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Exploring characteristics and perceptions of private hospital physician managers regarding their management training needs.

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Abstract

Introduction: Recently, the role of physician manager has widely expanded and become more commercially competitive. This study aimed to explore the management characteristics and perceptions of physician managers of private hospitals in Jordan regarding their managerial training needs.
Material and methods: Data for this study were collected from a random sample of 227 physicians working in management positions in different health care organisations in the private sector in Amman, Jordan using a self-administered questionnaire. The questionnaire comprising five parts derived from information obtained from other relevant studies to collect demographic and management characteristics of respondents, physicians' management competencies, training needs, reasons for moving to management position, and the preferred learning methods.
Results: The findings of study found none of respondents had a formal degree in management of any kind, and none had attended training programmes in management. The participants rated their managerial competencies for all items of six management functions as moderate (mean=3, 43, SD=0.51). The most frequently requested training needs were 'financing management and preparing the annual budget (40.0%), strategic planning and SWOT analysis (23.3%), using information technology and computer skills (8.9%), quality control and writing standards (5.7%), and marketing health services (4.4%).
Conclusion: Considering the unique needs of every professional regarding all facets of training programmes as a training competencies needs, and teaching methods expected to scale up the rate of attendance. Respondents of this study admitted that they need further development training programmes.

Keywords: Management competency, Physician manager, Manager empowerment, Training needs assessment.

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Introduction

In the language of business, private health industries operate in free market competition. The managers focus on providing high-quality services to their customers to meet their expectations [1]. Another important issue is that the private health sector tends to be dominated by health professionals whose primary commitment is to their own professional practices [2-4]. These two issues rely heavily on managers who operate the hospital toward selling a high-quality product to increase their financial revenue. Currently, hospital managers work to advance their role as change agents to accommodate the new era of the health industry [5].

The dilemma regarding the role of the health service organisation manager and whether he or she should be a physician or a non-medical administrator has been discussed in the literature. Some expect that putting physicians into manager positions can result in improved hospital performance, safety issues, and quality of patient care [6-8]. This is because physician has distinct advantages over their non-medical counterparts as they are at the centre of health care delivery, understand human behaviours, fulfil their commitments in demanding work environments, can communicate with peers in health clinical settings, and are responsible for around two-thirds of the cost delivered to the patients [9]. Others who argue that the health care system is significantly different from other systems, requiring managers with special knowledge and skills related to management and leadership [5,10], and those do not prove that doctors make more effective leaders than professional managers [11].

In the literature, we found little attention given to the manager role in medical education. We also found little information about the subject in Jordan as well as other developing countries [2,5,12]. A review of international literature revealed that physicians in this role have had little preparation to enable them to perform their role effectively [13-15]. However, several articles have argued that the manager role is considered to be an essential competency and commendable to spend

educational time on [1,5,11,15]. In his study of developing physician leaders, Stoller [16], identified four factors that provide a strong rational for developing physician leaders: the complexity of health care organisations and of the current health care climate, physicians' inclination toward followership and collaboration, the traditional practice of promoting physicians to leadership positions based on clinical and/or academic skills and accomplishments rather than on leadership competencies, and general inattention to training physicians in leadership competencies.

These transitions of physicians from clinical roles to management functions have been a challenge to them and give health care organisations a new future and insight that contributes to organisational success. Assessment of the physician's managerial needs is vital to guide the policy development of any training programme and enable programme planners to focus on priorities relevant to the local resources [17].

This study aimed to explore the characteristics and perceptions of physician managers of private hospitals in Jordan regarding their managerial training needs.

Material and Methods

Data for this study were collected from a sample of 227 physicians working in management positions in different health care organisations in the private sector in Amman using a self-administered questionnaire. Physicians were selected at random with probability proportional to size from a list containing managers in private health care organisations.

Data were collected using a questionnaire comprising 91 items derived from information obtained from other relevant studies. The questionnaire included five parts. First, 19 items of the instrument collected demographic information and management characteristics about the participant including gender, age, current position in management, professional rank, experience in management, formal degree in management, programmes in management attended, and interest in attending management programme. The second 21 questions measuring physician's management competencies came from the literature and presented the six major management functions: planning, decision making and problem solving, organising, staffing, directing, and controlling. Each major management function was divided into tasks, to which the respondents could respond by rating their perceptions of how they felt about performing them on a 5-point Likert scale (1: very poor and 5: excellent) (e.g. creating job expansion opportunities for staff and preparing an annual budget). At the latest stage, the answers were classified into three categories: Low (means<2.5), Moderate (means 2.5-3.75), and High (means>3.75). The third part of questionnaire composed of thirty six items asked participants to select the management topics as their needs for further training and development. The remaining items were investigating the reasons for moving to management position and the preferred training methods. To establish content validity, the questionnaire was reviewed by qualified Jordanian physicians, managers, and highly educated specialist in health management educators employed in both practice and academic settings and involved in training program activities. A pilot study using a convenient sample of 15 physicians with similar inclusion criteria to those developed for the main study was conducted to test the feasibility of the instrument and to detect any defect in the methodology. Expert opinions from faculty members of the department of health administration also helped to refine the final questionnaire. Some changes were made regarding the placement of some items of the questions within tables and to the wording of some of the questions. A final questionnaire was prepared based on the suggestions given by the experts and the respondents in the pilot study. The internal consistency of the questionnaire was 0.89 using Cronbach's alpha. Data were analysed using the SPSS statistical software package version 23.

Verbal consent was obtained from those who agreed to participate in the study. Additionally, a statement ('Return of the questionnaire will indicate your consent to participate in the study') was indicated in the cover letter. The purpose of the study and the use of the findings were explained to the participants in detail. The questionnaires were administered by trained final-year university students. Confidentiality of data was assured.

Data from the questionnaire were entered into SPSS version 22 for analysis. Descriptive analysis with frequency distribution was performed on the demographic characteristics, educational background of respondents, and reasons beyond moving to a managerial role and aimed to indicate the topics of training programme needed. Canonical correlation analysis was used to estimate the correlation between the two set of variables as reasons beyond moving the respondents to a management role. Cronbach's alpha was used to determine the reliability of the questionnaire.

Results

Data were obtained from 227 physician managers, yielding a response rate of 83%. Non-respondents were not significantly different from respondents in sociodemographic and professional characteristics. Table 1 shows that the vast majority of respondents were male (91.8%), around 60% were aged>50 y, and the largest percentage were consultants (43.2%). Titles for the physician health care managers are indicated by 65.2% as head of departments, which also includes division heads. The majority of study samples (43.2%) were ranked as consultants. Regarding the length of time respondents had held management positions, the majority (44.9%) had been in their current position for less than 5 years. None of respondents had a formal degree in management of any kind, and none had attended training programmes in management. However, around 93% had interest in attending a management training programme.

Table 2 shows reasons that influenced physicians to move into management. About half of the respondents (49.8%) stated that 'requirement for the job' had been a major factor that

influenced their decision to move to a management role, followed by 'desire for new challenge' (18.4%).

The canonical test between personal characteristic variables and reasons for moving to management produced three significant canonical correlations ($p<0.01$, Wilk's), shown in Table 3. However, when the first canonical root was excluded, the remaining canonical roots were not statistically significant. The canonical variable, personal characteristics, explained 40% in the original personal characteristic variables. It has a negative correlation with all variables except specialty. The canonical variable, reasons for moving, accounted for 31% of the total variability of the original reason variable. These correlations suggested that being attracted by management, boredom with medical practice, improving personal position, and encouragement from others are related to being older, having more years in medicine, and reduced interest in medicine.

Table 4 shows the how the physician managers rated their management competencies. The participants rated their managerial competencies for all items of six management functions as moderate (mean=3.43, SD=0.51) with the highest ratings on 'delegating some important decisions to staff' (mean=4.24, SD=0.75) while the lowest ratings were on 'managing finance issues and cost containment' (mean = 2.11, SD=0.69).

Table 5 shows the training needs of respondents. The most frequently requested training needs were 'financing management and preparing the annual budget (40.0%), strategic planning and SWOT analysis (23.3%), using information technology and computer skills (8.9%), quality control and writing standards (5.7%), and marketing health services (4.4%).

The least frequently requested training needs were handling a complaint (0%), centralisation and decentralisation (0.9%), meeting skills (1.3%), power and authority (1.8%), and consultation skills (1.8%).

Regarding the preferred teaching methods, respondents were instructed to pick only one. The majority (52%) preferred workshops as a teaching method. The second most preferred learning method was group discussion (23.8%), and the least preferred method was web training (0.9%) (Table 6).

Table 1. *Demographic of respondents and management characteristics.*

Variable	(N%)
Gender	
Male	208 (91.8)
Female	19 (8.2)
Age	
≤ 50	86 (37.9)
50+	141 (62.1)
Role of employment as manager	
Hospital manager	23 (10.1)
Administrative/technical manager	56 (24.7)
Head of Department	148 (65.2)
Professional rank	
Consultant	98 (43.2)
Specialist	67 (29.5)
General practitioner	62 (27.3)
Experience in management/year	
Less than 5 years	102 (44.9)
5-10	66 (29 .1)
>10	59 (26)
Had a formal degree in management	
Yes	0 (0)
No	227 (100)
Training programs in management attended last 3 years	
Yes	0 (0)
No	227 (94)
Interest in attending management program	
Yes	211 (93.1)
No	16 (7.1)

Table 2. *Reasons for moving to management (N=227).*

Reasons	N (%)
Improve professional position	16 (7)
Requirement for the job	98 (43.2)
Desire for management/leadership	21 (9.2)
Increase the pay and benefits	17 (7.4)
Be involved in health policy decisions	14 (6.6)
Desire for new challenge	42 (18.4)
Boredom with medical practice	11 (4.7)
Improve satisfaction and self esteem	8 (3.5)

Table 3. *Results of canonical correlation analysis.*

Personal characteristics	
Age	0.814
Specialty	
Consultant	0.643
Specialist	0.037
General practitioner	0.019

Years in medicine	0.738
Gender	
Male	0.762
Female	0.025
Reason for moving to management	
Improve professional position	0.763
Desire for leadership	0.024
Increase the benefits	0.065
Desire for additional skills	0.027
Be involved in health policy decision	0.031
Boredom with medical practice	0.92
Encouragement from others	0.58

Table 4. *Perception of respondents' with their own confidence in acting managerial skills (N=227).*

Planning	**Mean (SD)**
1. Revising the mission, vision, values, and philosophy	3.14 (0.76)
2. Preparing strategic plan on base of SWOT analysis	2.92 (0.73)
3. Using information technology and computer skills	3.37 (0.84)
4. Managing Finance issues and cost containment	2.11 (0.69)
Organizing	
5. Allocating resources based on standards	4.11 (0.83)
6. Delegating some important decisions to staff	4.24 (0.75)
7. Coordinating activities among staff, and units	3.78 (0.73)
Staffing	
8. Recruiting staff based on organization needs	3.86 (0.81)
9. Developing the teams and committees	3.67 (0.71)
10. Evaluating staff performance on base of standards	3.45 (0.76)
11. Dealing with conflicts in effective way	3.94 (0.87)
Directing	
12. Adopting leadership and styles according situations	2.97 (0.64)
13. Motivating staff to achieve goals and objective	3.61 (0.54)
14. Enhancing formal and informal communication flows between staff and units.	3.91 (0.78)
Controlling	3.05 (0.82)
15. Monitoring staff performance based on standards	3.05 (0.82)
16. Improving quality process	3.81 (0.86)
17. Rewarding achievements and giving feedback	3.34 (0.78)
Decision making	3.41 (0.74)
18. Involving staff in decision making	3.41 (0.74)
19. Selecting decision based on standards e. g. cost-benefit	3.17 (0.81)
20. Considering ethical principles in making decision	3.56 (0.83)
21. Make consultations with experts when necessary	2.89 (0.76)

Table 5. *Distribution of respondents according their training needs (N=227)*[*]*.*

The highest five frequency	**N (%)**
Financing management and preparing the annual budget	91 (40.0)
Strategic planning and SWOT analysis	53 (23.3)
Using information technology and computer skills	18 (8.9)
Quality control and writing standards	13 (5.7)
Marketing health services	10 (4.4)
The five least priority	
Consultation skills	4 (1.8)
Power and authority	4 (1.8)
Meeting skills	3 (1.3)
Centralization and decentralization	2 (0.9)
Handle a compliant	0 (0)

Table 6. *Preferred learning methods for training programs (N=227).*

Learning method	**No (%)**
Work shop	118 (52)
Discussion	54 (23.8)
Conference	24 (10.6)
Seminar	13 (5.7)
Lecture	9 (3.9)
Study Circle	7 (3.1)
Web training	2 (0.9)

Discussion

The response rate was high compared to other studies investigating perceptions of health professionals using self-completing questionnaires. This indicates that physician managers were interested in scaling up their management competencies. This study revealed that management positions are dominated by physicians who combined a management role with clinical one. The findings of this study show that physician managers in private hospital in Jordan have generally been given very little preparation for their new role. The clear majority had not received any type of training in management skills. It is notable that management is not a transferable skill from academics and medical practice. This gives us a big hint that these managers could benefit from further managerial development opportunities.

It is of concern that the majority of participants were massively inexperienced in the management role, having been in management positions for less than five years and being more

than 50 years old. The ownership authorities of private hospitals interested in marketing their health services to survive their health organisation possibly for a long time must enhance the current management competencies of older physicians but also must develop the managerial abilities of potential managers.

The participants rated their management competency over all as moderate. This is like the results reported by Bax et al. [1]. It is notable that grading of these competencies was purely subjective, and self-evaluation is invariably unreliable because some people may be unwilling to report their insufficiencies. Respondents rated themselves as being most highly competent in 'delegating some important decisions to staff' while, in other studies, this skill was rated lowest and requested by respondents for inclusion in management development [18]. An explanation of this could be that the managerial skills between two groups differ according the characteristics of respondents and how the respondents understand the term. Negotiation skills are crucial in management as a natural extension of persuasive communication skills and are acquirable [2]. However, the respondents in this study indicated that they were interested in attending a management development programme.

Canonical Correlation Analysis (CCA) results showed that older physicians moved to management as they were bored with medical practice. Older physicians at a late stage in their work careers, like other professionals, may see management as a cap or complement to a long clinical career. Our result contradicted the results of Timothy [19]. who found that younger physicians express lower commitment to their profession, and half gave up the practice of medicine and even practiced medicine to a lesser extent than their older colleagues.

The needs reported by respondents addressed all management tasks and were not restricted to any specific skills. This indicates that any training programme should be developed broadly, almost covering all management issues. The most commonly reported needs by respondents were financing management and preparing the annual budget, strategic planning, using information technology and computer skills, and marketing health services. These topics are essential for physician managers, who are responsible for 75% of the cost incurred by health care organisation [2], and important to take an active role in ensuring delivery of value-added patient care in the current healthcare business environment. This finding is, to some extent, consistent with Markuns et al. [20], qualitative study indicating financing management, information technology and other important issues as essential to accomplish their managerial advanced tasks.

The least frequently reported needs requested by respondents were development of consultation skills, power and authority, meeting skills, centralisation and decentralisation, and handling a complaint. Precisely because the participants feel they can manage these or situations, it may be that, from their point of view, these topics do not have important service value (quality/ cost) to their customers.

The respondents indicated a preference for workshop as a teaching method followed by group discussion. This is congruent with findings of Bax et al. [1] whose respondents indicated a preference for workshop as a method of teaching. This could be related to the desire to be directly involved and receive immediate feedback and would improve comprehension.

Conclusion

Recently, the role of physician manager has widely expanded and become more commercially competitive. Physician managers have little preparation for this crucial role, and respondents felt that they were only moderately competent in management skills. Respondents of this study admitted that they need further development training programmes. The most perceived topics of training by respondents in this study were financial management and preparing the annual budget, strategic planning, using information technology and computer skills, and marketing health services to meet the challenges of revolutions in health care industry. Planners should consider the unique needs of every professional regarding all facets of training programmes as teaching methods expected to scale up the rate of attendance.

The sample was limited to one sector of the Jordanian health system and may not be representative to hospitals at the national level. Another limitation derived from investigating the respondents' perceptions objectively, as well as other survey studies using self-administered questionnaires, will showed some bias in results. This could be solved in future studies required to examine manager competencies by using purposive national-level accreditation criteria.

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