

PERSONAL COMPETENCIES AND EFFECTIVENESS OF HEALTH CARE UNITS – THEORETICAL APPROACH

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Purpose: The aim of the article is to present how constructed by Authors models of personal competencies connect to effectiveness of health care units. Important sets of personal competencies identified and rated as essential for effective health care units' practice reflects the scope of skills, knowledge and applications required to address the often complex problems encountered in these organizations.

Design/methodology/approach: The proposed lists of managerial and professional competencies (six domains each) 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: Evaluating the performance by personal competencies becomes essential for managers and training centers, since it contributes to the identification of gaps in knowledge, skills and attitudes of professionals, by promoting the elaboration and implementation of strategies for their development.

Originality/value (mandatory) An identification the personal competencies of health care units employees in connection to effectiveness of such entities.

Keywords: personal competencies, effectiveness, health care units.

Category of the paper: Conceptual paper.

1. Introduction

High-quality care is a priority in health care systems and is described as the provision of appropriate, efficient and effective services that result in optimal outcomes for patients.

Naturally patients are ultimately interested in improved health or health-related quality of life, but health services research continues to address whether health services financing and delivery are structured in ways to maximize production of intermediate goods, regardless of the link between these services and final outcomes (Fishman, Hornbrook, Goodman, 2004).

Therefore, the main mission of a health care system is to promote health and respond to the needs of people and society in the field of health and diseases. Needs change constantly under economic, social, political, and environmental conditions. So, the health care system must adapt to the needs arising from such a change (Tabrizi, Farahbakhsh, Sadeghi-Bazargani, Hassanzadeh, Zakeri, Abedi, 2016).

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.

As a 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, Snell, 2001; Pfeffer, 1994).

Drawing on the resource-based theory and dynamic capability view it should be pointed out that in healthcare units indirectly influence decision-making effectiveness through the mediating role of knowledge absorptive capacity (Wang, Byrd, 2017).

This article is focused on the issue how constructed models of personal competencies connect to effectiveness of health care units.

2. Personal competencies in health care units

Nowadays personal (managerial and professional) competencies are a subject of research throughout the world, a fact reflected by the huge number of publications on the topic. 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, personal competences become even more important.

Presented model of managerial competencies in health care units (Fig. 1) 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, 2018b, 2019, 2021, 2022, Krawczyk-Sołtys, Płatkowska-Prokopczyk, 2022, 2023). 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.

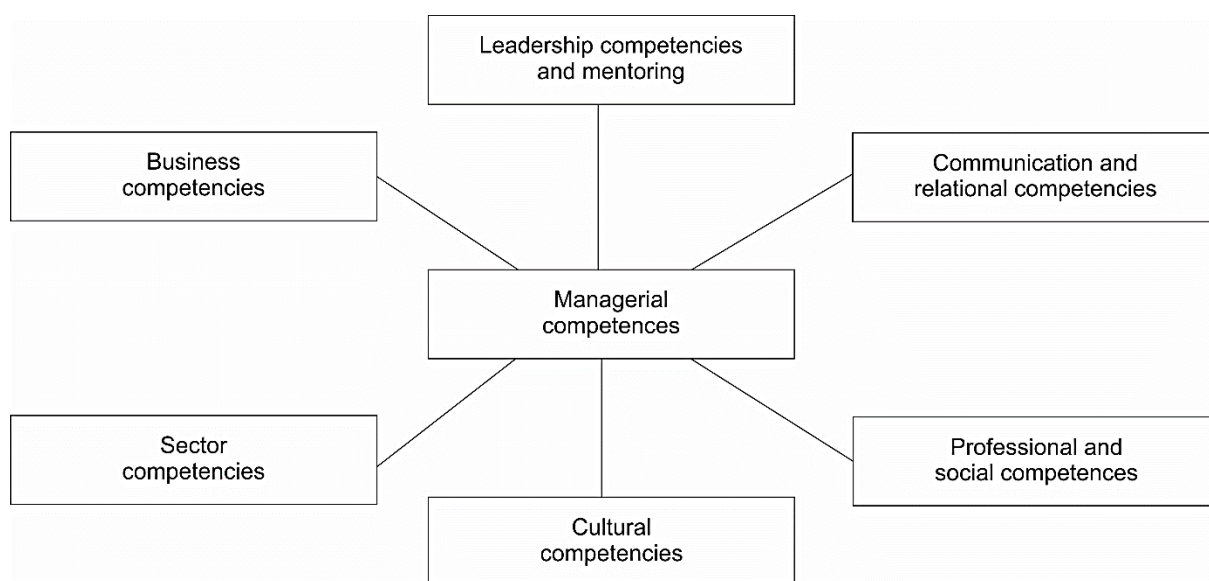


Figure 1. Model of managerial competences in health care units.

Source: own study.

First domain (Leadership Competencies) includes: leadership abilities and behaviors, leading change, encouraging employees to creativity, innovation and development, management skills and mentoring. Among the second domain – Communication and Relationship Competencies - were distinguished: relationship management, communication skills, and facilitation and negotiation. The third domain - Professional and Social Competencies – introduces: professionalism, professional development and lifelong learning, contributions to the development of management in health care, awareness of goals, values, strengths and weaknesses, ethical behavior and social awareness, 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, Carrillo, 2002) and can be

described as follows: creation of an organizational culture based on mutual trust, transparency and focusing on improving the quality of provided medical services, the ability to provide care to patients with diverse values, beliefs, and behaviors, meeting patients' social, cultural, and linguistic needs, delivering the highest quality of care to every patient, regardless of race, ethnicity, cultural background, removing barriers, such as different perspectives on health, medical care, and expectations about diagnosis and treatment, 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: knowledge of the functioning of the health care system and entities of this system, ability to optimize employment in the organization, personalizing health care, public health competences. Finally, in the sixth domain – Business Competencies – were described as: knowledge of basic business practices and the ability to manage projects, strict adherence to procedures, regulations and legal norms as well as the ability to create internal regulations on their basis, financial management, human resource management, strategic management, information and knowledge management, risk management, improving the quality of medical services, and systems thinking. Managerial competencies 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.

Next model which includes professional competencies in health care units (Fig. 2) was also created as a result of studies of the literature of the subject conducted by the Authors and many years of direct observations in these entities (Krawczyk-Sołtys, 2018a, 2018b, 2019, 2021, 2022, Krawczyk-Sołtys, Płatkowska-Prokopczyk, 2022, 2023).

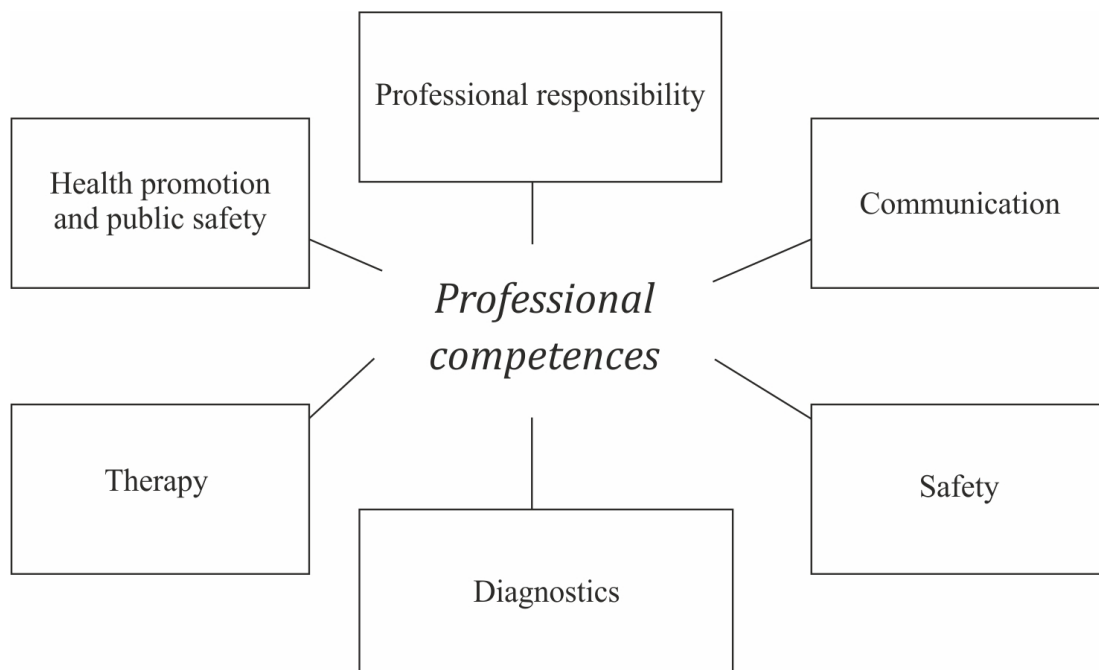


Figure 2. Model of professional competences in health care units.

Source: own study.

It contains six domains. Among Professional Responsibilities were distinguished such competencies as: functioning as a professional, participating in continuing education and professional development, possessing an understanding of the medicolegal aspects of the profession, recognizing and complying with relevant Polish legislation, functioning effectively in a team environment, making decisions effectively and managing scenes with actual or potential forensic implications. The second domain – Communication Competencies – refers to three competencies: practicing effective oral and written communication skills, practicing effective non-verbal communication skills and practicing effective interpersonal relations. In third domain – Health and Safety Competencies – were distinguished such competencies as: maintaining good physical and mental health, practicing safe lifting and moving techniques and creating and maintaining a safe work environment. The fourth domain of professional competencies is Assessment and Diagnostics Competencies and the fifth – Therapeutics Competencies. In case of these domains particular competencies are not being specified, because depending on the department, urgency of situation, etc. they are different. The last domain – Health Promotion and Public Safety Competencies – raised another qualities such as: integrating professional practice into community, contributing to public safety through collaboration with other emergency response agencies and participating in the management of a chemical, biological, radiological, nuclear and explosive incident.

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).

The Authors' study adopted 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, 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, 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.

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 personal competencies.

3. Effectiveness of health care units – literature review

The health care system is expected to work efficiently with respect to financial flows at the large scale, but to display the high complexity of individual patient care at the fine scale. The medical treatment of patients is an extremely high-complexity fine-scale task. One-size-fits-all does not work in this case. Applying such methods can only result in poor-quality care.

When a health care unit becomes less effective overall at many different tasks, it is not necessarily less effective at the particular tasks or measures that management or regulators are focusing on. It can be expected that for those tasks or measures, the organization will improve, while for others its effectiveness will decline. This explains why problems appear as indirect effects.

Also, the more problems arise with quality, the greater are the efforts to regulate the actions of health care units' staff. Imposing uniform care in some context may be constructive; however, in the context of complex organizations, uniformity is in itself a limitation. Exceptions do exist, but they must be understood within the framework of multiscale analysis rather than just assumed to exist. Since the resulting problems show up as indirect effects, it is difficult to discover their origins (Bar-Yam, 2006).

The high level of agreement on personal competencies considered essential for effective health care units performance provides a basis for the development of competency standards, as a distinct field of practice. Given some of the limitations of the competencies approach and the evolving nature of health care units, it is important to recognize that competencies need to be dynamic and change in response to changes in the field (Hughes, 2004).

Interprofessional healthcare team function is critical to the effective delivery of patient care. Team members must possess teamwork competencies, as team function impacts patient, staff, team, and healthcare organizational outcomes. There is evidence that team training is beneficial; however, consensus on the optimal training content, methods, and evaluation is lacking

(Greulich, Kilcullen, Paquette, Lazzara, Scielzo, Hernandez, Preble, Michael, Sadighi, Tannenbaum, Phelps, Krumwiede, Sendelbach, Rege, Salas, 2023).

There is a strong belief that effectiveness of health care teams can be improved by team interventions, as a wide range of studies have shown a positive effect of team interventions on performance outcomes (e.g. effectiveness, patient safety, efficiency) within diverse healthcare setting (e.g. operating theatre, intensive care unit, or nursing homes). Improving teamwork has therefore received top priority (Buljac-Samardzic, Doekhie, van Wijngaarden, 2020).

Performance of health care units can also be measured as its ability to restore and preserve health with acceptable costs for the society. Under the current prevalence of chronic disease, medical care (the major content of healthcare) underperforms in all key indicators: clinical effectiveness, benefit/risk ratio of interventions, cost/benefit ratio, and general population health.

Measures of performance are determined by the system's objectives, which are, in turn, set by the subject of management, or decision maker. There are several groups of stakeholders, potential subjects of management and decision makers in the health system: ordinary citizens (end users), health professionals and service providers, governmental and public bodies of different level (national, regional), manufacturers and distributors of medicines and health-related supplies, equipment, etc.

Distortions in organizational model of health care units has clearly manifested during the COVID-19 pandemic. The high risk groups of severe disease very closely coincide with modifiable risk factors of chronic non-infectious diseases. Hence, COVID-19 long-term prevention and treatment should be built around lifestyle correction and individual behavior. However, the public domain very rarely features a system of comprehensive advice for ordinary people (Martyushev-Poklad, Yankevich, Petrova, 2022).

4. Conclusions and Further Research

The importance of assessing competencies is undeniable. Competence recognition offers a way to develop workforce planning and career opportunities of practicing medical staff. Important sets of personal competencies identified and rated as essential for effective health care units' practice reflects the scope of skills, knowledge and applications required to address the often complex problems encountered in these organizations. This suggests that it cannot be expected an individual practitioner to have proficiency in all the competency units identified, emphasizing the need to develop work teams that ensure the competency mix required for effective work effort.

The literature review conducted clearly highlighted the need to create a valid, reliable and easy-to-use tool to identify the personal competencies of medical staff to support the knowledge transfer.

The article assumes that personal 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, 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).

Again, it is worth emphasizing that it is people and their knowledge, skills and competencies that are considered the key resource of the organization. Therefore is also a noticeable change in focus on the qualitative aspects of human resources as strategic element of the functioning of organizations that tend to develop the personal competencies of their employees.

The need for interventions like interprofessional education opportunities, staff induction programs and regular interprofessional meetings to foster acknowledgement of health care units, promoting the acceptance and growth of all the professions involved (Crafford, Kusrkar, Bronkhorst et al., 2023; Geese, Schmitt, 2023). Altogether, the employees themselves acquire and improve competencies, thus increasing their value and importance on the labor market. This trend is a result of the increasing requirements for both employees and organizations.

In regard 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 people and entities which 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 the process – their competencies (Krawczyk-Sołtys, 2019; Parker et al., 2020). Their importance in the management of health care units is becoming more and more significant (Hein, 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).

The research results (Krawczyk-Sołtys, 2021, 2022) shows that extra operational resources provide important role during a pandemic in reference to an initial estimation and pilot function. This is possible to provide not only the emergency services but also the medical facilities in charge of providing further care (Breuer et al., 2020; Dahmen et al., 2021; Gibson et al., 2020).

The more specific abilities could be considered subdivisions of a ‘major competencies’ and are termed ‘supporting competencies’. Achievement of a major professional competencies requires the acquisition and demonstration of all supporting competencies related to that particular service or task. The presented models of personal competencies might be found useful to meet all actors’ needs such as: patients and their relatives, medical staff, health care units, and health care system.

As health care units function in constantly changing environment, some of the competencies are considered to be crucial in the terms of managing those changes. It can be stated that professional competencies as much as managerial ones can be key factor in managing change as well as in every day functioning of health care units. The medical staff practicing at competent level should be able to master tasks related to their specialty area and have the knowledge, skills and evidence-based knowledge to perform daily practices capably in changing clinical situations.

Health care practice on competent level should be theoretically well-grounded and autonomously well-planned and carried out. Competent medical staff is supposed to be encouraged to commit to the strategic goals and values of the health care organization. They should: share their professional expertise as part of a multi-professional team, committed to continuous reflection and improvement of their own professional competence, motivated to guide and to support co-workers and improve the processes of patient care (Meretoja, Lindfors, Kotila, 2019).

Set of personal competencies required in health care system should be patient-centered, focused on changes made simultaneously “top down” (through the regulatory context and infrastructure) and “bottom up” (through local pilot projects, like person-centered health management systems in large corporations, universities, and local communities).

Evaluating the performance by personal competencies becomes essential for managers and training centers, since it contributes to the identification of gaps in knowledge, skills and attitudes of professionals, by promoting the elaboration and implementation of strategies for their development (Soares, Leal, Rodrigues Resck, Pedreschi Chaves, Henriques, 2019).

There is a strong belief that effectiveness of health care units can be improved by team interventions, as a wide range of studies have shown a positive effect of team interventions on performance outcomes (e.g. communication, competence, skill, efficiency, effectiveness, innovation, satisfaction, well-being, knowledge, attitude and patient safety) within diverse healthcare setting (Buljac-Samardzic, Doekhie, van Wijngaarden, 2020).

Also supportive supervision is considered one of the best practices which includes collaborative reviews, observations, monitoring, constructive feedback, participation, problem-solving, and training and education (Brown, Kangovi, Wiggins, Alvarado, 2020).

The article highlights areas that need closer attention in the future therefore the further research will be conducted by the Authors. 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.

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