

# SENIOR MANAGER PERCEPTIONS OF THE HUMAN DIMENSION OF HEALTH SERVICES MANAGEMENT: AUSTRALIA AND BRAZIL

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## ABSTRACT

Practice and research show the importance of the human dimension of health service management and related skills/competences. However, a review of curriculum content of postgraduate courses in Australia showed a lack of content in this area. It was in this context, an enquiry was undertaken to assess the perceptions of senior health service managers in Australia in this field. To provide a contrast with Australian perceptions, senior health service managers in Brazil were also asked for their understandings. Findings from this enquiry in the two countries show similar but some variance in nuance, possibly due to differences in culture and corporate environment. The result of the enquiry points to the importance given by these senior managers to skills/competences in this area, and perceptions of shortfalls, in contrast with the lack of importance given to postgraduate training in this field.

## KEYWORDS

Health management, human skills/competence, managers' perceptions, curriculum lags.

## INTRODUCTION

Health services outcomes are dependent on the combined efforts of a large and varied range of people. Therefore, the practice of health service management is faced with the interaction among people often coming from different backgrounds and professional cultures. Further, research findings have shown the importance of essential personal skills in the management of health services, and that related training can result in improved management and outcomes. This would lead to the

assumption that the content of postgraduate training in health services management would include the practice of relevant personal skills. Yet, a review of curricula of postgraduate courses in health services management in Australia showed that there is a lack of content in this area [1] [2]. A relevant question is whether the lack of course content reflects the perceptions of health services managers regarding the importance of these skills and their practice, thence lack of demand for related training. It was in this context that the present enquiry was undertaken, to ascertain whether the low importance given to

postgraduate health management training on these skills in Australia reflected the perceptions of senior health managers of their relative importance. In order, to provide some contrast to the perceptions of Australian health services managers on these skills, a similar enquiry was also undertaken among some senior health service managers in Brazil, in a different cultural and social environment. The aim of this contrast was to ascertain whether the perceptions of the relative importance of personal skills in health services management were peculiar to Australian health service managers or might have wider perceived relevance. The responses from this enquiry need to be seen more as qualitative in nature, as an input into the assessment of the perceived need for training in personal skills in health services management in Australia.

## LITERATURE REVIEW

A brief review is now provided of the extensive literature, with focus on salient features of concepts, their assessment, association with performance, and effective training.

A review of systemic changes in the Australian health services led to the identification of salient management issues arising from them. In turn, these concerns led to the identification of management competencies and/or skills that would enhance related services management. This pathway, based on real-world events documented empirically, led to a framework of predisposing, enabling and transforming competencies and/or skills of relevance from the available inventory of health management competencies and/or skills identified [3]. A direct link had been established between the identified competencies to enhance leadership and management effectiveness.

Among the salient management issues identified, a number were related to personal motivation, reflection and behaviour in relation to others in the work setting. These are of importance in health services because of the interdependence among a wide range of professionals and practice that affects personal and organisational outcomes and the effectiveness of services [4]. However, there is evidence that current practices can stifle motivation and result in a lack of satisfaction with work, stress, burnout and even exit from the professions [5] [6]

The related literature shows there are three applicable concepts that meet the four tests of validity, association

with performance, identifiable features capable of measurement and possible training:

- work engagement
- emotional intelligence
- conflict resolution

The concept of personal engagement at work was described by Kahn [7] as the simultaneous employment and expression of a person's 'preferred self' in task behaviour that promote connections with work and others. Emotional intelligence has been defined by Salovey & Mayer [8] as the ability to monitor one's own and others' feelings and emotions to discriminate among them and use this information to guide one's thinking and actions. Rahim [9] stated that conflict is an interactive process manifested in incompatibility, disagreement, or dissonance within or between social entities; and De Breu et al [10] saw its resolution (management) as behaviour oriented towards the intensification, reduction, and resolution of tension caused by conflict. There are affective, cognitive and behavioural dimensions in these three concepts. They intercept with each other and notions of involvement and satisfaction, organisational commitment, burnout, personality traits and regulation of emotions, motivation, cognitive intelligence and self-efficacy. Nevertheless, they have been found valid and different constructs.

A review of the concept of personal engagement at work by Schaufeli [11] pointed to four main perspectives concerned with (1) needs satisfying, (2) burnout-antithesis, (3) work satisfaction and engagement, and (4) a multidimensional perspective. May et al [12] found evidence of the linkage between personal engagement and Khan's three conditions of psychological meaningfulness, safety, availability as antecedent variables of expression of personal engagement in terms of physical, emotional and cognitive engagement. The burnout-antithesis perspective considers engagement at one end of a continuum with burnout at the other end. Another perspective relates engagement to involvement, enthusiasm and satisfaction at work. The multidimensional perspective relates engagement and role performance [13]. Christian et al [14] in their meta-analysis of the concept of personal work engagement found that although it shares an association with job attitudes it is a unique concept that had incremental validity in predicting job performance. Kim et al [15] found that the association of work engagement and performance applied to different industries and occupations in Africa, Asia, Europe, Australia and the US.

The framework of emotional intelligence (EI) as drawn by Salovey & Mayer [8] has three major features: (1) appraisal and expression of emotions of self and others, (2) regulation of emotions, and (3) use of emotions in an adaptive manner. A book by Goleman [16] made the concept better known. A review of the subject by Fernandez-Berrocá & Extremaúra [17] identified three theoretical streams with emotional components that made up EI and related processes: (1) the Salovey & Mayer's ability model, (2) Bar-On's emotional-social intelligence model, and (3) the Goleman & Boyatzis emotional competence model. In a later review of EI models, Boyatzis [18] found three theoretical modes of EI. The first was the ability perspective with two versions, one by Mayer et al [19] and the other by Schutte et al [20]. The second was the behaviour perspective with four versions. One version was the Boyatzis & Goleman [21] approach concerned with effective performance. Other versions included one by Bar-On [22], another by Dulewicz et al [23], yet another by Bradberry & Su [24] using a variety of measuring tools. A third perspective was concerned with Internal (Self) Perception with four versions by Bar-On, Schutte et al, Law & Wong [25] and Petrides & Furnham [26] using varied self-reporting measurement instruments.

A more recent review by O'Connor et al [27] identifies three main streams of EI: (1) consists of ability measures based on the Mayer and Salovey model, (2) based on trait measures also based on Mayer and Salovey's approach, (3) based on what is termed mixed EI, which indicates measures that combine competences as well as traits.

Research has also been carried out on the association between EI and work engagement. In an example in a healthcare context, Zhu et al [28] found that EI was associated with work engagement of Chinese nurses expressed in terms of vigour, dedication and absorption. Boyatzis et al [29] also found that shared vision and emotional and social intelligence affected engineers' work effectiveness and also job engagement.

Galtung [30] proposed a triangular model of conflict consisting of contradiction, attitude and behaviour. He proposed that conflict consists of differences in perceived interests, values and behaviour between those involved. These led to attitudes with affective, cognitive and behaviour elements that may be positive or negative. Consequent behaviour may be cooperative or coercive. In conflict transformation, Galtung perceived that for conflict transformation to take place those involved must

be conscious of the totality of the conflict. Thus, allowing the identification of the contradiction, its reappraisal and possible behavioural changes towards its resolution.

Thomas [31] proposed that there are five ways of conflict handling: problem solving, smoothing, forcing, withdrawal and sharing. Rahim [32] built a matrix of these elements that led to five different styles: (1) integrating, arising from high concern for both self and others' interests; (2) avoiding, arising from low concern for both self and others' interests; (3) obliging, arising from high concern for others' and low concern for own interests; (4) dominating, arising from high concern for self and low concern for others' interests; (5) compromising, reflecting a combination of interests. Rahim tested the independence of each style, their reliability and validity and built the Rahim Organizational Conflict Inventory II (ROCI-II) measurement scale. Further research by Rahim & Magner [33] found that the framework had a satisfactory fit and there was convergent validity in the scales used. Giacomantonio et al [34] aggregated the five types of conflict handling into three: (1) non-confrontational (avoiding and obliging), (2) control (dominating and competing), and (3) solution oriented (integrating or collaborating and compromising). Concerns with the psychometric properties of ROCI-II led to De Breu et al [35] alternative measurement instrument to measure a similar five-factor model: Dutch Test for Conflict Handling (DUTCH). This research showed reasonable discriminating validity between the five factors. In a healthcare context, Zufadil et al [36] in a study of health care workers observed that higher level of EI led to better performance associated with greater knowledge sharing. The study also indicated that managers' EI is important on communication and conflict management.

Further review showed that gains can be made through interventions such as coaching/training aimed at enhancing competence in human skills that lead to better personal and organizational performances. Meta-analysis of the effectiveness of work engagement interventions by Knight et al [37] indicated that interventions were associated with overall positive improvement in work engagement. The assessment of work engagement expressed in terms of vigour showed greater effect in the more immediate post-intervention period than at later follow-up. While work engagement in terms of dedication and absorption were expressed more at a later follow-up than immediately after intervention. More recent studies also indicated that training opportunities supported employee work engagement (e.g. Palaez et al [38] &

Sawasdee et al [39]). A number of studies indicate that coaching/training in EI can improve performance as well as wellbeing of students, health workers and others (e.g. Slaski & Cartwright [40]; Hen & Sharabi-Nov [41]; Choi et al [42]; Gilar-Corbi et al [43]; Karimi et al [44]). Similarly, studies have shown that coaching/training in conflict management resulted in improved practice (e.g. Haraway & Haraway [45]; Leon-Perez et al [46]; Wolfe et al [47]).

## METHOD AND DATA

The enquiry was undertaken to assess perceptions of senior managers regarding the relative importance of human skills in health services management. The method used was that of a qualitative nature of perceptions held rather than tested actual situations. The enquiry used a questionnaire developed to assess senior managers' perceptions regarding:

- adequacy of competence in human skills in healthcare management
- obstacles to human skills enhancement in healthcare management
- possible steps to enhance these skills

The enquiry relied on written answers to a questionnaire (See Appendix). A draft questionnaire had been prepared originally and reviewed for suitability by an experienced senior manager. Consequently, some amendments were made. The enquiry involved senior and busy health service managers, and by its very nature relied on the willingness of senior managers to take the time involved. Senior in this context relates to the relative high position of the manager rather their length of experience. The respondents to the questionnaire worked in hospitals, aged-care residential services (hostels and nursing homes), and in the

administration of health services. The answers to each open question were reviewed independently by two of the authors, both in the case of Australia and Brazil. The itemised themes of the answers were then revised by the two reviewers using relevant criteria, to resolve any differences, to get agreed response items for each question. The enquiry has a number of limitations. The convenience samples used both in Australia and Brazil are not random in nature, and, as stated, relied on the willingness of senior managers to spend their usually busy time in sharing their opinions. The sample sizes were relatively small (14 in Australia and 18 in Brazil). Nevertheless, the relative consistency in the responses provide worthwhile insights about the perceived relevance of these skills/competences by the responding senior managers of health services in the two countries.

## PERCEPTIONS OF SENIOR MANAGERS OF HEALTHCARE IN AUSTRALIA AND BRAZIL

Following the outlined method, the analysis of responses provides a qualitative measure of the opinion of the responding senior managers regarding human skills in the management of health services.

### CONTRIBUTION OF COMPETENCE IN HUMAN SKILLS

In both countries, the importance of competence in human skills was recognised by all respondents. They also felt that they were essential in most cases but more so in Brazil than Australia (57% in Australia and 67% in Brazil). While Brazilian managers expressed their perspectives in terms of commitment and communication, Australians did so in terms of teamwork, efficiency and effectiveness (Table 1).

TABLE 1 IMPORTANCE OF ESSENTIAL HUMAN SKILLS

IMPORTANCE	PERCENTAGE OF RESPONDENTS	
	AUSTRALIA	BRAZIL
Working with and engagement with others	100	100
Essential/decisive/fundamental/basic	57	67
Conflict management	36	39
Efficiency/productivity/effectiveness	50	33
Commitment/engagement	...	39
Communication	...	17
Team work	64	...

### ADEQUACY OF COMPETENCE IN HUMAN SKILLS

The responses to the question of the adequacy of competence in human skills were expressed considerably different in the two countries. It is possible that cultural differences may account for some of the differences in the expression of perceptions. About three quarters of respondents in Australia (73%) expressed the opinion that generally healthcare managers did not possess adequate competence in human skills versus only 6% in Brazil. However, half of Brazilian respondents (50%) felt that competence was inconsistent or less than adequate. Agreement was close on the proportion who felt that managers had adequate skills in human relationships (13% in Australia and 17% in Brazil) (Table 2).

### LACKING ENHANCEMENT IN HUMAN SKILLS

Senior managers in both countries perceived that there was need for greater skills in teamwork/collaboration (53% and 50% in Australia and Brazil respectively), but also in conflict management and listening and communication with others (40% and 39% respectively in each case).

Australian managers placed greater emphasis on self-awareness (27% in Australia and 17% in Brazil) and emotional intelligence (same respectively), while Brazilian managers placed some emphasis on the issue of critical appraisal and problem identification (33%) (Table 3)

### OBSTACLES TO HUMAN SKILL DEVELOPMENT AND HOW TO ADDRESS THEM

In both countries, obstacles to the development of human skills was perceived to be due to priority to technical training and competence (27% and 28% in Australia and Brazil respectively). Time and resource constraints were found to be more important in Australia (33%) but they were also found in Brazil (22%). Authoritarian/bureaucratic structure and culture were seen as obstacles in Brazil by more than a quarter of managers (28%), but in Australia learned and rewarded negative behaviour was seen as an obstacle by about a fifth (20%). Lack of awareness of the value of human skills was seen as an obstacle by a third of managers in Brazil (33%) but less so in Australia (13%) (Table 4).

TABLE 2 ADEQUACY OF COMPETENCE IN ESSENTIAL HUMAN SKILLS

ADEQUACY	PERCENTAGE OF RESPONDENTS	
	AUSTRALIA	BRAZIL
Yes, but inconsistent/less than adequate	7	50
Managers have adequate skills in in human relationships	13	17
Few/exception	7	28
Generally, no	73	6

TABLE 3 LACKING ENHANCEMENT IN HUMAN SKILLS

LACK	PERCENTAGE OF RESPONDENTS	
	AUSTRALIA	BRAZIL
Teamwork/collaboration	53	50
Conflict management/negotiation/conciliation	40	39
Communication/listening to others	40	39
Critical appraisal/problem identification	...	33
Self-awareness	27	17
Emotional intelligence	27	17

**TABLE 4 OBSTACLES TO HUMAN SKILL DEVELOPMENT**

OBSTACLES	PERCENTAGE OF RESPONDENTS	
	AUSTRALIA	BRAZIL
Lack of clarity about soft skills/self-awareness/ their value	13	33
Authoritarian/bureaucratic/hierarchical structure and culture	...	28
Technical training emphasis/priority	27	28
Time and resource constraints/priorities	33	22
Learned and rewarded negative behaviour	20	...

**STEPS TO INSTIL HUMAN SKILLS IN HEALTHCARE**

Training capacity and opportunity to acquire these skills were seen as the major issue in both countries (73% and 78% in Australia and Brazil respectively). Discussion of the importance of essential human skills was seen as greatly important in Brazil (61%) and in Australia to a lesser extent (33%). The adoption of related values and practice of these skills were perceived as more important in Brazil (44%) but it was also so in Australia (22%). Role modelling by senior managers was seen to be relevant by about one fifth in both countries (20% and 22% in Australia and Brazil respectively). In Brazil, the linking of selection, promotion and remuneration was seen as a step in the instilling human skills by about one third of respondents (33%) (Table 5).

**INSTILLING MOTIVATION AND ORGANIZATION CULTURE TO ENHANCE HUMAN SKILLS**

In both countries, the demonstration and recognition of the value of human skills was perceived as the most important

means by which to develop relevant organisational culture and practices (77% and 61% in Australia and Brazil respectively). Training was also seen to be important between a quarter (28%) and a third (31%) of respondents in Australia and Brazil. The linking of selection, promotion and remuneration was also put forward by about a third of respondents in Brazil (33%) (Table 6).

**CONTRIBUTIONS OF HUMAN SKILLS TO PRODUCTIVITY AND MORAL**

Senior managers in each country felt that human skill competence made significant contributions to engagement at work (60% and 78% in Australia and Brazil respectively), team building and work (71% and 67% in Australia and Brazil respectively), that resulted in better performance and results in productivity and outcomes (57% and 56% in Australia and Brazil respectively), and conflict management (14%) in the case of Australia (Table 7).

**TABLE 5 STEPS TO INSTIL HUMAN SKILLS**

STEPS	PERCENTAGE OF RESPONDENTS	
	AUSTRALIA	BRAZIL
Training capacity/opportunity	73	78
Communication and discussion of the importance of human skills	33	61
Adoption of values, practicing of skills	22	44
Linking with performance assessment, selection, promotion, and remuneration	...	33
Role modelling from more senior managers	20	22

TABLE 6 HOW TO DO IT

MEANS	PERCENTAGE OF RESPONDENTS	
	AUSTRALIA	BRAZIL
Demonstration/discussion/recognition of value of these skills	77	61
Linking with performance assessment, selection, promotion, and remuneration	...	33
Training	31	28
Do not know	...	11
Self-assessment and sharing of individual strengths and challenges	15	...

TABLE 7 CONTRIBUTIONS TO PRODUCTIVITY AND MORAL

CONTRIBUTIONS	PERCENTAGE OF RESPONDENTS	
	AUSTRALIA	BRAZIL
Work engagement, feel valued, moral	60	78
Team building and work, relationships, communication	71	67
Better performance, results/outcomes, productivity	57	56
Conflict management	14	...

### BETTER NAME FOR THESE SKILLS

There were a wide range of suggestions, especially in the case of Brazil for a better name than *soft skills*. Nevertheless, about a fifth of respondents in Australia (21%) and a lower proportion in Brazil (6%) were happy with *soft skills*. In Brazil, *behaviour skills* had the largest backing (22%), while *personal/interpersonal/people skills* had the largest appeal (28%) among Australian healthcare managers. A large proportion of Australian respondents (43%) found that the term *soft skills* is derogative and not indicative of the importance of these skills.

### DISCUSSION

The responses of Australian senior healthcare managers indicated that they placed great importance to competence in human skills in healthcare management and most felt that they were essential or fundamental in team work, and to the effectiveness of healthcare. However, most observed that competence in these skills was inadequate among healthcare managers. This was associated with the lack of team work and collaboration. A number of factors were seen as obstacles, such as time and resource constraints, and lack of priority given to

training in these skills. Thus, most perceived training capacity and greater opportunity to acquire these skills as possible steps to instil human skills in healthcare managers. They also saw the need for a greater discussion and recognition of the importance of these skills. Further, most saw the value of human skills in terms team building, work engagement and related performance in productivity and outcomes.

The responses by Brazilian senior healthcare managers provided a test of the perception of the importance of human skills in healthcare management, by the degree of consistency, or lack of it, between the responses of Australian and Brazilian senior managers. The responses of Brazilian senior managers followed closely those of the Australians. However, there were some differences in tone, possibly reflecting cultural nuances. Accordingly, while Australian managers mentioned the importance of teamwork, Brazilian managers mentioned communication/commitment and engagement. Similarly, while only a minority of Australian and Brazilian managers felt that managers had adequate skills in human relationships, most Australian managers stated that they

were generally inadequate, while Brazilian managers expressed their opinion in terms of less than adequate.

The enquiry showed that the interviewed senior managers felt that human skills were essential/important to the outcome of healthcare, and that competence in them to be lacking, with need for training and competence in them. Thus, their near absence in the curriculum of postgraduate training in healthcare management [1] diverge from their perceived value and seen need for training in them. It is also in contrast with their demonstrated value and successful available training programs (see literature review).

## CONUNDRUM:

### SENIOR MANAGER PERCEPTIONS AND LACK OF ACADEMIC RESPONSES

The results of this enquiry among senior managers in health services showed that respondents felt that health services are essentially a human enterprise, where personal relationships are intrinsic to their effectiveness and efficiency. These senior managers indicated that competence in human management skills are essential/basic yet lacking in practice, in spite of the perception of its relevance to productivity and personal relationships, and the availability of operational concepts and training possibilities. It is also in contrasts to the lack of import given in postgraduate training in healthcare management documented [1]. This contrast presents a challenge to all stakeholders of health services and academic institutions concerned with postgraduate training in healthcare management.

## APPENDIX:

### AN ENQUIRY INTO SENIOR MANAGER PERCEPTIONS OF THE IMPORTANCE OF HUMAN SKILLS IN HEALTH SERVICES

#### Questions

1. *Soft skills are concerned with interpersonal relationships, stimulation of engagement at work and conflict management. What do these skills contribute to healthcare management effectiveness?*

2. *In your experience, do managers in health services demonstrate adequate skills in this area?*

3. *If you feel that greater attention should be given to management training in these areas, what specific skills do you feel are lacking in your workforce?*

4. *Do obstacles get in the way of this skill development? If yes, what are they and how can these obstacles be addressed?*

5. *What steps would you take to instil soft skills into your healthcare workforce?*

6. *How can motivation to develop soft skills be inspired in individual employees and throughout the organizational culture?*

7. *How can soft skills contribute to team productivity and morale?*

8. *Do you think there is a better term for this skill set and why?*

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