# 'FROM THE THEATRE TO THE OFFICE': AN ANALYSIS OF THE MANAGERIAL AND LEADERSHIP SKILLS AND COMPETENCIES OF MEDICAL SUPERINTENDENTS OF PUBLIC HOSPITALS IN ZIMBABWE

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**ABSTRACT**

A lack of management capacity was identified as the key stumbling block to attaining the goals of health for all in Zimbabwe. As part of the overall management development process, this research set out to analyze and identify the management and leadership skills and competencies that are important for health services management and to evaluate managers' self-assessed proficiency in each of these skills. Researchers also examined the impact of past training on perceived competency levels. A cross-sectional survey using a self-administered questionnaire was conducted among 20 hospital managers in the Zimbabwe public hospitals. Respondents were asked to rate the level of importance that each proposed competency had in their job and to indicate their proficiency in each skill. Managers rated competencies related to 'people management', 'self-management' and 'task-related skills' highest followed by 'strategic planning' and 'health delivery', respectively. The largest differences between mean importance rating and mean skill rating for the public managers was for people management skills, task-related skills and self-management skills. The largest deficits were for people management skills, self-management skills and health delivery skills. Informal management development programmes were found to be more valuable in improving management skills. These findings reflect the reality of the local health service environment and the need of health managers to be given

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training in management skills. The study and findings will be useful in the conceptualization, design and delivery of health management programmes aimed at enhancing current and future management and leadership capacity in the health sector in Zimbabwe.

**Key words:** Health delivery, medical superintendents/ managers, managerial skills, leadership skills, competencies, patient care, service delivery, staff development, performance management

## 1. Introduction

Public health Institutions in Zimbabwe are managed through the parent Ministry of Health and Child Welfare. These include central hospitals, provincial hospitals, district hospitals and rural health centers. These institutions cater for the majority of the under privileged population of Zimbabwe in providing medical care. The private hospitals cater for the rest of the affluent population. Traditionally these institutions were funded by central government in their day to day operations. In the late 1990s there was a shift in central government policy where public hospitals were supposed to be self sustaining and had to be weaned off from the central government. The Ministry of Health had to come up with this policy because it was becoming more and more difficult to centrally manage the hospitals and also finance them. The decision was therefore to let these hospitals be run along business lines where they generate their own revenue for sustenance.

Patients are managed and referred to bigger and better equipped hospitals depending on severity or complexity of illness. The least severe and less complicated patients are managed at the district hospitals with the most complicated cases being managed at the central hospital and those in between being managed at the provincial hospitals.

From district level to central level, the administrative head of these institutions is called the Medical superintendent. The Ministry of Health and Child Welfare's policy is that the medical superintendents of these hospitals should be medical doctors and should be holders of medical degrees such as MBChB or MD from recognized Universities. Where these are not available then the superintendent would have to have a related medical degree. A business management qualification is not a prerequisite for one to be engaged as a medical superintendent. No matter

what business qualification or managerial experience one has, they cannot be engaged as medical superintendents as long as they do not have the medical degree. An inexperienced medical doctor will be appointed as a superintendent of a hospital ahead of an experienced non medical administrator.

The roles and responsibilities of these medical superintendents are to plan, organize, lead, coordinate and control the operations of these institutions, which are the five processes of management. The basic management skills that any manager should have are: - leadership, team building, communication and presentation skills, decision making and ethics.

These skills and competencies of management and leadership are not in-born but are acquired through learning. They have to be taught formally. If managers apply the above skills and competencies correctly, then the organizations they lead will achieve their intended goals. In the case of the medical superintendents the goals would be good health service delivery to the community.

However service delivery in these institutions is deteriorating. This is evidenced by patients long queues, patients dying awaiting attendance, some going without food, some without linen, water and drugs. In some public hospitals there is perennial shortage of drugs and basic sundries such as linen and soap. The infrastructure is dilapidated and the environment at the hospitals is not conducive to patient recuperation. Even in death the patients are still not well looked after as the mortuaries will not be functioning properly. At Harare Central hospital, there was no water for two weeks; the theatres were not functioning for two years and the mortuary not functioning for six months. Now and again there are complaints that patients are rudely treated and that nurses are generally poor at customer care in these public institutions.

Of note also is that the current curricula at the University of Zimbabwe's college of Health Sciences covers only clinical work and clearly shows that it does not prepare medical graduates for future leadership and management positions.

The researchers were of the opinion that all these problems bedeviling these institutions were a result of lack of appropriate managerial and leadership skills amongst these Medical

Superintendents. Every achievement of an organization is the achievement of the manager. To perform well as a manager, the Medical Superintendent must identify individual strengths, weaknesses, and potential. They must have an extensive knowledge base, the abilities required to implement highly sophisticated technological skills, the decision-making and critical thinking skills that are essential to practice, and the capability of managing multiple problems simultaneously. By understanding the various managerial skills the Medical Superintendent can function in the healthcare setting with assurance, knowing they have equipped themselves for the role. Thus this study intended to do a skill and competencies audit of the Medical Superintendents and determine how effectively and efficiently they are running these institutions. The research also comes up with recommendations to address these problems.

This research intends to bring out the managerial deficiencies in skills and competencies of the medical Superintendents. The ultimate goal is to identify these gaps and come up with recommendations

## 2. Literature review

Healthcare is a business and, like every business, it needs good management to keep the business running smoothly. Medical and health services managers also referred to as healthcare executives or medical superintendents, plan, direct, coordinate, and supervise the delivery of healthcare. These workers are either specialists in charge of a specific clinical department or generalists who manage an entire facility or system.

Whenever the human resource functions are not in the hands of competent people there would probably be a gap between what is theoretically believed to be and what may be placed in practice (Ulrich, D. 1997). Although, health managers are believed to be the key for Zimbabwe to achieve the Millennium Development Goals (MDGs) related to health and overcome the huge challenges facing health service delivery in the country, there has been little attention given to the assessment of health service managers' competence gap and their needs for future training. UN-HABITAT (2008), observed that it is widely accepted that Africa, Zimbabwe included, takes the largest burden of most of the diseases in the world and yet it has the smallest share of health

workers compared to its population. At a time when countries like Zimbabwe need to expand their intervention in HIV/AIDS, tuberculosis, malaria, and reduce maternal and child mortality rate and others, it is critically important to identify the capacity gaps in management and craft strategies so as to strengthen hospital management.

Peter Drucker (2002) has said that large healthcare institutions may be the most complex in human history and that even small healthcare organizations are barely manageable. Some time has passed since Drucker's observation, but the complexity of healthcare organizations, along with the demands on managers and leaders, has not diminished in any way. Managers and leaders are expected to do more with less. (ibid, 2002)

Since 1999, the Society of Healthcare Strategy and Market Development and the American College of Healthcare Executives have been producing Futures Can, a compendium of healthcare trends and projections for the next five years. In Futures Can 2008, the publication's executive editor, Don Seymour, said in an environment of escalated public demand, it is only logical to question the competence of healthcare leaders and managers. As noted in Griffith (2007), the increased difficulty of running a healthcare organization has led to the need for managers with more sophisticated capabilities.

The widespread acceptance of evidence-based medicine is a natural precursor to an evidence-based approach to healthcare management (Kovner and Rundall 2006). Also, the development and promotion of competencies for graduate medical education (Batalden et al. 2002) set the stage for healthcare administration.

According to Stoner, Freeman and Gilbert (1992) management is a specialty in dealing with matters of time and human relationships as they arise in an organization. Hersey, Blanchard and Johnson (2001) define management as the process of working with and through individuals, groups and other resources to accomplish organizational goals. Drucker (2002) state that management is the process of designing and maintaining an environment in which individuals, working together in groups, efficiently accomplish selected aims. Drucker further observes that enterprises do not exist for their own sake, but to fulfill a specific social purpose and to satisfy a

specific need of society, community, or individual. This links well with the research question that seeks to elicit the medical superintendents understanding of management and its dimensions.

Katz1 (2005) identified three categories of skills needed by managers: technical skills, human skills, and conceptual skills. This is further emphasized by Goleman (2000) who also outlined three domains of managerial skills: technical skills, cognitive abilities and competencies that demonstrated emotional intelligence. Robbins, Bradley and Spicer (2001) identified four leadership skill domains: technical skills, industry knowledge skills, analytic and conceptual reasoning skills, or interpersonal and emotional intelligence skills. They identified industry knowledge as a domain of skill due to the complex nature of the healthcare industry.

Ganong and Ganong (1980) state that conceptual ability is a vital mental skill in the work of a medical superintendent as a manager. Every manager has to conceptualize this big picture, be familiar with its details and how they fit together, and perceive how the meaning of that picture affects day-to-day problem-solving and decision-making.

It has been noted that in striving to improve the efficiency of their healthcare systems, health ministries of countries such as Australia, the United Kingdom and Canada often hold hospital management teams accountable for the increases in healthcare spending. This also applies in Zimbabwe and this research is  striving to improve the efficiency of healthcare systems in the country. Bruce Dowton, the Dean of Medicine at the University of New South Wales also noted that "despite leadership roles being critical, Western governments persist with outmoded models of organizations and pay inadequate attention to developing individual leaders and new models of leadership within the medical profession". In other words, as Dowton suggests, hospital inefficiency could realistically be eliminated by training healthcare professionals adequately in the area of medical leadership.

Thus, in order to face current and future changes in healthcare, countries need to develop a new generation of competent medical leaders involved at all levels of its healthcare system. Many countries worldwide are starting to acknowledge the numerous advantages of developing leadership skills in their medical students, physicians, CEOs/CMOs and health ministers. In

Canada, although some promising initiatives have already been taken, much still needs to be done in order for the healthcare system to benefit from strong medical leadership.

According to the United States Bureau of Labour Statistics, the job outlook for Medical Office Managers requires a person that has strong business management skills and experience in healthcare.

Medical office managers require strong leadership abilities and decision-making capabilities. Most medical office managers should have obtained a Master's Degree, though some are very successful with Bachelor's Degrees and work experience. A master's in health services administration, public administration or master's of business administration (MBA) are the most preferred degrees to effectively perform in this position.

Common Competencies identified in literature according to Stefl ( 2003a) include;

1. Communication and Relationship Management: The ability to communicate clearly and concisely with internal and external customers, to establish and maintain relationships, and to facilitate constructive interactions with individuals and groups

2. Leadership: The ability to inspire individual and organizational excellence, to create and attain a shared vision, and to successfully manage change to attain the organization's strategic ends and successful performance

3. Professionalism: The ability to align personal and organizational conduct with ethical and professional standards that include a responsibility to the patient and community, a service orientation, and a commitment to lifelong learning and improvement

4. Knowledge of the Healthcare Environment: The demonstrated understanding of the healthcare system and the environment in which healthcare managers and providers function

5. Business Skills and Knowledge: The ability to apply business principles, including systems thinking, to the healthcare environment; basic business principles include financial management, human resource management, organizational dynamics and governance, strategic planning and marketing, information management, (f) risk management and quality improvement

In keeping with the current focus on outcomes and evidence-based management, these five domains were viewed as common competencies or competency domains. While "competency" can be defined in a variety of ways, an adopted definition from Ross, Wenzel, and Mitlyng

(2002) suggest that competencies are clusters that transcend unique organizational settings and are applicable across the environment. Thus leadership competencies are central to a healthcare executive's performance.

Much of the discussion regarding competencies attempts to distinguish the performance expectations for entry-level, mid-career, and senior-level managers. This is contained in the skill acquisition model developed by Stuart Dreyfus and Hubert Dreyfus (1986). The Dreyfus model has been applied to the nursing field (Benner 1984), and it guided the development of ACMPE's competency and certification model. More recently, the Accreditation Council for Graduate Medical Education applied the model to develop core competencies for medical residents (Batalden et al. 2002), and the model has been discussed in relation to health administration education (Stefl 2003b).

The original Dreyfus model outlined five stages for skill development: novice, advanced beginner, competent, proficient, and expert. As skills develop, the individual's reliance on rules decreases and the ability to make independent judgments increases. By the time a person reaches the proficient and expert levels, he or she can recognize patterns in the environment and operate (at least partially) on intuition.

For example, an entry-level manager will consult a policy manual to deal with a distraught and angry patient or family member. A mid-level manager, however, is already thoroughly familiar with the protocols governing the situation and will employ strategies and responses that have effectively diffused similar situations in the past. A senior-level executive will respond more intuitively, recognizing patterns in the situation and knowing implicitly when to apply rules and when to be more creative. This intuitive and discriminatory knowledge can only come from experience and practice in applying management skills. Each manager in this scenario is using KSAs in the Communication and Relationship Management domain.

When the situation is viewed in terms of the Dreyfus model, the new manager is acting as a novice, the more experienced manager is functioning at the competent level, and the senior executive is responding at the proficient or expert level. Progressing from one skill level to another, especially from novice to competent, typically requires experience coupled with guided reflection. This progression underscores the need for mentoring throughout career stages as well as the importance of continued professional development and lifelong learning.

## 3. Methodology

This study adopted the descriptive explanatory survey approach. The approach was to gather information about the present existing condition. The researcher chose the descriptive survey because it is a non experimental method which can be useful to collect data on phenomena that cannot be directly observed such as opinions. The medical superintendents are the heads of these public health institutions. There are 63 medical superintendents in the country who were eligible participants. These are spread throughout the ten provinces in the country with an average of six per province. In this study the researcher selected all the provinces to be represented and all the central hospitals. Within each province the researcher randomly selected two medical superintendents from the six district hospitals using the lottery method. Harare and Bulawayo were represented by central hospitals therefore only 8 provinces provided medical superintendents. The researchers used questionnaires because the responses were gathered in a standardized way and generally was relatively quick to collect the information. Interviews were also done and these were face to face and Skype chats. The researchers were able to pick non verbal cues from the respondents. Observations provided vital information about chairing of meetings, patient satisfaction, and infrastructure and service delivery.

## 4. Results

The study was conducted to analyze the managerial skills and competencies of medical superintendents to effectively manage government public hospitals in Zimbabwe as opined by the medical superintendents themselves, their supervisors, immediate subordinates and community leaders.

The findings revealed that:

(a) Majority (85 %) of the medical superintendents belonged to the 25-35 years age group. The majority of the medical superintendents had experience of less than two years. This is explained by the fact that the health sector lost most of its experienced staff due to the economic meltdown in Zimbabwe.

(b) All (100%) of the hospital managers had a bachelor's degree. 85 % had an MBChB Degree, and 15% had other professional degrees. 15% had a master's degree

(c) According to the key informants the managerial skills of the medical superintendents were generally poor

(d) The study confirmed that the majority of clinical professionals in public hospitals assumed mostly clinical responsibilities and devoted very little time in managerial and leadership issues

(e) Although the clinicians had adequate knowledge and skill in their field, they lacked basic management skills and ultimately fail to encourage and motivate the workforce to achieve organizational goals

(f)The majority of the subordinates opined that in terms of human skills, conceptual skills and technical skills medical superintendents were rated poor

(g) The medical superintendents were rated fair by their supervisors in some competencies as these had a direct bearing on these supervisors' performance

(h) 10 % of the managers in the studied hospitals had considerable capacity generally in personnel policy and planning, performance appraisal, training and development, data systems, general management and leadership.

(i)On average more than 90 % of the respondents showed the skills and competencies gap in leadership and management regardless of their high level of education in their respective fields.

(j)Hospital managers need leadership and management skills and knowledge to carry out their duties and therefore, an organized effort from the organization itself and other concerned bodies especially the parent ministry is of paramount importance to address this lack of leadership and management capacity

(k) The research also brought out the managerial and leadership skills gap of medical superintendents

## 5. Conclusion

The findings confirm that there is a lack of management capacity within the public health sector in Zimbabwe and that there is a significant gap in the management and leadership competencies in public hospitals. It provides the evidence that there is a great need for the further development of managers, especially those in the government hospitals. The onus is therefore on the parent ministry and administrators and those responsible for management education and training to

identify managers in need of development and to make available training that is contextually relevant in terms of program design and delivery so that these managers can be effective in their positions.

**6. Recommendations**

(a) There is need for a paradigm shift in the Ministry of Health and Child Welfare in Zimbabwe from the policy position that only medical doctors can head public health institutions.

(b) Consideration to the position of superintendent should be given to other professionals with qualifications in Business Management such as MBA or Strategic management.

(c) The clinical professionals who assume responsibilities in the leadership and management function should have at least basic skills and knowledge in management and leadership before taking the responsibilities.

(d) In light of the above conclusions which show that the majority of the medical superintendents are young and inexperienced as a result of brain drain, the government through the Ministry of Health and Child Welfare should create good working environment and motivate employees through the application of different incentive mechanisms both financial and non-financial.

(f) The medical School at the University of Zimbabwe should introduce management and leadership courses into their training curricula to better prepare medical doctors for leadership positions.

(g) Each hospital manager should have at least a degree in management and/or leadership.

The researchers further recommend that research specific to managerial and leadership skills and competencies required by medical superintendents of public health institutions in Zimbabwe would be of use to such organizations when selecting, recruiting, training and developing managers to manage these units.

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