SILESIAN UNIVERSITY OF TECHNOLOGY PUBLISHING HOUSE

SCIENTIFIC PAPERS OF SILESIAN UNIVERSITY OF TECHNOLOGY 2022
ORGANIZATION AND MANAGEMENT SERIES NO. 158

MODELLING OF MANAGERIAL COMPETENCES IN HEALTH CARE UNITS – PRELIMINARY ASSUMPTIONS

Agnieszka KRAWCZYK-SOŁTYS[1*], Laura PŁATKOWSKA-PROKOPCZYK[2]

[1] Opole University, Faculty of Economics, ul. Ozimska 46a, 45-058 Opole; akrawczyk.soltys@uni.opole.pl, ORCID: 0000-0003-1575-3497
[2] Opole University, Faculty of Economics, ul. Ozimska 46a, 45-058 Opole; lplatkowska@uni.opole.pl, ORCID: 0000-0002-8834-9615
* Correspondence author

Purpose: The aim of the article is to present the theoretical assumptions of the model of managerial competences in health care units. It was assumed that competences are a multidimensional concept and require an integrated approach that allows for the construction of a competency model that reflects their real complexity. A list of managerial competencies will be presented, which will be subject to empirical verification in the course of future research by the authors in order to identify key competencies.
Design/methodology/approach: The proposed lists of managerial competencies (six domains) were created and are based on the analysis of healthcare competencies models – the study of the literature – and one of the Authors' observations of the analyzed entities (as a consultant).
Findings: Presented model of managerial competencies in health care units contains six domains with 32 competencies. These domains capture the dynamics and complexity of health care unit's manager's role and reflect the dynamic realities in health leadership today.
Originality/value: An identification the managerial competencies of health care units managers significantly shaping competences of such organizations especially relevant in pandemic time.

Keywords: managerial competencies, modelling, health care units.

Category of the paper: Conceptual paper.

Introduction

Nowadays, among all the resources, no longer financial capital nor technology, but people are becoming more and more important resources. Their attitudes, behavior, ability to perform actions in a certain way become key factors for organizations. In todays' world determined by globalization, volatility, uncertainty and complexity competences allow organizations to adapt to the individual requirements of the market and customers and to gain a competitive advantage.

Also the fact that acquiring employees with specific competences is currently one of the main challenges for corporate executives and was identified in terms of significance as the third HR trend in 2017. Statistics confirm employee shortages and difficulties in filling positions around the world (Kupczyk, and Stor, 2017). This trend also applies to healthcare entities and will most likely continue.

Health care units, like most organizations, function in a very unstable environment, and are formed by the determination of factors which refer to both distal and near surroundings (mostly because of underfunding, staff shortage, operating a social mission resulting from the nature of these units, etc.). Aspects like patient orientation and demands, high standards of medical services performed and the escalation of the performance of these organizations within the budget add to a growth of the conditions for medical units. Therefore the awareness and competences of the personnel engaged within these organizations are becoming more and more essential, because growing needs are characterized to help the change of research results to clinical and administration practice and the upgrading of policy and legal implications in this area, which should fundamentally alter to better achievements in the needs of patients, as well as expanding the competitiveness of these units (Krawczyk-Sołtys, 2018b).

According to Polish health policy the main objective of health care units is to ensure patients effective healthcare by providing medical services, considering patients' values and expectations. Such approach requires appropriate professional competencies of the employees, managerial competencies managing these organizations, as well as organizational competences.

Competency identification systems need to identify both – personal (professional and managerial) competencies and organizational competences (Boam and Sparrow, 1992). This article is focused on identification the managerial competencies of medical personnel and managerial competencies of health care units managers significantly shaping competences of such organizations.

Even though multidimensional concept of competency is not explicitly formulated in literature in the field of management sciences (Elleström, 1997; Robotham, and Jubb, 1996) J. Winterton, F. Delamare-Le Deist and E. Stringfellow (Winterton, Delamare-Le Deist, and Stringfellow, 2006) have attempted to organize the definitions and classifications of competences on the basis of the world's literature. Yet, despite attempts to organize and classify concepts by different authors, there is no compatibility in the literature as to the interpretation of the terms "competences" and "competencies".

The roots of the term in Latin, English, French and Dutch have been explored by M. Mulder (Mulder, 2007) who also analyzed different ways of perceiving competencies in different conditions from the 16th century. Summing up, the conclusion is that this term is often understood in two ways – not only as a skill or ability to do something, but also as having the possibility to do it.

For the first time the term "competency" was used in management sciences to identify the characteristics which distinguish superior from average managerial performance (Boyatzis, 1982). "Competency" (plural "competencies") referred to underlying characteristic of an individual that is casually related to effective or superior performance in job. The research pointed out that there is a range of factors, not a single factor, that differentiated managers superior from average ones. This term 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, and Prevot, 2008).

In conclusion it can be stated that "competences" – stand for the general ability (holistic development orientation), and "competencies" are components of competence.

The issue of professional competencies was popularized by D. McClelland (Mc Clelland, 1973), one of the founders of the Hay McBer, who postulated that in the aspect of predicting the future efficiency of people's work, one should not study their intelligence but their competencies. The list of competencies that distinguished effective managers was a substantial contribution to the development of research on managerial competencies made by R. Boyatzis (Boyatzis, 1982). His competency model includes: goals of action, leadership, human resources management, focus on others, specialist knowledge. But the first one who noticed organizational competences was the precursor of resource approach – E.T. Penrose (Penrose, 1959). According to Penrose in order to gain a competitive advantage, not only the organization's resources are important, but above all – the skills to use them in processes. Another supporter of resource based view (RBV) R.M. Grant claimed that the resources and capabilities can be tangible, intangible and human. All of them are important for ensuring the success of the organization activity but the largest attention, both in theory and practice, is assigned to human resources (Wright, Dunford, and Snell, 2001; Pfeffer, 1994).

Currently, the role of competencies become more significant in the context of services market (Walsh, and Beatty, 2007), mostly human-based services, such as health care services.

The aim of the article is to present the theoretical assumptions of the model of managerial competencies in health care units. It was assumed that competences are a multidimensional concept and require an integrated approach that allows for the construction of a competency model that reflects their real complexity. A list of managerial competencies will be presented, which will be subject to empirical verification in the course of future research by the authors in order to identify key competencies.

Competences and competencies - interpretation of the concept

The term "competence" is classified as a “fuzzy” concept, which is largely due to the multiplicity of approaches and schools dealing with this phenomenon. As a result, there is no single universally recognized definition of competence. Among the components of competences mentioned in various terms, three are dominant: knowledge, skills and attitudes. However, they create 'flat' images and do not fully reflect what competence actually is. In response to contemporary challenges related to the use of competencies in everyday management practice, it becomes necessary to search for a multidimensional model of employee competencies.

Today managerial competencies are a subject of research throughout the world, a fact reflected by the huge number of publications on the topic. The managerial competency list is a basic managerial competencies management tool that enables the identification, realization assessment and development of necessary managerial competencies. The list can be used to identify competency gaps among management staff (Tyrańska, 2016). Along with that if we look at the health systems we can see that it’s being confronted with rapidly increasing demand generated by the COVID-19 outbreak and more recently, the influx of refugees from war-torn Ukraine. A well-organized and prepared health system has the capacity to maintain equitable access to essential service delivery throughout an emergency, limiting direct mortality and avoiding increased indirect mortality. As this situation creates the challenge, managerial competences become even more important.

The competences of healthcare organizations may be acquired from different kinds of knowledge. Some of them rely on “know-how” – practical forms of knowledge obtained through incremental advancements to medical services and processes, another – on “know-why” – theoretical forms of comprehending that allows the creation of new kinds of services and processes. Different healthcare organizations competences come from diverse levels of activity: some are determined broadly from the capabilities of these entities to create and provide definite types of medical services, another is implied to come from the abilities to plan and organize resources in new and powerful ways, others mostly rely on the potential of managers to build up new strategies for creating organizational value.

As this article focuses on the identification of managerial competencies of medical personnel health care units, the proposed lists of those competencies were created and are based on the analysis of competencies models – the study of the literature – and the authors of this papers observations of the analyzed entities.

The article assumes that managerial competencies are a combination of skills, knowledge, attitude, and behavior that a person requires to be effective in a wide range of jobs, and various types of organizations, in addition, may be a source of sustained organizational performance (Abd-Elmoghith, and Abd-Elhady, 2021). These competencies are used and developed in the process of providing medical services in order to achieve results consistent with the strategic intentions of health care units (Krawczyk-Sołtys, 2018a).

Managerial competences in healthcare entities – models review

Regardless of the area of operation managers at all levels must make various decisions while solving problems of their organizations. There are many different tools to solve problems arising in organizations but the question of 'how to select an appropriate method' remains. And that is when managerial competencies become really useful.

There are several universal managerial competences, such as leadership, building know-how, developing external cooperation skills, optimal use of opportunities created by the environment, creating a phenomenon called "team mind", stimulating the learning process in the organization, fast and flexible designing new products and services, building good organization image.

The presented list of managerial competencies in health care units was based on literature studies and own observations in the analyzed entities.

The first model of the Competency Task Force, was proposed in 2002 by The Healthcare Leadership Alliance (HLA) – a consortium of major professional associations in the healthcare field grouping more than 100 000 managers. Competences are understood as transcendent unique organizational settings and applicable across the environment (Ross, Wenzel, and Mitlyng, 2002). Five competency domains were identified to determine management competencies and settle how they could be used to advance the field (Stefl, 2003; Stefl, 2008):

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.

The second model created by The Global Consortium for Healthcare Management Professionalization (International Hospital Federation, 2015) called Competency Directory Model derived from HLA summoned the Competency Task Force and categorized the competencies into five critical domains:

- Leadership (including: Leadership Skills and Behavior, Engaging Culture and Environment, Leading Change, Driving Innovation).
- Communication and Relationship Management (including: Relationship Management, Communication Skills and Engagement, Facilitation and Negotiation).
- Professional and Social Responsibility (including: Personal and Professional Accountability, Professional Development and Lifelong Learning, Contributions to the Profession, Self-Awareness, Ethical Conduct and Social Consciousness).
- Health and the Healthcare Environment (including: Health Systems and Organizations, Health Workforce, Person-Centered Health, Public Health).
- Business (including: General Management, Laws and Regulations, Financial Management, Human Resource Management, Organizational Dynamics and Governance, Strategic Planning and Marketing, Information Management, Risk Management, Quality Improvement, Systems Thinking, Supply Chain Management).

The third model – National Center for Healthcare Leadership (NCHL) Competency Model was created during research with practicing health leaders by the Hay Group. It incorporates benchmark data from other health sectors and insurance companies, and complex leadership competencies. The NCHL Competency Model contains three domains: Transformation, Execution and People, with 26 competencies (National Center for Healthcare Leadership, 2005).

Transformation is the first domain, which means visioning, energizing, and stimulating a change process that connects communities, patients, and professionals and includes competencies such as: achievement orientation, analytical thinking, community orientation, financial skills, information seeking, innovative thinking, strategic orientation. Execution, the second domain, contains competencies such as: accountability, change leadership, collaboration, communication, impact and influence, information technology management, initiative, organizational awareness, performance measurement, process management and organizational design, project management. Creating an organizational climate that values personnel from all backgrounds and provides an energizing environment for them, leader's responsibility to understand his/her impact on others and to improve own and others capabilities are gist of third domain – people and competencies like: human resource management, interpersonal understanding, professionalism, relationship building, self-confidence, self-development, talent development and team leadership.

Personal Competence Framework was also used when constructing the list of managerial competences in health care units in Poland. It is based on the results of the Professional Competence Survey (JCS) and consists of 45 competences in six areas (Sanghi, 2010): intellectual, personal, communication, interpersonal, leadership, results-oriented. This model was also used in creating authors' managerial competencies list.

In the next model (Kvas, Seljak, and Stare, 2013) created on the basis of analysis of theory of nursing, leadership, competency models and the results of researches carried out between 2000 and 2006 in Slovenia 18 medical care specific behaviors were added to the behaviors characteristic of leadership in state administration. Three groups of competencies considered to be characteristic of leaders in nursing were developed:

- ethical/unethical behavior (priority is not given to relatives, acquaintances and colleagues, violations of nursing regulations are reported, patient privacy is protected, patient is informed about nursing activities);
- interprofessional relationship indicating a correct understanding of the position of nurses in the health care system and their relationship with doctors (cooperation and communication with doctors on equal footing, differentiation between nursing and medicine, knowledge of nursing and its role in the health care system, taking responsibility for the sphere of nursing in the health care team);
- attitude of nurse leaders to the education of their subordinates and their own education, such as knowledge of work in the management and economics/business fields, ability to communicate in foreign languages, knowledge of work with new technologies, knowledge of quality standards, encouraging education of co-workers.

It can be stated that over time not only has the overall level required increased but the factors important for success now include increased cognitive skills (use of influencing strategies and pattern recognition) as well as particular personal traits (self-confidence, initiative).

It should be stated that the importance of managerial style is not a new matter and has long been recognized. The approach taken by Hay-McBer has been to describe the six styles of management which indicates the various nuances and modulations in the way A influences B, with or without hierarchical power – the nature of management (Martin, 1994):

- Coercive: The "do it the way I tell you" manager who closely controls employees and motivates by threats and discipline.
- Directive: The firm but fair manager who gives employees clear direction and motivates by persuasion and feedback on task performance.
- Affiliative: The people-first, task-second manager who emphasizes good personal relationships among employees and motivates by trying to keep people happy with fringe benefits, security and social activities.
- Democratic: The participative manager who encourages employee input in decision making and motivates by rewarding team effort.
- Pace-setting: The "do it myself" manager who performs many tasks personally, expects employees to follow his or her example and motivates by setting high standards and letting individuals work on their own.
- Coaching: The developmental manager who helps and encourages employees to improve their performance and motivates by providing opportunities for personal development.

To coach effectively the manager must identify the gap between actual and desired performance, be aware of the upside of improvement and potential downside of no change; ensure the employees' commitment to change; provide the type of support needed to help the employee bringing about the desired improvement and work with the individual to implement a plan of action.

According to Lakshminarayanan, Pai and Ramaprasad there are six main competency categories: analytic skills, self-management, relationship management, self-awareness, goal and action management, social awareness. In each of those categories several specific competencies can be found (Lakshminarayanan, Pai, and Ramaprasad, 2016).

And so among analytic skills there are: appropriate use of concepts, systems thinking, recognizing patterns in assorted data, building theory for process improvement and trouble-shooting, using advanced technologies, analyzing data quantitatively, social objectivity, clearly communicating important aspects of tasks and responsibilities.

Second category, which is Self-management competencies include: demonstrate self-control, behavior driven by achievement and motivation, display adaptability in a dynamic work environment, showcase transparency in all work-related issues, taking initiative, evince optimism in all situations.

Relationship Management skills are: lead by example, positively influence and motivate co-workers, effectively manage conflicts, be a catalyst to change, develop others, promote teamwork and collaboration.

Relationship Management is followed by Self-awareness category which includes: self-understanding, self-assessment and self-confidence in all situations.

The fifth category is Goal and Action Management, which include competencies such as: plan each task meticulously, continuously strive to achieve efficiency, pay attention to minutest details, exhibit flexibility with regards to process and solutions.

Finally last, but not least is Social Awareness with highlighted competencies like: show empathy, display continuous orientation towards service, be aware of organization's processes, policies and rules.

Also, managerial competencies can be compactly listed as: building teams, caring for subordinates, leadership, delegating, motivating, organizing, managing change, project and process management, strategic thinking (Bieniek, Steinerowska, 2014).

The Authors' study adopts a gap analytic approach to discover training needs through competency assessment. Results indicate incongruence in perceptions of current expertise and importance across four competencies: analytic skills, self-management, relationship management and goal and action management. Within these competencies, ability to analyze data quantitatively, display adaptability, positively influence and motivate co-workers, change management, planning and execution attract maximum importance. Multivariate analysis provides evidence of self-management, relationship management and analytic skills to be the strongest predictors of job performance. This implies that individual's ability to manage

emotions, handle uncertainty, manage conflicts, influence co-workers, recognize pattern through data, technology usage, apply quantitative skills and solve problems, contributes considerably towards effective job performance. This necessitates an urgency on the part of organizations to focus on managerial competencies to derive maximum performance from its managers. On the other hand for the organizations, at an operational level, such findings can offer precise insights into the competency or training needs.

It should be also noted that mentors play an important role in the clinical setting, and an effective mentorship program is crucial in ensuring well preparation of future healthcare professionals (Karacay, and Karadag, 2019). Mentor's role had to be found in mentoring practice in the workplace with assigned recourses and required education of nursing students' clinical practice (Pramila-Savukoski et al., 2020). According to research (Mikkonen, Tomietto, Tuomikoski, Kaučič,Riklikiene, Vizcaya-Moreno, Pérez-Cañaveras, Filej, Baltinaite, Cicolini and Kääriäinen, 2021) age, work experience, frequency of mentoring and having completed mentoring training were associated with higher competence different areas of mentoring. Experienced and educated mentors need to be chosen to conduct the important task of mentoring.

In the last of presented models it's Authors demonstrate twenty-four managerial competencies (Huping, and Wenxuan, 2013): understanding self and others, communicating effectively, developing employees, building teams, using participative decision-making, managing conflicts, managing info/critical thinking, managing information overload, managing core processes, managing projects, designing work, managing across functions, developing /communicating vision, setting goals and objectives, designing and organizing, working productively, fostering a productive work environment, managing time/stress, living with change, thinking creatively, managing change, building/ maintaining one's power base, negotiating agreement/commitment, presenting ideas. Their research results indicate that, except for communication skills ("communicating effectively"), the self and supervisors' assessments are statistically different, based on the tests. Also, what's interesting the research results indicate that, in general, subordinates considered themselves more competent than their superiors. These findings suggest neither self-evaluation nor position-based evaluation is reliable in assessing managerial competencies.

An original model of managerial competences in healthcare entities

The proposed model of managerial competences in health care units was created as a result of studies of the literature of the subject conducted by the Authors and many years of direct observations of Agnieszka Krawczyk-Sołtys (as a consultant) in these entities (Krawczyk-Sołtys, 2018a, Krawczyk-Sołtys, 2018b, Krawczyk-Sołtys, 2019, Krawczyk-Sołtys, 2021, Krawczyk-Sołtys, 2022).

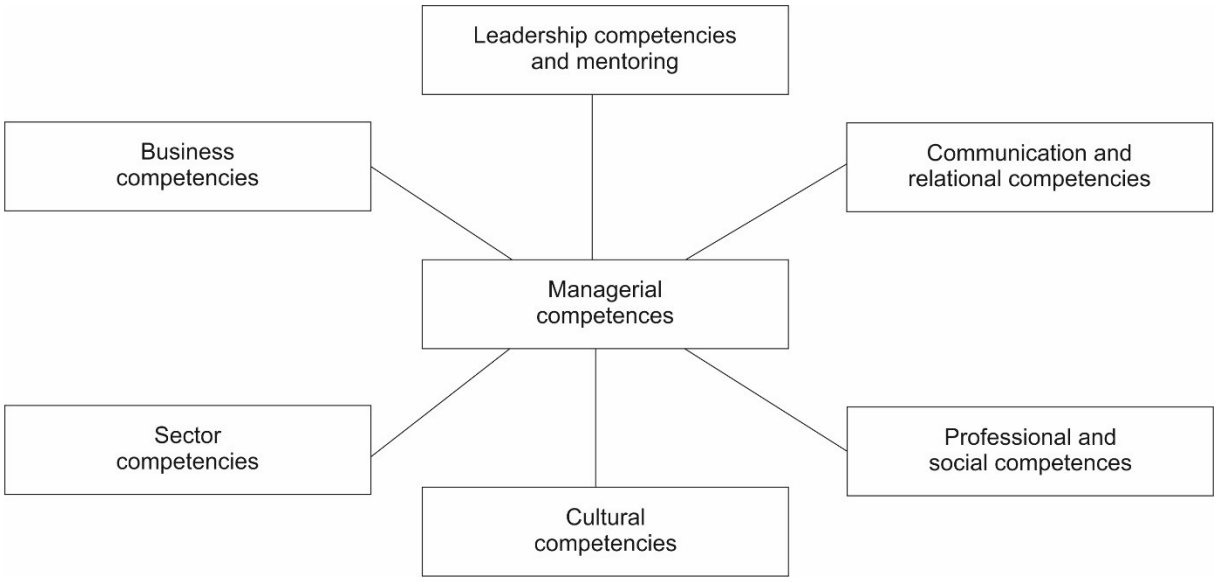

Figure 1. Model of managerial competences in health care units. Source: own study.

Presented model of managerial competencies in health care units (Fig. 1.) was created by Authors basing on the assumptions of the models presented above. It contains six domains with 32 competencies. These domains capture the dynamics and complexity of health care unit's manager's role and reflect the dynamic realities in health leadership today.

First domain (Leadership Competencies) includes:

1. leadership abilities and behaviors (clear communication of mission, goals and priorities of the organization; including concepts, methods and management techniques to manage the organization, detecting and analyzing organizational problems, encouraging creative solutions and giving support to employees to co-decision, adopting a leadership role);
2. leading change (promoting permanent learning and organizational improvement, responding to emerging needs of change and leading change processes);
3. encouraging employees to creativity, innovation and development;
4. management skills (planning, organizing, motivating, controlling);
5. mentoring (age, work experience, frequency of mentoring and having completed mentoring training).

Among the second domain – Communication and Relationship Competencies – were distinguished:

1. relationship management (showing correct interpersonal relations and the ability to maintain them in relations with all stakeholders, horizontal and vertical cooperation skills, openness, patient orientation);
2. communication skills (oral communication, written communication, listening, business communication - business reports, schedules, presentations, presenting analysis results in a reliable and understandable way for stakeholders, public relations);

3. facilitation and negotiation (conflict management through mediation, negotiation and other methods of conflict solving, improving problem-solving skills, building interdisciplinary teams established to solve organizational problems and participate in them);

The third domain – Professional and Social Competencies – introduces:

1. professionalism (promotion and participation in health policy initiatives, protection of patients' and their relatives rights and responsibilities, care for the quality of medical services and safety and social commitment in providing them, support and mentor high-potential talent within both one's organization and profession of healthcare management);
2. professional development and lifelong learning (commitment to self-improvement, reflection and personal development);
3. contributions to the development of management in health care (sharing knowledge and experience, developing others through mentoring, consulting, coaching and personal mastery, support and mentoring for potential talents);
4. awareness of goals, values, strengths and weaknesses (both in self-assessment and on the basis of the opinions of others);
5. ethical behavior and social awareness (demonstrating ethical behavior, transparency and responsibility for actions, balancing personal and professional responsibility, recognizing the most important need of patients and society);
6. ability to recognize common interests on organizational scale – empathy – ability to cooperate with people and have an effective influence on them – serving its interests and dignified representing the organization outside – ability to choose people for key positions in the organization.

The fourth domain – Cultural Competencies in health care tends to be seen as a way to increase access to quality care for all patient populations and as a business imperative to respond to diverse patient populations and attract new patients and market share (Betancourt, Green, and Carrillo, 2002) and can be described as follows:

1. creation of an organizational culture based on mutual trust, transparency and focusing on improving the quality of provided medical services (encouraging teamwork, supporting diversity, encouraging a great involvement of employees, openness to views, opinions and ideas of others, care for subordinates development, tolerance, raising trust);
2. the ability to provide care to patients with diverse values, beliefs, and behaviors, meeting patients' social, cultural, and linguistic needs;
3. delivering the highest quality of care to every patient, regardless of race, ethnicity, cultural background;

4. removing barriers, such as different perspectives on health, medical care, and expectations about diagnosis and treatment;
5. supplanting the current one-size-fits-all approach with a system more responsive to the needs of an increasingly diverse population.

The fifth domain – Sectorial competencies (concerning the health care system and its environment) involved:

1. knowledge of the functioning of the health care system and entities of this system (understanding the structure of the health care system, financing mechanisms and organization of medical services, balancing the interrelations between access to medical services, their cost, quality and allocation of resources, care for the health needs of society, perception of the managed organization and its effectiveness as a part of the health care system, using of monitoring systems to ensure the legality, ethicality, safety and highest quality of medical, administrative and business aspects of the managed organization, promoting and creating alliances and networks – both in the health sector and cross-sectorial, on national and global scale);
2. ability to optimize employment in the organization (taking into account the health needs of the society, shortages of medical staff, the scope of specialization);
3. personalizing health care (recognizing and promoting the opinions of patients and their relatives about health care, respecting the comments and opinions of patients, their relatives and public opinion in making decisions related to health care, taking into account cultural differences and respecting individual expectations);
4. public health competences (promoting disease prevention, promoting health and physical fitness through organized efforts for environmental hygiene, control of infectious diseases, spreading the principles of personal hygiene, organizing medical and care services for early identification, prevention and treatment, and developing such social mechanisms that will provide everyone with a standard of living enabling them to preserve and strengthen their health, the ability to use basic statistical data and basic health indicators to make decisions and analyze population health trends, risk management and risks during disasters and crises, evaluate key processes of the public health surveillance and control system, recognizing the local implications of global health events, understanding the interrelations of factors affecting the health situation of society).

In the sixth domain – Business Competencies – were described as:

1. knowledge of basic business practices and the ability to manage projects (creating an effective management system and its permanent improvement, collecting data and information, analyzing them and making the right decisions);
2. strict adherence to procedures, regulations and legal norms as well as the ability to create internal regulations on their basis;

3. financial management (effective application of accounting principles and financial management tools, budgeting, cost accounting, planning, organization and monitoring of the organization's resources to ensure the highest quality of medical services provided);
4. human resource management (analysis and planning, recruitment, selection, adaptation, motivation, assessment, staff improvement, coaching and mentoring, talent management);
5. strategic management (setting a vision and/or mission, determining the direction in which the unit should be aim to, analyzing the environment in order to identify existing, future or likely future opportunities and threats, analyzing resources and organizational skills, to establish its strengths and weaknesses, creating conditions and resources to take action to exploit emerging opportunities to succeed making on these grounds the selection of the most favorable strategy as well as the proper way of implementing the strategy chosen for implementation);
6. information and knowledge management (skillful using of data to evaluate effectiveness and monitor indicators and trends, ensuring compliance with applicable privacy and security requirements, creating and improving information management systems, creating and improving knowledge management systems, implementing key knowledge management processes: locating knowledge, its acquisition and developing, supporting for knowledge sharing and dissemination, using of knowledge and its preservation, implementation of knowledge strategy);
7. risk management (effective risk assessment and analysis as well as its reduction);
8. improving the quality of medical services (development and implementation of quality assurance programs, patient satisfaction and safety in accordance with applicable standards, development and monitoring of indicators for measuring the quality of medical services, patient satisfaction and safety, permanent improvement of the quality of medical services);
9. systems thinking (holistic understanding, not separate components, ability to perceive and analyze processes through the holistic view, noticing mutual relations and connections, and identifying the principles of the health care system).

Managerial competences seem to be crucial for recognizing the needs of the organization itself and its environment, as well as following new challenges and opportunities to deal with them.

Conclusions and Further Research

It is worth emphasizing once again that it is people and their knowledge and skills that are considered the key resource of the organization. There is also a clear shift of emphasis on the qualitative aspects of human resources as strategic element of the functioning of organizations that strive to develop the competencies of their employees. At the same time, the employees themselves acquire and improve competencies, thus increasing their value and importance on the labor market. This trend is a response to the increasing requirements for both employees and employers.

Relating to the health care units the competences of those organizations result from the people involved in the process, their skills and behaviors, in other words - their competencies. The achievements of such organizations (on top of the arrangements and actions that regulate them) come from the bodies who are connected to the process, the competence they undependably and together have to possess, and the attitude they have to implement (individually and interactively) to employ he process – their competencies (Krawczyk-Sołtys, 2019; Parker et al., 2020). Their importance in the management of health care units is becoming more and more noticed (Hein and Riegel, 2012) and is broadly highlighted in the literature on the subject (Liang et al, 2018; Leggat et al., 2011; Bartram et al., 2012; Clark, Armit, 2010; Richtie, Yen, 2013; Lewandowski, 2017).

Researchers and experts work in competency area shows the definite skills enforced by present medical staff to be more conscious of patient`s needs (Halpern et al., 2001; Committee on Quality of Health Care in America, Institute of Medicine, 2001; Lewin et al., 2001; Mead and Bower, 2000; O'Neil, 1998; Stewart, 2001). That trend includes dividing power and duty with patients and caregivers; interacting with patients in a shared and entirely open manner; allowing for patients' individuality, introducing emotional requirements, etics, and life issues; applying approaches to relate to those who can look after themselves, imposing approach which support the wider community, strengthening prevention and popularizing health. That includes personal protective equipment provision to health care empolyees during the pandemics. The research results (Krawczyk-Sołtys, 2021; Krawczyk-Sołtys, 2022) indicate that extra operational resources provide a significant role during a pandemic in reference to an initial estimation and pilot function. This is possible to aid to relieve not only the emergency services but also the medical facilities in charge of providing further care. The regulated dispatch query allows the connection with the applicable codes from the low-priority operational spectrum and support by a Tele-emergency physician lends extra professional competency to the emergency paramedics (Breuer et al, 2020; Dahmen et al., 2021; Gibson et al., 2020). The intension surmises proper competent competencies of the personnel employed in these units, managerial competencies regulating these institutions, as well as managerial competences.

As it was stated before, health care units function in constantly changing environment, some of the competencies are crucial in the terms of managing those changes. G. Boak in his research (Boak, 2008) defined seven competencies important in this process:

- Understanding complex social systems – an ability to understand the workings of the complex systems that make up health and social care (professional and social competencies).
- Achieving results – a concern for achieving sustainable results, usually directly and explicitly related to patient care, which was accompanied by skilled actions to seek potential improvements and to make progress in bringing them about (business competencies).
- Working collaboratively – the willingness and ability to work well with others (Leadership competencies and mentoring as well as communication and relational competencies).
- Understanding the perspectives and motivations of others – the ability to see situations from another person's point of view (cultural competencies).
- Establishing systems and structures – the ability to establish or adapt systems and structures effectively (sector competencies and business competencies).
- Orchestrating the team – the ability to work interdependently with one's immediate team to tackle issues and problems (Leadership competencies and mentoring as well as communication and relational competencies).
- Self-belief and self-management – the ability to remain self-confident in the face of difficulties, and to take action to develop oneself (professional and social competencies).

As we can see, managerial competencies can be considered as key factors in managing change as well as in every day functioning of health care units. Therefore, the following recommendations can be formulated (Abd-Elmoghith and Abd-Elhady, 2021):

1. Managerial competencies should be introduced during the development of curricula for medical students.
2. Health care units' managers should update their leadership competencies through ensuring that things are done right, and transfer of adequate knowledge, skills, and competencies through directing the work of other staff, in addition to have control over the work performed, exercises; examination and evaluation of staff performance.
3. Orientation training program for health care managers should be developed and should regard leadership, management functions and skills, and how to deal with different situations.
4. Opportunities for managers to practice leadership responsibilities should be provided as well as possibilities to master interpersonal skills.
5. Health care units' managers must be given appropriate and relevant knowledge, skills, and attitudes through leadership and management training to enable them to develop these critical competencies.

The issue of competencies and their importance in the management of healthcare entities arouses more and more interest, especially in the period of a pandemic. Yet, this area is not fully developed. Therefore, it seems necessary to conduct empirical and literature research in this area, which will enrich scientific knowledge, rationalize the research methodology, as well as allow to formulate recommendations for practice.

References

1. Abd-Elmoghith, N.G.A., Abd-Elhady, T.R.M. (2021). Nurse Managers' Competencies and its relation to their Leadership Styles. *Assiut Scientific Nursing Journal, Vol. (9) No. (25),* pp. 79-86. Retrieved from https://journals.ekb.eg/article_180696_034d28b705139abb78d635bd8fa59c7e.pdf, 14.03.2022.
2. Bartram, T., Casimir, G., Djurkovic, N., Leggat, S., Stanton, P. (2012). Do perceived high performance work systems influence the relationships between emotional labor, burnout and intention to leave? A study of Australian nurses. *Journal of Advanced Nursing, 68(7),* pp. 1567-1578.
3. Betancourt, J.R., Green, A.R., Carrillo, J.E. (2002). *Cultural competence in health care: emerging frameworks and practical approaches.* FIELD REPORT, October 2002, pp. 1-5. Retrieved from https://www.commonwealthfund.org/sites/default/files/documents/___media_files_publications_fund_report_2002_oct_cultural_competence_in_health_care__emerging_frameworks_and_practical_approaches_betancourt_culturalcompetence_576_pdf.pdf, /, 01.04.2022.
4. Bieniek, I., Steinerowska, S. (2014). Kompetencje międzykulturowe na mapie kompetencji zawodowych menedżera. *Zeszyty Naukowe Politechniki Śląskiej. Seria: Organizacja i Zarządzanie, z. 71,* pp. 33-46.
5. Boak, G. (2008). *Competencies demonstrated by change agents in healthcare: implications for leadership and management development*. Refereed paper, Ref 6.56. Retrieved from https://www.ufhrd.co.uk/wordpress/wp-content/uploads/2008/06/656-competencies-demonstrated-by-change-agents-in-healthcar.pdf, 02.04.2022.
6. Boam, R., Sparrow, P.R. (eds.) (1992). *Designing and Achieving Competency. A Competency Based Approach to Developing People and Organizations.* London: McGraw-Hill.
7. Boyatzis, R.E. (1982). *The Competent Manager. A Model for Effective Performance.* New York: John Wiley & Sons.
8. Breuer, F., Pommerenke, C., Ziemen, B., et al. (2020). Introduction of emergency paramedic investigators in the context of the COVID-19 pandemic in the Berlin emergency medical service. *Notfall & Rettungsmedizin, September,* pp. 1-10.

9. Clark, J., Armit, K. (2010). Leadership competency for doctors: a framework, *Leadership in Health Services*, *23(2),* pp. 115-129.
10. Committee on Quality of Health Care in America, Institute of Medicine. (2001). *Crossing the Quality Chasm: A New Health System for the 21st Century.* Washington, DC: National Academy Press.
11. Dahmen, J., et al. (2021). COVID-19 Stress test for ensuring emergency healthcare: strategy and response of emergency medical services in Berlin. *Anaesthesis, 70(5),* pp. 420-431.
12. Elleström, P.E. (1997). The many meanings of occupational competence and qualification. *Journal of European Industrial Training, vol. 21, no 6/7,* pp. 266-273.
13. Gibson, C., Ventura, C., Collier, G.D. (2020). Emergency Medical Services resource capacity and competency amid COVID-19 in the United States: preliminary findings from a national survey. *Heliyon*, *6(5),* pp. E 03900.
14. Halpern, R., Lee, M.Y., Boulter, P.R., Phillips, R.R. (2001). A synthesis of nine major reports on physicians competencies for the emerging practice environment. *Academic Medicine*, 76(6), pp. 606-15.
15. Hein, S.G., Riegel, C.D. (2012). Human Resource and Organizational Management Content in the Hospitality Curriculum: How the Professionals View It. *Journal of Human Resources in Hospitality & Tourism, 11(2).* pp. 165-181.
16. Huping, S., Wenxuan, Y. (2013). Assessing Chinese Managerial Competencies from Different Perspectives. *Social Behavior & Personality: an International Journal, vol. 41, no. 9,* pp. 1474-1476. Retrieved from https://dr.ntu.edu.sg/bitstream/10356/107293/1/Assessing%20Chinese%20Managerial%20Competencies%20From%20Different%20Perspectives_accepted%20version.pdf, 02.04.2022.
17. International Hospital Federation (2015). *Leadership Competencies for Healthcare Services Managers.* Available from www.ihf-fih.org, 30.08.2021.
18. Karacay, P., Karadag, A. (2019). Assessment of mentorship applications in nursing clinical education. *International Journal of Caring Sciences, 12(2),* pp. 869-876.
19. Krawczyk-Sołtys, A. (2018a). Modelowanie kompetencji w jednostkach ratownictwa medycznego – założenia wstępne. In: M. Tutko, M. Wronka-Pośpiech (eds.), *Nauki o zarządzaniu w odmiennych kontekstach badawczych* (pp. 105-116). Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.
20. Krawczyk-Sołtys, A. (2018b). *Personal Competencies Enhancing Organizational Competences Of Emergency Medical Units In Poland – Empirical Research.* Conference Proceedings Of The 2nd International Scientific Conference Development And Administration Of Border Areas Of The Czech Republic And Poland Support For Sustainable Development. E. Ardielli (ed.). Ostrava, pp. 125-134.
21. Krawczyk-Sołtys, A. (2019). Professional and managerial competencies enhancing organizational competences of emergency medical units. *Zeszyty Naukowe Politechniki Śląskiej, 136*, pp. 305-322.

22. Krawczyk-Sołtys, A. (2021). Professional competencies in shaping the organizational competences of Polish emergency medical units in the light of surveyresearch. *Zeszyty Naukowe Politechniki Śląskiej, 150*, pp. 99-114.
23. Krawczyk-Sołtys, A. (2022). *The influence of personal competencies on organizational competences of emergency medical units*.
24. Kupczyk, T., Stor, M. (2017). *Zarządzanie kompetencjami teoria, badania i praktyka biznesowa.* Wrocław: Wyższa Szkoła Handlowa we Wrocławiu.
25. Kvas, A., Seljak, J., Stare, J. (2013). The use of competency Models to assess leadership in nursing. *Iranian Journal of Public Health, 42(9),* pp. 988-995. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4453892/, 13.03.2022.
26. Lakshminarayanan, S., Pai, Y., Ramaprasad, B.S. (2016). Competency Need Assessment: A Gap Analytic Approach. *Industrial & Commercial Training, vol. 48, no 8,* pp. 423-430.
27. Leggat, S.G., Balding, C., Anderson, J.A. (2011). Empowering health-care managers in Australia: an action learning approach. *Health Services Management Research, 24(4),* pp. 196-202.
28. Lewandowski, R. (2017). Key Competences of a Health Care Manager. *Journal of Intercultural Management, 9(4),* pp. 165-184.
29. Lewin, S.A., Skea, Z.C., Entwistle, V., Zwarenstein, M., Dick, J. (2001). Interventions for providers to promote a patient-centred approach in clinical consultations (Cochrane Review). *Cochrane Database System Review, 4*, CD003267.
30. Liang, Z., Howard, P.F., Leggat, S., Bartram, T. (2018). Development and validation of health service management competencies. *Journal of Health Organization and Management, 32(2),* pp. 157-175.
31. Martin, G. (1994). Characteristics of Successful Health Care Organizations. *Health Manpower Management, Vol. 20 No. 1,* pp. 35-40. Retrieved from https://www.emerald.com/insight/content/doi/10.1108/09552069410053830/full/html?queryID=57%2F5409220, 15.03.2022.
32. McClelland, D. (1973). Testing for Competence Rather Than for "Intelligence". *American Psychologist, 28,* pp. 1-14.
33. Mead, N., Bower, P. (2000). Patient-centredness: A conceptual framework and review of the empirical literature. *Social Science Medicine, 51(7),* pp. 1087-110.
34. Mikkonen, K., Tomietto, M., Tuomikoski, A.-M., Miha Kaučič, B., Riklikiene, O., Vizcaya-Moreno, F., Pérez-Cañaveras, R.M., Filej, B., Baltinaite, G., Cicolini, G., Kääriäinen, M. (2022). Mentors' competence in mentoring nursing students in clinical practice: Detecting profiles to enhance mentoring practices. *Nursing Open, 9,* pp. 593-603. https://doi.org/10.1002/nop2.1103, 15.03.2022.
35. Mulder, M. (2007). Competence—the essence and use of the concept in ICVT. *European Journal of Vocational Training*, *40(1),* pp. 5-21.

36. National Center for Healthcare Leadership (NCHL) (2005). *Healthcare Leadership Competency Model, Summary.* Avaliable from www.nchl.org, 30.08.2021.
37. O'Neil, E.H. and the Pew Health Professions Commission (1998). *Recreating health professional practice for a new century – The fourth report of the PEW health professions Commission.* San Francisco, CA: Pew Health Professions Commission.
38. Ongenae, F., Vanhove, T., De Backere, F., De Turck, F. (2017). Intelligent task management platform for health care workers. *Informatics For Health And Social Care, Vol. 42, No. 2,* pp. 122-134, http://dx.doi.org/10.3109/17538157.2015.1113178, 01.04.2022.
39. Parker, G., et al. (2020). Environmental competencies for healthcare educators and trainees: A scoping review. *Health Educational Journal, 79(3),* pp. 327-345.
40. Penrose, E.T. (1959). *The Theory of the Growth of the Firm.* New York: John Wiley & Sons.
41. Pfeffer, J. (1994). Competitive advantage through people. *California Management Review, 36,* pp. 9-28.
42. Pramila-Savukoski, S., Juntunen, J., Tuomikoski, A.-M., Kääriäinen, M., Tomietto, M., Kaučič, B.M., Filej, B., Riklikiene, O., Vizcaya-Moreno, M.F., Perez-Cañaveras, R.M., De Raeve, P., Mikkonen, K. (2020). Mentors' self- assessed competence in mentoring nursing students in clinical practice: A systematic review of quantitative studies. *Journal of Clinical Nursing, 29(5-6)*, pp. 684-705. Retrieved from https://doi.org/10.1111/jocn.15127, 15.03.2022.
43. Ritchie, D., Yen, M. (2013). Health services management development: what formal knowledge should support the skills and experience required? *Australian Health Review, 37(2),* pp. 189-193.
44. Robotham, D., Jubb, J. (1996). Competences: measuring the unmeasurable. *Management Development Review, vol. 9, no 5,* pp. 25-29.
45. Ross, A. Wenzel, F.J., Mitlyng, J.W. (2002). *Leadership for the Future: Core Competencies in Healthcare.* Chicago: HAP.
46. Sanghi, S. (2010). *The Handbook of Competency Mapping. Understanding, Designing and Implementing Competency Models in Organizations*. Los Angeles-London-New Dehli-Singapore: Sage Publications.
47. Stefl, M.E. (2003). *Report of the Competency Task Force: Healthcare Leadership Alliance.* Chicago: HLA.
48. Stefl, M.E. (2008). Common Competencies for All Healthcare Managers: The Healthcare Leadership Alliance Model. *Journal of Healthcare Management, 53(6),* pp. 360-374.
49. Stewart, M. (2001). Towards a global definition of patient centered care. *British Medical Journal, 322(7284),* pp. 444-445.
50. Tyrańska, M. (2016). Managerial Competencies for Various Management Levels. *Zeszyty Naukowe Uniwersytetu Ekonomicznego w Krakowie, 11(959),* pp. 21-38.

51. Walsh, G., Beatty, S.E. (2007). Customer-based corporate competition of a service firm: scale development and validation. *Journal of the Academy of Marketing Science, 35(1),* pp. 127-143.
52. Winterton, J., Delamare-Le Deist, F., Stringfellow, E. (2006). *Typology of knowledge, skills and competences: clarification of the concept and prototype.* Luxemburg: Office for Official Publications of the European Communities.
53. Wright, P.M., Dunford B.B., Snell S.A. (2001). Human Resources and the Resource Based View of the Firm. *Journal of Management, 27(6),* pp. 701-721.