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FROM HEALTHCARE MANAGER'S COMPETENCIES TO HEALTHCARE ORGANIZATION'S COMPETENCES

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Annotation
Competency identification systems need to identify both – personal (mostly managerial/leadership) competencies and organizational competences. This article is focused on identification the common competencies of healthcare managers significantly shaping core competences of such organizations. There are many models of healthcare managerial competencies – three of them are presented in this article. First is Competency Task Force (The Healthcare Leadership Alliance approach), second – Competency Directory Model (The Global Consortium for Healthcare Management Professionalization approach) and third - NCHL Competency Model (created by The National Center for Healthcare Leadership). In author's opinion managerial competencies distinguished in these models can significantly shape healthcare organizations competences. There are no universal rules about evaluation criteria for identifying core competences in health organizations because each subject has its own characteristic. Even so building core competences in healthcare organizations can be understood as: creating and supporting an organizational culture that emphasizes continuous learning, providing effective skill development programs with regular updating to include the latest technology and producing incentives for continuous skill development and for acceptance of change. Focusing on core competences, an healthcare organization views today's output supposed to be concerned with recruiting, developing, deploying and organizing around skills, capabilities and competences. The healthcare leadership's role is three-fold: first – developing the organization's strategic architecture or overall planning for building the eligible competences, second – allocating talent to various use or applications, and third – leveraging competences by stretching them across multiple medical services applications. The latter may be achieved through decision-making about competency accumulation, concentration, combination, conservation, reuse and recovery. The turbulent and changing nature of the environment suggests that healthcare organizations competences cannot remain static. They must be continually evolving and developing. Therefore, healthcare organizations have to continue to invest in and upgrade their competences to create new strategic growth alternatives which requires technological and skill accumulation over time (i.e., organizational learning). Healthcare organizations with core competences are able to partially shape the environments (i.e. creating new opportunities) in which they operate and compete and that's why they are better able to achieve desired outcomes.
KEY WORDS: Healthcare Managers Competencies; Healthcare Organizations Competences.

Introduction

The developments in recent years have shifted the research towards a tendency of regarding, inspecting and managing public organizations (also healthcare) as if they are business units. Therefore, these organizations must be considered with new dynamic and management approaches and attitudes have to be directed with new researches. Any kind of support have to be provided to create and ensure the sustainability of public organizations which are responsible against stakeholders, which compete and obtain a successful organizational structure and competences (Besler and Sezerel 2011). An environment of escalated public demand raises the question about core competences of healthcare organizations. For this purpose, whether core competences would constitute an important place in the success of healthcare organizations is an important research area.

Nowadays healthcare managers must have talent sophisticated enough to match the increased complexity of the healthcare environment. They are expected to demonstrate measurable effects and effectiveness and practice evidence-based management (EBM). The shift to EMB has led to effort defining leadership competencies significantly shaping healthcare organizations competences, and then core competences.

Competency identification systems need to identify both – personal (mostly managerial/leadership) competencies and organizational competences (Boam and Sparrow 1992). This article is focused on identification the common competencies of healthcare managers significantly shaping core competences of such organizations.

Managerial competencies – The Healthcare Leadership Alliance (HLA) approach

The Healthcare Leadership Alliance (HLA) is a consortium of major professional associations in the healthcare field which together represents more than 100 000 managers (Stefl 2008):

- American College of Healthcare Executives (ACHE),
- American College of Physician Executives (ACPE),
- American Organization of Nurse Executives (AONE),
- Healthcare Financial Management Association (HFMA),
- Healthcare Information and Management Systems Society (HIMSS),
- Medical Group Management Association (MGMA) and its educational affiliate – American

College of Medical Practice Executives (ACMPE).

In 2002 HLA summoned the Competency Task Force to determine management competencies and settle how these competencies could be used to advance the field.

The Task Force understand competences as transcendent unique organizational settings and applicable across the environment (Ross, Wenzel and Mitlyng 2002). It was identified five competency domains (Stefl 2003):

1. Communication and Relationship Management – capability to communicate with internal and external customers to build and maintain relations and interactions,;
2. Leadership – capability to inspire excellence (individual and organizational), to create and attain a shared vision, and to successfully manage change to attain the hospital's strategic ends;
3. Professionalism – aligning personal and organizational conduct with standards including responsibility to the patient, a service orientation, and a commitment to learning and improvement;
4. Knowledge of the Healthcare Environment – understanding of the healthcare system and the environment;
5. Business Skills and Knowledge – capability to apply business principles including systems thinking, to the healthcare environment.

Managerial competencies – The Global Consortium for Healthcare Management Professionalization approach

The Global Consortium for Healthcare Management Professionalization created Competency Directory Model which was derived from HLA summoned the Competency Task Force. This Consortium is set up by The International Hospital Federation, and included organizations as follows:

- Australasian College of Health Service Management,
- Canadian College of Health Leaders,
- European Association of Hospital Managers,
- Federacao Brasileira de Administradores Hospitalares,
- Federacion Andina y Amazonica de Hospitales,
- Federacion Latinoamericana de Hospitales,
- Health Management Institute of Ireland,
- Hong Kong College of Healthcare Executives,
- International Health Services Group,
- International Hospital Federation,
- Jamaican Association of Health Services,
- Management Sciences for Health,
- Pan American Health Organization,
- Sociedad Chilena de Administradores en Atención Médica y Hospitalaria,
- Taiwan College of Healthcare Managers,
- Tropical Health and Education Trust – Partnership for Global Health,
- University of the West Indies.

The aim of the Consortium is professionalizing the leadership and management of health systems to improve patient care globally. In the Competency Directory (International Hospital Federation 2015), the competencies are categorized into five critical domains:

- Leadership
- Communication and Relationship Management
- Professional and Social Responsibility
- Health and the Healthcare Environment
- Business

Healthcare managers should reveal competence in all five domain areas. Among Leadership Competencies the Consortium distinguished:

- Leadership Skills and Behavior – communicating the mission, objectives and priorities of the organization to internal and external entities, incorporating management techniques and theories into leadership activities, analyzing problems, promoting solutions and encouraging decision making;
- Engaging Culture and Environment – creating an organizational climate built on mutual trust, transparency and a focus on service improvement that encourages teamwork and supports diversity, encouraging a high level of commitment from employees by establishing and communicating a compelling organizational vision and goals, holding self and others accountable to surpass organizational goals;
- Leading Change – promoting ongoing learning and improvement in the organization, responding to the need for change and lead the change process;
- Driving Innovation – encouraging diversity of thought to support innovation, creativity and improvement.

Communication and Relationship Management Competencies include:

- Relationship Management – demonstrating effective interpersonal relationships, developing and maintaining positive stakeholder relationships, practicing and valuing transparent shared decision making and understanding its impacts on stakeholders (internal and external);
- Communication Skills and Engagement – exercising cultural sensitivity in internal and external communication, demonstrating communication skills, presenting results of data analysis in a way that is factual, credible and understandable to the decision makers, preparing and delivering business communications such as meeting agendas, presentations, business reports and project communication plans, understanding the function of media and public relations;
- Facilitation and Negotiation – managing conflict through mediation, negotiation and other dispute resolution techniques, demonstrating problem solving and problem-solving skills, building and participating in effective multidisciplinary teams.

The composition of Professional and Social Responsibility Competencies is:

- Personal and Professional Accountability – participating in healthcare policy initiatives, advocating for rights and responsibilities of

patients and their families, revealing an ability to understand and manage conflict-of-interest situations as defined by organizational by-laws, policies and procedures, practicing due diligence in carrying out fiduciary responsibilities, promoting quality, safety of care and social commitment, in the delivery of health services;

- Professional Development and Lifelong Learning – revealing commitment to self-development including continuing education, networking, reflection and personal improvement;
- Contributions to the Profession – contributing to advancing the profession of healthcare management by sharing knowledge and experience, evolving others by mentoring, advising, coaching and serving as a role model, supporting and mentoring high-potential talent within both one's organization and the profession of healthcare management
- Self-Awareness – being aware of one's own assumptions, values, strengths and limitations, revealing reflective leadership by using self-assessment and feedback from others in decision making;
- Ethical Conduct and Social Consciousness – demonstrating high ethical conduct, a commitment to transparency and accountability for one's actions, using the established ethical structures to resolve ethical issues, maintaining a balance between personal and professional accountability, recognizing that the central focus is the needs of the patient/community.

Among Health and the Healthcare Environment Competencies one can distinguish:

- Health Systems and Organizations – evincing an understanding of system structure, funding mechanisms and how healthcare services are organized, balancing the interrelationships among access, quality, safety, cost, resource allocation, accountability, care setting, community need and professional roles, assessing the performance of the organization as part of the health system/healthcare services, using monitoring systems to ensure legal, ethical, and quality/safety standards are met in clinical, corporate and administrative functions, promoting the establishment of alliances and consolidation of networks to expand social and community participation in health networks, both nationally and globally;
- Health Workforce – demonstrating the ability to optimize the healthcare workforce around local critical workforce issues, such as shortages, scope of practice, skill mix, licensing;
- Person-Centered Health – effectively recognizing and promoting patients and their family's perspectives in the delivery of care and including the perspective of individuals, families and the community as partners in healthcare decision making processes, respecting cultural differences and expectations;
- Public Health – establishing goals and objectives for improving health outcomes that incorporate an understanding of the social determinants of health and of the socioeconomic environment in which the organization functions, managing risks, threats, and damage to health during disasters and/or emergency situations, recognizing the local implications of global health events to understand global interconnectivity and its impact on population health conditions.

The fifth critical domain identified by Global Consortium for Healthcare Management Professionalization is Business Competencies in which can be included:

- General Management – demonstrating knowledge of basic business practices, collating relevant data and information, and analyze and evaluate this information to support or make an effective decision or recommendation;
- Laws and Regulations - abiding by laws and regulations applicable to the work of the organization;
- Financial Management – effectively using key accounting principles and financial management tools, such as financial plans and measures of performance (e.g., performance indicators), planning, organizing, executing and monitoring the resources of the organization to ensure optimal health outcomes and effective quality and cost controls;
- Human Resource Management – providing leadership in defining staff roles and responsibilities, developing appropriate job classification/grading systems and workforce planning, effectively managing human resource processes;
- Organizational Dynamics and Governance – demonstrating knowledge of governmental, regulatory, professional and accreditation agencies and the role of leadership within governance structure, applying knowledge of organizational systems theories and behaviors, interpreting public policy, legislative and advocacy processes within the organization, managing within the governance structure of the organization, creating and maintaining a system of governance that ensures appropriate oversight of the organization;
- Strategic Planning and Marketing – leading the development of key planning documents, including strategic plans, business service plans and business cases for new services, planning for business continuity in the face of potential disasters that could disrupt service delivery, developing and monitoring operating-unit strategic objectives that are aligned with the mission and strategic objectives, applying marketing principles and tools to develop appropriate marketing to the needs of the community, evaluating whether a proposed action aligns with the organizational business/strategic plan;

- Information Management – using data sets to assess performance, establish targets, monitor indicators and trends, and determine if deliverables are met, ensuring that applicable privacy and security requirements are upheld, providing optimal use of information and trend analysis within the organization through the use of business intelligence, information management, clinical, and business systems, promoting the effective management, analysis and communication of health information;
- Risk Management – effectively using risk management principles and programs;
- Quality Improvement – developing and implementing quality assurance, satisfaction, and patient safety programs according to national initiatives on quality and patient safety, developing and tracking indicators to measure quality outcomes, satisfaction and patient safety, and plan continuous improvement;
- Systems Thinking - understanding of the interdependency, integration, and competition among healthcare sectors, connecting the interrelationships among access, quality, cost, resource allocation, accountability and community need;
- Supply Chain Management – effectively managing the supply chain to achieve timelines and efficiency of inputs, materials, warehousing, and distribution so that supplies reach the end user in a cost-effective manner.

Managerial competencies – The National Center for Healthcare Leadership (NCHL) approach

The National Center for Healthcare Leadership (NCHL) Competency Model was created through research by the Hay Group with practicing health leaders. This model incorporates benchmark data from other health sectors and insurance companies, and composite leadership competencies. The NCHL Competency Model contains three domains with 26 competencies (National Center for Healthcare Leadership (NCHL) 2005):

1. Transformation – visioning, energizing, and stimulating a change process that connect communities, patients, and professionals; include:
- Achievement Orientation: A concern for unmatched a standard of excellence (e.g. striving for improvement, results orientation, competitiveness, innovation);
- Analytical Thinking: Understanding issue (problem) by breaking it into small parts or tracing its implications in a step-by-step way, organizing them systematically, making systematic comparisons of different aspects, setting priorities on a rational basis, and identifying time sequences and relationships;
- Community Orientation: Aligning individual and organizational priorities with the needs and values of the community;
- Financial Skills: Understanding and explaining financial and accounting information;
- Information Seeking: Underlying curiosity and desire for knowledge;
- Innovative Thinking: Applying complex concepts, developing creative solutions, or adapting previous solutions in new ways for breakthrough hitherto thinking;
- Strategic Orientation: Drawing implications and conclusions in light of interdisciplinary view, and using this insights to develop an evolving vision for the organization.

2. Execution – translating vision and strategy into optimal organizational performance; include:
- Accountability: Holding people accountable to standards of performance or ensure compliance appropriately and effectively;
- Change Leadership: Energizing stakeholders and sustain their commitment to changes in approaches, processes, and strategies;
- Collaboration: Working cooperatively;
- Communication: Speaking and writing in clear, and logical manner in formal and informal situations;
- Impact and Influence: Persuading and convincing individuals and groups to support a point of view, or recommendation;
- Information Technology Management: Seeing the potential in and understanding the use of administrative and clinical information technology and decision-support tools in process and performance improvement;
- Initiative: Anticipating obstacles, developments, and problems by looking ahead;
- Organizational Awareness: Understanding and learning the formal and informal decision-making structures and power relationship in an organization or sector, identifying real decision makers and those who can influence them;
- Performance Measurement: Understanding and using statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance; commitment to and employment of evidence-based techniques;
- Process Management and Organizational Design: Analyzing and designing or improving an organizational process, including incorporating the principles of quality management as well as patient satisfaction;
- Project Management: Planning, executing, and overseeing a multi-year, large-scale project involving significant resources, scope, and impact.

3. People – creating an organizational climate that values personnel, leader's responsibility, own and others capabilities; include:
- Human Resource Management: Implementing staff development and other management practices that represent contemporary best practices, complying with legal and regulatory requirements, and optimizing the performance of the workforce, including performance assessments, alternative compensation and benefit methods, and the alignment of human

resource practices and processes to meet the strategic goals of the organization;

- Interpersonal Understanding: Accurately hearing and understanding the unspoken or partly expressed thoughts, feelings, and concerns of others;
- Professionalism: Demonstrating of ethics and professional practices, as well as stimulating social accountability and community stewardship;
- Relationship Building: Establishing, building, and sustaining professional contacts for the purpose of building networks of people with similar goals and that support similar interests;
- Self-Confidence: Believing and conviction in one's own ability, success, and decisions or opinions when executing plans and addressing challenges;
- Self-Development: Seeing an accurate view of one's own strengths and development needs, including one's impact on others, a willingness to address needs through reflective, self-directed learning and trying new leadership approaches;
- Talent Development: Building of the organization's human capability, including supporting top-performing people and taking a personal interest in coaching and mentoring high-potential leaders;
- Team Leadership: seeing oneself as a leader, from forming a top team that possesses balanced capabilities to setting the mission, values, and norms, as well as holding the team members accountable individually and as a group for results.

Healthcare organizations core competences

The term "competency" was first used in management sciences to identify the characteristics which distinguish superior from average managerial performance (Boyatzis 1982). "Competency" (plural "competencies") described an underlying characteristic of an individual that is casually related to effective or superior performance in a job. The research gathered that there is a range of factors, not single factor, that differentiated superior from average managers.

The term "competence" (plural "competences) refers to the set of resources held by the organization, related to the performance of activities leading to achieving goals, by the development of adequate capabilities to perform tasks (Guallino, Prevot 2008).

Both of this terms are derived from the Latin word "*competere"* which means "due", "suitable", "appropriate" (Nordhaug, and Grønhaug 1994).

Competence can be understood as the ability to apply assets in a coordinated way (interaction and integration of capabilities) in order to achieve the key goal. Skills and capabilities are the basic of competences but capabilities and skills don't always lead to a competence by definition. This is only possible by interaction and integration between them. Thus, competence is related to processes and interaction between the assets in an organization and lies generally embedded in cornerstone organizational units (Gimzauskiene and Staliuniene 2010). Competences of healthcare organizations may be derived from different kinds of knowledge. Some of them depend on "know-how" – practical forms of knowledge gained through incremental improvements to medical services and processes, another – on "know-why" – theoretical forms of understanding that enable the creation of new kinds of services and processes. Other healthcare organizations competences seems to come from different kinds of knowledge identified by Organization for Economic Co-operation and Development (OECD) (Krawczyk-Sołtys 2013): "know-what" (operational knowledge), "know-who" (kind of meta-knowledge), "know-when", "know-which", "know-between" (interactions between resources, skills and capabilities), "know-where", "know-whether" and "know-if". To sum up: different healthcare organizations competences arise from various levels of activity: some derive largely from the capabilities of this entities to create and provide specific kinds of medical services, another seems to come from the abilities to organize and coordinate resources in innovative and effective ways, others mostly depend on managers ability to set up new strategies for creating organizational value.

There are four central points that determine the degree of strategic management competence in healthcare organizations (Hinterhuber, Friedrich, Handlbauer, and Stuhec 1996):

1. Recognizing potential – core competences are not necessarily visible. They constitute highly complex, intangible and diffuse entities;
2. Exploiting potential – right use and optimal exploitation of the organization's resources and competences are of central importance;
3. Developing potential – new core competences have to be developed and achieved. The question of the development of core competences leads to the question of organizational learning (Helleloid, and Simonin 1994);
4. Keeping potential – preserving core competences, preventing unwanted and uncontrolled outflow or others' access to own competences.

The real sources of advantage are to be found in management's ability to consolidate corporate wide technologies and production skills into competences that empower individual business to adapt quickly to hanging opportunities. Prahalad and Hamel define the core competence concept as a collective learning which enables the integration the integration of highly diversified types of technology with the different production skills at an enterprise (Prahalad and Hamel 1990). Core competence is the combination of the enterprises' valuable, difficult to imitate resources and competences which don't have any replaceable strategic alternatives (Barney 1995) and foundation on which the enterprises base their long-term strategies (Grant 1996). They can be also understood as unique series of resources which encompass the skills and competences that the enterprises have for ensuring strategic flexibility and obtaining competitive superiority (Hitt, Keats and DeMarie 1998).

In the resource-based view competences need not simply accrue to organizations (Hagan 1996). Rather they

can be consciously and systematically developed by the purposeful choices and actions of an organization's leadership (Barney 1991; Conner 1991; Wernerfelt 1984). Lado, Boyd, and Wright proposed conceptualization of sustainable competitive advantage from a resource-based perspective (Lado, Boyd, and Wright 1992), a systems model that integrally links four components of a organization's "distinctive competences" (managerial competencies and strategic focus, resource-based, transformation-based, and output-based competences).

There are several criteria for defining core competences (Clardy 2008). First, the *sine qua non condition* of core competences is persistent, superior organizational performance. They are based on routines and processes. Core competences are properties of a system and are not generally reducible to or defined by statements of individual task proficiencies. To create their superior effects, core competences are organizationally asymmetric. Core competences cannot, by definition, be common, generic, or universal, because if they are shared, then any organizations can use them to achieve competitive advantage.

Following Hamel and Prahalad theory core competence must have three features (Prahalad and Hamel 1990): should provide potential access to a wide variety of markets, has to make a significant contribution to the perceived customer benefits of the end product/service, and should be difficult to imitate. However Authors also underlined that these tests were just minimum thresholds. Core competences should also possess a high degree of durability (Hafeez, Zhang, and Malak 2002) and be strategically flexible (Winkelmans 1997).

Hence, building core competences in healthcare organizations can be understood as (Hitt, Keats and DeMarie 1998):

- Creating and supporting an organizational culture that emphasizes continuous learning;
- Providing effective skill development programs with regular updating to include the latest technology;
- Producing incentives for continuous skill development and for acceptance of change.

To sum up: there are no universal rules about evaluation criteria for identifying core competences in health organizations because each subject has its own characteristic. There are also many criteria and cross-sections of the organization's competencies classification (Bratnicki 2000; Oleksyn 2010; Matwiejczuk 2014). Core competences can be understood as "crown jewels" (Hafeez, Zhang, and Malak 2002) of such organizations, which should be carefully nurtured and developed.

Conclusions

In turbulent and often chaotic environments, healthcare organizations need to develop and nurture a unique set of resources. These sets are built into skills and capabilities, often referred to as core competences. The turbulent and changing nature of the environment suggests that these core competences cannot remain static. They must be continually evolving and developing. Therefore, healthcare organizations have to continue to invest in and upgrade their core competences to create new strategic growth alternatives which requires technological and skill accumulation over time (i.e., organizational learning). Healthcare organizations with core competences are able to partially shape the environments (i.e. creating new opportunities) in which they operate and compete and that's why they are better able to achieve desired outcomes.

The significant role of researches and development for core competence building in literature is pointed (Ahuja 2011). Focusing on core competences, an healthcare organization views today's output supposed to be concerned with recruiting, developing, deploying and organizing around skills, capabilities and competences. The healthcare leadership's role is three-fold: first – developing the organization's strategic architecture or overall planning for building the eligible competences, second – allocating talent to various use or applications, and third – leveraging competences by stretching them across multiple medical services applications. The latter may be achieved through decision-making about competency accumulation, concentration, combination, conservation, reuse and recovery. By defining an organization as a bundle of competences (Hagan 1996), the healthcare organization becomes blurred, enabling an innovative organization to seek "white space" opportunities between existing competency applications.

Core competences in healthcare organizations are both the starting point and the result of collective learning processes. The managers responsible for core competences must endeavor to continuously "produce" new knowledge within the organization or gain it from outside. This knowledge has to be grouped together and translated into core competences (Hinterhuber, Friedrich, Handlbauer, and Stuhec 1996).

The aim of future, in-depth research is to identify specific, meaningful leadership competencies which are significantly related to healthcare organizations competences. There are two ways to achieve this: top-down approach (considering organizational competences as independent variables and leadership competencies as dependent variables) and bottom-up approach (considering leadership competencies as independent variables and organizational competences as dependent variables) (Peteraf 1993; Yang, Wu, Shu, and Yang 2006). Both this approaches provide that leadership competencies remain related to organizational competences. The next step in the research is to determine which competences of healthcare organizations are core. Hence this article will give some implications to future research.

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