

Leadership Competences: The Case of Slovenian Healthcare

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Abstract—The authors of this paper compared ratings for leadership competences of managers in the healthcare sector and professional managers in Slovenia. Managers' competence scores were analyzed for Slovenia and compared with some other EU countries. Comparisons of correlations yielded significant differences in leader/non-leader healthcare professionals in their relational competences. Cross-cultural comparisons also point to these differences in many countries included in the survey. Comparing these managers with the professional managers, one of the relational competences significantly distinguishes the two groups, namely the competence of taking initiative in establishing contacts with experts outside the organization. What is surprising from our analysis is the high number of competences that significantly differentiate leaders in healthcare from professional managers. Empirically based assessment provided a robust method for assessing and comparing leadership competences and point out significant results for leadership development.

Keywords—Leadership, competences, healthcare.

I. INTRODUCTION

WE build our discussion on leadership and competences on Minzberg's [6] conceptualization of a manager and his list of managerial skills (1990). He defined manager as the person in charge of an organization or subunit with formal authority that leads to interpersonal relations that provide information for decision making. He proposed three categories of roles for managers, which are a set of behaviours associated with a managerial job, namely interpersonal roles, informational roles and decisional roles that contribute to the integrated job performance. In 1990 Minzberg provided a list of managerial skills that are surprisingly less introduced to the managerial research than his managerial roles, but highly important for a manager. He suggests the following managerial skills: developing peer relationships, carrying out negotiations, motivating subordinates, resolving conflicts, establishing information networks and subsequently disseminating information, making decisions in conditions of extreme ambiguity, allocating resources and the manager needs to be introspective to continue to learn on the job. Similarly, Katz [4] and Schein [8] later talked about the sets of skills, needed by the managers, like interpersonal skills, along with analytical, conceptual and emotional skills. Today's literature tends to discuss managerial *competences*, the

concept that was later developed by Boyatzis [1]. Regardless of how we define these distinctive aspects of the managers and their roles, numerous studies show these characteristics are needed by the managers and lead to a greater performance.

If we look at specific professions, like the healthcare, many authors observe that competences, needed by an effective physician-leader, combine general leadership skills as well as skills that are particularly needed to address the challenges of healthcare. A study of a team of top executives of a highly innovative mental hospital, carried out in 1965, provided a description of an executive role constellation in US hospital as a "matrix of interpersonal relations, with its specialization, differentiation, and complementarity of roles" [3]. Stoller [9] in addition provides an extensive overview of the surveys on physician-leaders' competences, and notices that competences range from very general to much more detailed specification and have been assessed on different populations, both in profession and in size. Still, there are several common physician-leader core competences identified: technical knowledge and skills, knowledge of healthcare, problem-solving prowess, emotional intelligence, communication and commitment to lifelong learning. As noted by Stoller, none of the available studies derived the recommended competencies that distinguish great physician leaders, as has been done in studies of general leadership attributes.

The aim of our study was to look at the healthcare managers and to see how they are different in terms of leadership competences to the professional managers. Our study is built on the three main elements. Firstly, we assume that relational aspect of leadership is highly relevant for the effective leadership, since leadership is a process of motivating people to work together collaboratively to accomplish great things [10]. The quality of these relationships affects leader and member attitudes and behavior and influences others that are dependent. Therefore, the manner in which they establish and manage relations with others remains an important dimension of leadership to be able to accomplish organizational goals. To this point, leadership competences or abilities of the leaders, distinguish a great leadership. In the present study, we integrate competences together with the relational dimension and focus our research on the relational dimensions of competences of leaders. Secondly, there is a need for the effective leadership at the lower levels of the hierarchy [5]. Leaders in the organizations hold very different positions and some of them, due to their background positions, may be left out from the attention, development programs or rewarding systems. That is why we do not limit our study on the competences of the individuals, placed only at the leadership

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positions that are high on the hierarchical levels, but include all those, involved in any kind of leadership role. Thirdly, we place our study in a highly relevant and at the same time the most complex form of human organization we have ever attempted to manage [2], the healthcare organization. The importance to improve delivery and efficiency of public services have initiated many structural changes in public organizations, among others also a clear emphasis on efficiency and improvement of leadership of public services. In our study, we place managers in healthcare along the professional managers. This provides us with the insight into the developmental role of NPM in the segment of leadership competences.

II. METHODS

This study aimed to explore leader competences in Slovene healthcare sector. We used data collected on competences of employees having up to 5 years of working experience. Data were collected in 2008 as part of a large international study on higher education, carried out in 4 EU countries and Turkey called Hegesco (for a detailed report on the study results see [11]) which was based on a large Reflex project from 2006, that included 14 EU countries and Japan. Results from both studies were reported on different occasions, mainly to present a labor transition of higher education graduates, but not in the field of management and organizational behavior. Our research explored leadership in Slovene healthcare sector and combined different job segments to illuminate characteristics of leadership in each segment. We used a comparative approach to consider two different perspectives on leadership competences.

The first one focused on differences in competences regarding the leader/non-leader position in the healthcare sector. We included in our sample 269 Slovene employees on the job as health (associate) professional or nursing (associate) professionals. Each person was assigned to a leader or non-leader position, depending on whether they reported to have subordinates or not. We ended up with a sample of 101 leaders in healthcare in Slovenia. Out of those, 84% worked in a public sector organization.

For the second perspective in our study we included a sample of 268 Slovene employees on the job as executives or corporate and other managers. Here, we wanted to illuminate professional managers, i.e. people that reported to have subordinates, and compared them with the managers from the healthcare sector. All employees on the job as executives or corporate and other managers met this criteria and 81% of them work in a private sector organization.

Participants included in the survey were randomly selected and approached by post mail. Response rate for Slovenia was relatively high, ending up with 49% coverage of the total population, which amounted in 2,919 respondents in total. Mail questionnaire was used that included educational experiences before and during higher education, the transition to the labor market, characteristics of the first job, characteristics of the occupational and labor market career up

to the present, characteristics of the current job and current organization, assessment of skills and evaluation of educational program.

In assessing their skills, participants were asked to assess their level of competence on a 7-rate scale (1= very low – 7 = very high). Respondents assessed 13 leadership relevant competences: mastery of your own field or discipline, knowledge of other fields or disciplines, analytical thinking, ability to rapidly acquire new knowledge, ability to negotiate effectively, ability to perform well under pressure, alertness to new opportunities, ability to coordinate activities, ability to use time efficiently, ability to work productively with others, ability to mobilize the capacities of others, ability to make meaning clear to others, ability to assert authority. In addition to this list of competences we also included three relevant characteristics of respondent's professional role that indicate their relational competences: professional colleagues rely on respondent as an authoritative source of advice, respondent keep professional colleagues informed about new developments in their field of work, respondent takes initiative in establishing professional contacts with experts outside the organization. With this list of competences we come very close to the list of managerial skills provided by Mintzberg [7]. In our analysis we also included some additional countries (with representative sample in the healthcare sector) in order to be able to look at the patterns of leadership competences of healthcare professionals across countries.

III. RESULTS

Starting with the assessments of leadership competences, depending on the leadership/non-leadership position, correlations as well as t-test showed statistically significant differences. In the assessment of competences between those that reported to have the position of a leader and those without a leader position, the two categories differed in 6 out of 16 competencies. Table I shows the results of the correlations between competences and leader position in healthcare in Slovenia. Differences in the assessment of the three relational competences were highly significant with a low p-value ($p=.000$) together with the ability to mobilize capacities of others. The two other statistically significant differences were the ability to negotiate effectively and the ability to assert authority.

TABLE I
CORRELATIONS BETWEEN COMPETENCES AND LEADER POSITION IN HEALTHCARE IN SLOVENIA

Variable	Correlations ^a																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
1. Supervise																	
2. Professional colleagues rely on me as an authoritative source of advice	.278**																
3. I keep my professional colleagues informed about new developments in my field of work	.187**	.571**															
4. I take the initiative in establishing professional contacts with experts outside the organization	.211**	.463**	.530**														
5. Mastery of own field or discipline	.090	.428**	.262**	0.1117													
6. Knowledge of other fields or disciplines	.067	.245**	.198**	.187**	.423**												
7. Analytical thinking	.121	.283**	.097	.165**	.251**	.372**											
8. Ability to rapidly acquire new knowledge	.059	.306**	.255**	.108	.479**	.508**	.388**										
9. Ability to negotiate effectively	.147	.362**	.291**	.375**	.324**	.376**	.323**	.389**									
10. Ability to perform well under pressure	.105	.187**	.057	.082	.297**	.300**	.306**	.423**	.194**								
11. Alertness to new opportunities	.095	.233**	.152*	.320**	.191**	.365**	.216**	.383**	.602**	.217**							
12. Ability to coordinate activities	.109	.408**	.242**	.240**	.298**	.363**	.326**	.404**	.425**	.417**	.452**						
13. Ability to use time efficiently	.104	.318**	.235**	.178**	.430**	.298**	.293**	.427**	.394**	.341**	.345**	.556**					
14. Ability to work productively with others	.097	.316**	.205**	.239**	.290**	.239**	.316**	.295**	.323**	.288**	.304**	.514**	.513**				
15. Ability to mobilize the capacities of others	.166**	.408**	.351**	.366**	.302**	.239**	.272**	.239**	.437**	.228**	.293**	.449**	.445**	.585**			
16. Ability to make meaning clear to others	.059	.341**	.267**	.229**	.351**	.297**	.253**	.362**	.397**	.313**	.360**	.459**	.420**	.397**	.433**		
17. Ability to assert authority	.146	.335**	.249**	.274**	.409**	.430**	.355**	.357**	.507**	.364**	.391**	.431**	.357**	.387**	.504**	.518**	

Notes:

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

a. Only cases for which Countrycode = Slovenia and Current job = health (associate) professional or nursing (associate) professional

In the next step, as shown in Table II, we made a comparison of leadership competence assessments across different countries. Based on the correlations between leadership and competences of health professionals from different countries we could see some patterns that point to the distinctions between countries. Slovene health professionals showed most similarities in the correlations of three relational competences with the health professionals from other countries, like Hungary, Finland, Norway and Czech Republic. In addition to those competences, Slovene healthcare professionals showed similar correlations as

professionals from Norway and Finland in the ability to negotiate effectively, to mobilize capacities of others and to assert authority. In addition, the two countries also shared correlations between a leader position and analytical thinking, alertness to new opportunities, the ability to coordinate activities and to work productively with others. Other countries, Italy, Portugal and Belgium, to a lesser extent pointed out the relational competences and shared the competence of the ability to perform well under pressure. A clustering would need to be performed for a statistically significant categorization.

TABLE II
CORRELATIONS BETWEEN COMPETENCES AND LEADER POSITION IN HEALTHCARE ACROSS COUNTRIES
Correlations^a by country

Variable	Slovenia	Italy	Finland	Norway	Portugal	Belgium	Czech Rep	Hungary
Professional colleagues rely on me as an authoritative source of advice	.278**	.142*	.234**	.360**		.390**	.254**	.425**
I keep my professional colleagues informed about new developments in my field of work	.187**		.275**	.386**			.222**	.305**
I take the initiative in establishing professional contacts with experts outside the organization	.211**	.161*	.286**	.321**	.322**	.189*	.211**	.389**
Mastery of own field or discipline				.127**	.292*	.183*	.162**	
Knowledge of other fields or disciplines		.187**				.213*	.115**	
Analytical thinking			.172**	.193**			.141**	
Ability to rapidly acquire new knowledge						.181*		
Ability to negotiate effectively	.147*		.186**	.137**				
Ability to perform well under pressure			.183**	.135**	.293*	.210*		
Alertness to new opportunities			.134*	.127**			.088*	
Ability to coordinate activities		.165*	.198**	.214**		.286**	.084*	-.314*
Ability to use time efficiently				.147**		.197*	.084*	
Ability to work productively with others		.186**		.183**				
Ability to mobilize the capacities of others	.166**	.241**	.140*	.161**			.170**	
Ability to make meaning clear to others				.154**			.125**	-.425**
Ability to assert authority	.146*		.304**	.208**			.109*	

Notes:

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

a. Only cases for which Current job = health (associate) professional or nursing (associate) professional

To place the leadership competences of healthcare professionals directly against the relevant pattern of

professional managers, analysis of the results from the comparative study showed that healthcare managers differ

from professional managers in almost half of all the competences, in 7 out of 16 competences (Table III).

TABLE III
TEST OF DIFFERENCES BETWEEN COMPETENCES OF PROFESSIONAL MANAGERS AND MANAGERS IN HEALTHCARE
Independent Samples Test^a

	Levene's Test for		t-test for Equality of Means				
	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference
Professional colleagues rely on me as an authoritative source of advice	.009	0.920	1,231	366	.219	.111	.090
I keep my professional colleagues informed about new developments in my field of work	.537	0.463	.657	366	.511	.078	.119
I take the initiative in establishing professional contacts with experts outside the organization	25.228	.000	4,444	364	.000	.574	.129
Mastery of your own field or discipline	1.883	.170	-3,466	358	.001	-.409	.118
Knowledge of other fields or disciplines	3.889	.049	1,668	358	.096	.205	.123
Analytical thinking	1.822	.177	3,046	356	.002	.402	.132
Ability to rapidly acquire new knowledge	3.232	.073	.418	355	.676	.045	.107
Ability to negotiate effectively	12.030	.001	4,388	358	.000	.724	.165
Ability to perform well under pressure	.661	.416	.282	358	.778	.038	.136
Alertness to new opportunities	22.809	.000	3,993	357	.000	.652	.163
Ability to coordinate activities	7.466	.007	1,969	356	.049	.232	.118
Ability to use time efficiently	5.858	.016	-2,912	358	.004	-.382	.131
Ability to work productively with others	5.110	.024	-1,397	357	.163	-.156	.112
Ability to mobilize the capacities of others	1.261	.262	.636	358	.525	.085	.133
Ability to make your meaning clear to others	.201	.654	-.891	358	.374	-.114	.128
Ability to assert your authority	.235	.627	.466	357	.642	.067	.145

Note:

^a Equal variances assumed

^b Only cases for which Countrycode = Slovenia

Taking initiative in establishing contacts with experts outside the organization was the difference in relational competence that came out to be highly significant with a low p-value ($p=.000$), placing a higher value by the professional managers. Four other competences statistically distinguished this group from the healthcare professionals in favor of the professional managers: analytical thinking, ability to negotiate effectively, alertness to new opportunities and ability to coordinate effectively. Results also showed statistically significant difference in competences with higher values for healthcare professionals: mastery of own field or discipline and the ability to use time effectively.

IV. CONCLUSIONS

Comparisons of leadership competences of Slovene health professionals yielded significant results. Differences in the assessment of the three relational competences were highly significant for the professionals holding a leader position in the organization. The relational aspect of leadership was also present in the comparison between the countries, placing Slovene health managers in the similar position with many other countries included in the survey. Comparing these managers with the professional managers, one of the relational competences significantly distinguished the two groups, namely the competence of taking initiative in establishing contacts with experts outside the organization.

The analysis also showed what many authors also point out for health managers in general, that Slovene managers in healthcare sector do combine general leadership skills with the skills that are particular for professionals like mastery of own field or discipline and the ability to use time effectively. What is surprising from our analysis is the high number of competences that significantly speak in favor of the professional managers. Managers from the healthcare sector also differed in their competence of analytical thinking, ability

to negotiate effectively, alertness to new opportunities and ability to coordinate effectively. These are all important skills that managers in the healthcare lack in comparison with the professional managers and should be taken into consideration when looking for better performance and leadership development.

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