

## **A study on the managerial competency of a hospital's basic level nursing directors**

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**ABSTRACT:** The nursing directors at basic level are the largest population among all the directors at the hospital studied in this research. Thus, enhancing the core competitiveness of nursing personnel lies in developing the managerial competencies of these *basic level* directors, namely, the head nurses. The structure of this study is a selection of research articles as the theoretical basis, and the analysis, including a focus group interview method, that will be described. A conclusion and recommendation were produced from the analysis in this study.

### INTRODUCTION

Managers, be they males or females, should possess multiple competencies. However, there are different opinions on the kinds of competency a manager must have. Dubois believes competency can be interpreted in three ways: capability, propensity and qualification [1]. However, Lee thinks that, in a narrow sense, competency refers to some skills only, whereas in a broad sense, it means not only skills, but also the demonstration of being knowledgeable and comprehensible, or the ability to apply the knowledge and comprehension to a new context or new job [2]. Parry defines competency as a set of knowledge, attitude and skills, which could exert an influence on specified work performance, and it also symbolises the performance based on the reason, the feel and what can be done with this capability [3].

In researching the managerial competencies of basic level directors in the healthcare sector, Renber and Fischer point out in their study that the size and number of employees in an institution would influence the managerial competencies of the directors, especially the skills on Interpersonal Relationships, according to statistics [4]. This was claimed in Lee's research, as well [5]. However, according to Beaufort and Dulcelina, in responding to the changes of prospective payment systems, the directors should acquire six competencies, including conceptual skills, professional skills, communication skills, political skills, marketing skills and execution skills [6][7].

Among all the management level staff at hospital, the number of directors at basic level is the highest, of which, the head nurses in the nursing department constitute the largest population. Since head nurses need to communicate with nurses daily, their role will exert an imperceptible influence on nurses' attitude, morale, loyalty and feedback to the emergency department, etc. Thus, enhancing the core competitiveness of nursing personnel lies in developing the managerial competencies of the basic level directors - the head nurses.

To improve the quality of head nurses, improve the organisation's performance as a whole, hospitals should develop a series of training courses on managerial competencies. The effectiveness of these training courses, upon which the evaluation is based, so as to improve efficiency and plan the training proposal on managerial competencies, is an absolutely necessary component of human resource development [8].

The cultivation of managers in the nursing department demands immediate attention. In addition, the development of the managerial competencies is greatly important. Given the above two reasons, the purpose of this study was to analyse the managerial competencies that the head nurses should possess, to understand whether their managerial competencies meet the demands of the hospital, and, if not, to find the gap between the skills that head nurses have acquired and the hospital needs, as a reference for domestic hospitals.

## MATERIALS AND METHODS

### Research Procedures

This study was carried out in several stages of implementation. The theoretical structure of the study model utilised research articles as the basis for data collection and analysis. Second, the interview outline was designed; and third, the focus group interview was conducted. Finally, the collected data were analysed and the conclusion and recommendation drawn.

### Methods

Characterised by some advantages, such as easier exploration of broader topics, and it being easier for groups to discuss and be interactive, etc, the focus group interview method was applied in this study, mainly as the way to collect data.

The researcher selected those who could, as participants, provide the most useful material. Given that the research is aimed at a specific hospital, the people sampled were known to each other, although it is assumed they were not too familiar to each other. Considering the balance of depth and breadth of the material, as well as the full participation of the people sampled, the researcher limited the size of the interview group to between 6 and 10 participants. Consequently, the study adopted a purposive sampling method, by selecting the basic level directors of nursing, together with relevant members or directors with whom they share management liaison and duties as the group to be interviewed. The group included head nurses, nursing supervisors, nursing administrators, HR directors and the nursing personnel at basic level. In total, 7 people were in the group, of which one of each of the senior head nurses and nursing personnel (more than 10 years' working experience) was selected, and their junior counterparts (less than 2 years' working experience) were selected in the same way. Of the remaining members of the group, one member of each category was selected.

The time taken to complete the interview was about 2 hours. Before it was carried out, interviewees were advised of the interview purpose, topics and other participants in the group. Also, they were required to fill in a form with their personal information, to be brought with them to the interview. The whole interview was recorded both by a tape recorder and in writing. During the interview, the researcher, as the moderator, put forward the questions first, then led the discussion strategically when awkward silences arose, particularly during the opening stage of the interview. Once the discussion warmed up, the researcher balanced the speech time of all the participants. When, during the discussion, the interviewee strayed away from the subject, the researcher reminded them of the correct topic, so as to control the interview process. The researcher concluded each topic, and advised participants of the conclusions, to enable them to correct or complement the conclusion.

## RESULTS

### Administrative Competence (Self Task Management)

In this category, competence refers to the ability of the head nurse to arrange any activity and the execution time needed, depending on its importance, according to set goals (both organisational and personal targets). The head nurse can record usage of time spent at any given moment, so as to remedy the situation, whenever the goal has changed or a certain activity has been delayed or moved ahead of the original schedule. The head nurse can control the interruption caused and lost time due to the differences in personal priorities by altering the behaviour of others; also, the head nurse can fully make use of others' time to finish tasks so that he or she can have more time to do even more important tasks. Competence in this category identifiably confirms and illustrates actions taken in every single step of the management cycle of procedures: the head nurse can distinguish between hope, activity, goal, and personal responsibility and knows the right moment to employ each aspect.

The head nurse can comprehend the obstacles that arise during the process of goal-setting and then endeavours to eliminate them. The head nurse can create or modify goals or standards, so as to make them suit the qualifications set by an effective goal. The head nurse can use goal-setting as a way to encourage the will and mission of the staff, and as a process of cultivating the working ability of subordinates. Competence in this category sets examination focal points and various controls to monitor progress; the head nurse can plan any type of activity in detail that will cause the goal to be achieved; the head nurse can employ appropriate methods, regulations and procedures to save time; he or she can choose and manage resources suitable for any type of task; and he/she can delete, simplify and combine tasks by improving tactics.

### Communicative Competence (Communicate and Coordinate with Others)

The head nurse can confirm and test any type of hypothesis and assumptions made, overcome any emotional or environmental obstacle that may interfere with effective listening. He or she can abridge and rearrange information, separating the converser's intention, content and procedure. The head nurse can assess a situation, providing information most likely to help others in achieving their goals. The head nurse can construct and transmit clear, simple,

complete, organised and persuasive messages. He or she can focus on conversation targets, avoiding subjects that go astray or are meaningless to reach the goal of communication. The head nurse can recognise the power that may influence the message needed during work; and the head nurse can suavely employ direct, indirect and inverted questions to obtain correct information. The head nurse can recognise the topical and underlying meaning of messages.

#### Leadership Competence (Setting up a Work Team)

The head nurse can choose the appropriate people for different jobs, as well as choose appropriate jobs for individuals. He or she can sustain self-knowledge and exemplify the balance of actual execution between the staff. He or she can transfer responsibility and sense of belonging to the staff. They also can provide appropriate rewards. Head nurses can emphasise effective performance rather than personal characteristics, attitudes or special traits. They can emphasise strong points and revise flaws with positive methods. The head nurse allows subordinates to participate in their own effective performance. The head nurse can describe, with measurable and observable words, the ideal action and the current action, as well as the actual differences and range between the two. Head nurses can reiterate the consequences of repeated unacceptable behaviour; and the head nurse can strengthen the conduct of what has been improved, or take necessary procedures in regard to actions lagging in improvement.

#### Recognition (Clear and Cautious Thinking)

The head nurse can identify the obstacle or problem that deters a goal from being achieved, and differentiate the signs of a potential problem from a real problem; the head nurse can gather and examine evidence, confirming the true sources and reasons of the problem. He or she can execute the most appropriate actions; the head nurse can find all possible solutions in solving a problem and clearly recognise all the necessary factors and risks that need to be considered, choosing the best plan in consideration of the risks. Head nurses can effectively use logical methods of induction and deduction. They also understand that the causes for failure are false results of insufficient evidence, flawed conditions and assumptions.

#### Managerial Ability Training

The subject hospital should identify the topic areas that head nurses lack in managerial ability and provide adequate training for those insufficient parts. Head nurses should show satisfactory performance in management, after the training provided by the hospital. Head nurses should find the training satisfactory, including programme and faculty.

### CONCLUSIONS

#### The Managerial Competencies of the Head Nurses

The study has found, as a result of the higher qualifications set by the hospital nursing department while recruiting head nurses, that the managerial competency of the head nurses as a whole is generally good, especially the leading skills. The members of the study group showed comparatively high loyalty to head nurses. However, the head nurses performed poorly in recognition skill and administrative skill. As for the communication skill, the researcher recognised that the head nurses work easily and efficiently with nursing members, but poorly while dealing with people who are not working in the nursing department. Probably, this is caused by differing recognition concepts between sectors.

The study also found that managerial competencies obviously were associated with the personality traits of the head nurses. Head nurses, regarded as *soft*, are more tolerant while leading nursing members, but less confident in decisiveness when facing problems. In contrast, head nurses regarded as *strong*, tend to be very assertive, by taking the attitude of *business is business*. In addition, the researcher has recognised for the purposes of the study, that the seniority of the head nurses influences their managerial competency. In terms of the administrative skill, communication skill, leading skill and recognition skill, the senior head nurses with more administrative experience are more persuasive than the junior ones.

In studying the managerial competency of the head nurses, it was noted in the research that the hospital rules and regulations hold great importance. The more perfect the rules and regulations, the more obvious it is that the head nurses can demonstrate their managerial competencies, which can be distinguished easily. Another result that puzzled the researcher concerns the recognition of the managerial skills of the head nurses. The skills differed largely between the administration department and the nursing sectors. It is speculated that the nursing sectors value more the professional skills rather than managerial ones, which is an issue deserving in-depth analysis.

#### Training on Managerial Competencies

From the research findings, it is suggested that the poor result of the hospital training on managerial competency was because the hospital conducted the same training on all directors, rather than focusing on each department's special requirements. Apart from this, the selected trainer seems to have exerted an influence on the training result. The head nurses interviewed generally think the trainer's imperfect lecturing skills resulted in poor understanding of the training

programme among the trainees. Taking lecturing as the main training method is considered one of the major factors for the poor training result. There was a lack of practical activity, such as practise, with the training consisting purely of lecturing on theory, and consequently, the result was poor.

On the other hand, although the training result is poorer than expected, the head nurses still take a positive attitude by claiming that the training would more or less input some managerial concepts, and a number of the head nurses even actively take related healthcare administration courses in school, so as to enhance their managerial competencies.

Application of a Method of On-the-Spot-Observation in the Empirical Study on the Managerial Skills of the Nursing Directors at Hospital Basic Level

The nursing department plays a substantial role in the hospital, as it has the largest population, and its nursing quality impacts the operation of the hospital. Therefore, more emphasis is put on the in-depth analysis of the managerial competencies of staff at hospital basic level. If the time and manpower are acceptable, the method of on-the-spot-observation should be applied in collecting data on the interactive activities between head nurses and their nursing subordinates, in order to further understand head nurses' managerial competency.

Hospital should Value the Supportive Administration Forces behind the Professional Sector: the HR Department

The development of hospital management generally lags behind that of management in other enterprises, but the healthcare professional has taken precedence over administration. Therefore, the function of the human resources (HR) department in hospital is mainly to deal with traditional personnel matters. As a result, it will limit the hospital's planning on human resources. The study recommends healthcare institutions pay more attention to the HR department, so that its existence can be given full function and responsibility, as they should be.

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