtained from a cross-sectional survey of hospital managers in private and public hospitals in Iraq using a self-administered questionnaire.

The survey was conducted among all chief executive officers of public and private hospitals in Baghdad Province, Iraq.

This survey was conducted among (65) managers of public and private hospitals in Baghdad, Iraq. The sample comprised 35 public hospital managers and 30 private hospital managers. The survey instrument was a self-administered questionnaire that measures the competencies of hospital managers.^[13,26]

The questionnaire gathered data on participants' gender, age, years in current position, and primary formal qualification.

This questionnaire included 39 items and five dimensions. These dimensions included people-related skills, health delivery, self-management, task-related skills, and strategic planning and management (Table 2).

Responses were completed on a five-point scale ranging from 1 = very poor to 5 = excellent. The items on participation in the formal training of healthcare/hospital management (HCM) and intention to attend future HCM were measured using yes/no responses. The items used to assess competency were evaluated by a panel of academics and practitioners (content and face validity) and found valid. The reliability of subscales was estimated by assessing the internal consistency of the scales using Cronbach's α . The reconstituted scales are shown in table (2).

Statistical analysis

All data were analyzed using the statistical package for the social sciences SPSS, version 21 program. The independent t-tests were used to measure the significance of the difference between the means of self-assessment of levels of competency between two types of ownership (private and public sector). All analyses were carried out at a 95% level of certainty, allowing for a margin of error of 5%.

RESULTS

The characteristics of the sample are summarized in table (1). Of the 75 questionnaires distributed, 65 were returned from the respondents, representing a response rate of 86.7%. Most respondents in both sectors were men (83.0%). The mean age of the participants was 42.5 ± 14.5 years and the majority of the respondents in both sectors were older than 35 years of age (90.8%). Managers on average had 13.5 ± 9.5 years of working experience. The majority (72.3%) had been in their positions for more than 5 years.

More managers in private hospitals had primary formal qualification in HCM than their counterparts in public hospitals (50.0 vs. 37.1%) and received formal training in healthcare management (74.3 vs. 73.3%). Almost 69.2% of managers of both sectors reported an intention to attend further training in healthcare management. These differences were not significant ($P > 0.05$).

Table (1): Characteristics of Managers of Hospitals In Baghdad, Iraq, 2017 According to Hospital Ownership.

Characteristics	Total [n (%)]	Public [35 (54%)] [n (%)]	Private [30 (46%)] [n (%)]	P (two tailed)*
Gender				
Male	54 (83.0)	29 (82.8)	25 (83.3)	0.779
Female	11 (17.0)	6 (17.2)	5 (16.7)	
Age years				
<35	6 (9.2)	3 (8.6)	3 (10.0)	0.977
35–40	42 (64.6)	21 (60.0)	18 (60.0)	
>50	17 (26.1)	11 (31.4)	9 (30.0)	
Mean ± SD	42.5 ± 14.5			
Years in current position				
<5	18 (27.7)	9 (25.7)	9 (30.0)	0.924
5–10	27 (41.5)	14 (40.0)	11 (36.7)	
>10	20 (30.8)	12 (34.3)	10 (33.3)	
Mean ± SD	13.5 ± 9.5			
Primary formal qualification				
Healthcare/hospital management	27 (41.5)	13 (37.1)	15 (50.0)	0.549
General administration	10 (15.4)	7 (20.0)	4 (13.3)	
Nonhospital Management	28 (43.1)	15 (42.9)	11 (36.7)	
Formal training in HCM				
Yes	46 (70.8)	26 (74.3)	22 (73.3)	0.845
No	19 (29.2)	9 (25.7)	8 (76.7)	
Intend to attend future HCM				
Yes	45 (69.2)	25 (71.4)	20 (66.7)	0.885
No	20 (30.8)	10 (28.6)	10 (33.3)	

Cronbach's α and the mean total scores for the managerial competency subscales are presented in table (2). The Cronbach's α for all the scales were greater than 0.70%. Hospital managers in Iraq perceive themselves as reasonably competent in all aspects of their management skills (means >3). Self-assessment of levels of competency showed that managers felt most competent in their ability to deliver healthcare (3.73), people

management (3.65), and strategic planning and management (3.60) and relatively less competent in self-management (3.49) and task-related skills (3.39). The bivariate analyses using analysis of variance showed that managers who had a HCM background rated significantly higher competency level than their colleagues who had a general administration or a nonhospital management background ($P < 0.01$).

Table (2): Reliability of Managerial Competency Subscales and Competency Mean Scores of Hospitals Managers in Baghdad, Iraq 2017.

Competencies	Number of items	Cronbach's A	Mean total score
Health delivery	8	0.771	3.73
People-related skills	8	0.829	3.65
Strategic planning and management	8	0.839	3.60
Self-management	8	0.765	3.49
Task-related skills	9	0.831	3.39
Total	39	0.932	3.61

Also, a statistically significant difference was found between managers' total competency scores and their managerial experience ($P = 0.046$). There were no significant differences between competency level and age groups of respondents. The independent t-test showed that the competency levels were higher among male managers and a significant difference was found ($P = 0.989$). The mean self-assessed competency levels were higher among managers who participated in the HCM training courses and there was a significant

difference in competency levels among the two groups. Managers who intend to participate in the HCM training courses in future had high competency levels versus counterparts who did not intend to participate in the HCM training courses. However, the differences between values were not statistically significant ($P = 0.095$) (Table 3).

Table (3): Mean Differences In Managerial Total Competency Level According to Participants' Characteristics.

Characteristics	Mean	P (two tailed)
Gender ^a		
Male	3.69	0.044*
Female	3.55	
Age ^b		
<35	3.59	0.989
35–50	3.59	
>50	3.61	
Years in current position ^b		
<5	3.51	0.046*
5–10	3.59	
>10	3.68	
Primary formal qualification ^b		
Healthcare/hospital management	3.71	0.010*
General administration	3.54	
Nonhospital management	3.47	
Formal training in HCM ^a		
Yes	3.65	0.011*
No	3.45	
Intend to attend future HCM ^a		
Yes	3.58	0.095
No	3.63	
HCM, healthcare/hospital management.		
^a Independent t-test.		
^b Analysis of variance.		
*Significant at P<0.05 level.		

The differences between the sectors and all of the management competencies subscales is shown in table (4). Managers in the private hospitals significantly perceived themselves to be more competent than their

public hospital colleagues in all of the subscales, except for 'people-related skills,' where public hospital managers felt more competent, but this difference was not statistically significant.

Table (4): Relationship Between Sectors and Competencies Subscales Among Managers of Hospitals.

Competencies	Mean		P (two tailed)
	Public	Private	
People-related skills	3.59	3.66	0.365
Health delivery	3.61	3.83	0.019*
Self-management	3.31	3.69	0.001*
Task-related skills	3.33	3.71	0.001*
Strategic planning and management	3.41	3.76	0.003*
Total	3.42	3.71	0.001*

* P<0.05

DISCUSSION

The professional background of the managers shows that there is a noticeable change in the management of hospitals in Iraq toward general managers with a background in healthcare. Historically, all hospitals in Iraq were managed by medical supervisors (doctors, nurses, and other clinical fields). The purpose of this change was, as a strategy, to promote sustainable and effective delivery of health services by strengthening management capacity.^[23]

A considerable proportion of hospital managers (26.1%) were older than 50 years of age. This indicates that most hospitals have an aged labor force in management. One of the advantages is the extensive experience of

managers in administrative areas; however, this results in burnout and replacement of managers. Pillay's studies in South Africa showed that problems related to an aged labor force led to a shortage of professional managers in the field of health 10–15 years later, when many of the current directors retire.^[24,26] In the present study, as a group, all participants evaluated themselves as competent, such that for all aspects, the mean of competency was higher than 3, which is consistent with previous studies. Chadwell et al.^[16] evaluated the competency of managers of Nepal hospitals and found it to be above average (mean >3). The competences of managers in Pillay's studies in South Africa have been reported to be similar to the present study.^[16, 24, 26–28] In the study of Mousavi et al.^[7], the mean competency of

nursing managers in Iran was less than 3, which is lower than the present study. The reason for this difference could be related to the study population. According to the study results of Craig, managerial skills are more important than clinical skills for nursing managers.^[29] There was no significant difference between the mean of managers' competency and variables of age and intention to participate in HCM training courses. Similar results were also obtained in other studies.^[13,26] There was a significant difference between the mean of perceived managers' competency on the basis of hospital management experience and academic field. This result is inconsistent with Pillay's studies.^[13,26,27] However, the reason for this difference can be explained in terms of the average management experience of the selected sample. In Pillay's studies, almost 60% of the managers had less than 5 years of experience, whereas in this study, 72.3% of the managers had over 5 years of experience. This difference in the experience of managers can justify the results. Also, those managers who had studied hospital or general management or had more experience evaluated their competence higher than managers with clinical qualifications.^[24]

The current study showed that there is a significant relationship between the competence of managers and participating in HCM training courses. Supic *et al.*^[25] showed that after the training program, all managerial skills had improved. However, the concern still remains that although public hospital managers reported that they participate in more HCM training courses, they evaluated themselves significantly lower in terms of all competencies in comparison with managers of private hospitals.

This may also partly explain why most hospital managers have reported that they intended to participate in management training courses. The reasons are supported by Pillay's studies in South Africa that management development programs may not improve the level of hospital management competence.^[13,24] The difference in the mean of managers' competency between the two types of hospital ownership for all dimensions, except for people-related skills was significant. These results are consistent with previous studies.^[13,24] Private hospitals in Iraq are decentralized and thus, their managers have more authority to make decisions on the human resources, financial and equipment management, whereas public sector hospitals are centralized. Although organizational reform continuum such as autonomous hospitals, budgetary hospitals, corporatized hospitals, and privatized hospitals has been made among public hospitals^[22], but the selection process of managers in the public hospitals is more of a political process performed on the basis of social links.^[21] These results were confirmed in previous studies that showed that public hospital managers lack the capacity to appropriately lead and manage the health sector, and suggest that public hospital managers need more training management skills.^[26,30] It can also be

stated that as the managers do not have much authority and right to decide or as they do not believe in themselves, they do not undertake duties that require management skills^[22,26,28] Another reason that could explain the results is the purpose and mission of private hospitals to achieve benefits and focus on the efficiency, whereas the main purpose of public hospitals in providing health services is not profit, but primarily social benefits and solving community health problems.^[22,27, 31]

This is the first report to compare self-perceived competencies of managers among public and private hospitals in Iraq; the large sample size and the high response rate also strengthen the power of this study.

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