

## **Managerial Competency among Hospital Managers: Does Experience on the Job Matter?**

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### **Abstract**

*Managerial competency for example; being knowledgeable and skilled in programme and strategic planning is required by hospital managers to exhibit high performance results.*

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*Managing healthcare institution depends upon the key competencies of managers. There are many contributors to scaling up and improving managerial competency including formal education and various forms of informal trainings. There is also a notion that managerial competency could also be influenced by managers' experience on the job and hence that constituted the basis for this study. Data for this study came from a cross-sectional survey distributed amongst management staff in twenty five (25) hospitals that were purposively selected. Both descriptive and inferential statistics were used to summarize the items of the questionnaire and to determine whether significant difference existed between groups of managers respectively. Decisions were made on all inferential statistics at 5% level of significance. A logistic regression was performed using demographic data to predict the logit of having good competency using different years of experience exposure. These statistical techniques were done using the IBM SPSS version 20. Managerial competency comparison among managers grouped by their different years of experience shows that in planning skill, vision creation skill and management/leadership skill, there was no significant competency difference among the three groups of managers: those with less than 3 years experience, those with 3-10 years experience and those with more than 10 years experience ( $p = .926$ ). The results show no significant relationship between managers' different years of experience on the job and their competency.*

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**Keywords:** *Managerial competency, job experience, vision creation, job performance, hospital managers, Nigeria.*

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## **Introduction**

Managerial competencies are sets of knowledge, skills, behaviours and attitudes that a person needs to be effective in a diverse managerial job (Khadka et al; 2014). Competency is a behaviour that exhibits high performance results (Kim et al; 2014). Hospitals are important vehicles for the delivery of health care, and managers of these institutions are to a large extent responsible for operationalizing the visions and objectives that policy-makers have for the health and well-being of a nation [Khadka et al; 2014], (Lehman et al; 2002). Managing healthcare institution depends upon the key competencies of managers responsible for the operation of hospital amenities. Management is a fine blend of many different subjects and disciplines that can be hard to define and even harder to learn. Management is not confined to the fore walls of the industry; it is indispensable everywhere whether it be a hospital, an educational institution, agriculture, army, trade-union, government administration, charitable institution, club or one's own home. Management is what managers do [Khadka et al; 2014], (Mishra, 2008) and entails planning, organising, leading and controlling. Managers need to possess several competencies that will enable them to perform managerial functions effectively and efficiently [Khadka et al; 2014]. Managerial competencies are required to be effective in a wide range of managerial jobs and various types of organisations [Khadka et al; 2014], (Hellriegel et al; 2004). Despite recent increases in development assistance for health, most low-income countries are not progressing well towards achieving the health-related Millennium Development Goals (Khadka et al; 2014), (Egger et al; 2005)] and mostly due to low competencies among health professionals and managers of the health systems. Weaknesses in general managerial capacity at all levels of health systems have been cited as one of the contributory factors to this failure in scaling up health services and achieving health goals (Khadka et al; 2014, (Egger et al; 2007).

There are many contributors to scaling up and improving on managerial competencies including education and various forms of formal and informal trainings. Research has shown that specially blended forms of technical managerial trainings will enhance managers'

competencies at work (Kamarudin et al; 2013), (Miller, 1990), (Verma et al; 2006). In spite of this, there remains a lingering and unqualified role of the influence of job experience on managers' management competencies at work. This study determined if experience on the job could enhance hospital managers' competency and performance.

Hospital managers as referred to in this study constitute healthcare managers with management position in hospital settings. The paper probes to understand if experience on the job over the years for hospital managers would influence their competency/performance in key management functions in the hospital. Few research findings were unveiled linking managerial competency/performance to years of managers' experience.

In a study on human resource competency among hospital managers, it was uncovered that the perceived competency levels of human resource (HR) managers significantly increased with the age of the managers as older managers had higher probability of perceived competency levels to undertake personnel policy and HR planning related responsibilities than the younger managers (Woyesa et al; 2015). With regards to work experience in human resource management (HRM) functions, managers with higher levels of experience, perceived their competency levels much higher than the (HR) managers with lesser of years experience in personnel related responsibilities (Woyesa et al; 2015). In another study on physician-manager competency ratings, specialists with management experience had significantly higher ratings compared to their colleagues without such experience on two competency items in the area of two management skills: "Leadership skills" and "Leading a committee" (Mark, 2011). Specialists from non-surgical specialties rated their management skills and knowledge lower compared to specialists from surgical specialties on also two items: "Knowledge of organization of a department" and "Coding and billing" (Mark, 2011). In the same study, it was also determined that previous management experience was related to higher ratings on overall management competency and surgical specialty was related to higher ratings on management competency than non-surgical specialty. More years of work experience was related to higher competency ratings compared to fewer years of experience (Mark, 2011). Work experience is one of the most important skills enhancing determinants for managers, as was identified by all participants in a study on skills and competency required for hospital managers (Barati et al; 2016). Work experience has been suggested as one of the requirements for appointing people to hospital management posts due to competency gained over the years. Some comments by the informants in the study (Barati et al; 2016) were as follows: "The most important requirement for a hospital manager is work experience in hospital administration for 5 to 10 years. "If the manager does not have enough experience, her/his decision can damage the health infrastructure (Barati et al; 2016). Most participants suggested a linear progression with respect to promotion of those who serve in healthcare management posts. The belief was that, in order to effectively manage, higher management should have been involved in and undertaken roles in lower level posts first. This sentiment was echoed even among the healthcare management students (Barati et al; 2016). In another study on alignment of competencies and job tasks among primary care managers (Dikic et al; 2017), it was found that perceived level of competence correlates with years of work experience, managerial function and level of education that managers have, but gender and age have no influence. In a study to understand the influencing factors of informatics competencies among nurses (Yang et al; 2014) it was gathered that a statistically significant relationship existed between education level, experience of nursing administration, and informatics education/training which accounted for about seventy percent of the total variability in informatics competencies. A study evaluating the required profile and competencies for nurse managers to perform concluded on the need for nurse managers

to have previous experience as care nurses, the need to have experience in nursing supervision and in nursing management (Furukawa et al; 2011).

Review of the literature unveiled limited studies on the influence of job experience on managerial competency and performance of hospital managers especially in African context and Nigerian experience in particular. The information we have gotten thus far from the literature suggests that the influence on hospital managers' competency is multifaceted leading us to conclude that experience on the job could only be contributory to enhancing managers' competency as other factors like higher education, formal and informal trainings remain very relevant to influencing managers' competency on the job. Experience on the job, no doubt enhances competency but variably aided by other factors as revealed by our literature review.

In spite of the well established knowledge that managers' managerial competency and performance could be aided by a strategically organised experience on the job for managers, there has been no effort to explore the extent to which this notion could hold true especially in the Nigerian context. Given this background, this project was undertaken to understand the extent of the influence of job experience on managers' competency to perform. In the end we hope to suggest strategic ways experience on the job could be organized and used to enhance managers' competency in the hospital.

This project particularly explored the extent of the influence of job experience on hospital managers' managerial/leadership, Planning Skill and Vision Creation competencies. Among the managerial/Leadership competencies explored are: Team Management, Communication of organizational goals, Conflict Management, Employee Motivation, Labour Relations and setting of Organisational Culture. Among the planning skill and vision creation competencies explored are: Programme planning, Preparation of Strategic Planning and Creating a Vision for Hospital.

### **Defining the competencies explored in this study**

**Team Management:** Hospital-based "multidisciplinary teams" often involve all levels of "staff" on the treatment pyramid including aides, nurses, physician assistants, physical therapists, social workers, anesthesiologists, and attending physicians. These "teams" are consistently more effective than randomly assigning staff to the emergency room (ER), the floors, the Intensive Care Unit (ICU), the operating room (OR), or other locals. These "teams," acting as "well-oiled machines," counteract the "silo or halo effect" (e.g. characterized by the "I am too important because I am..."), break down communication barriers between specialists, and provide better cooperation among all specialists. Utilizing such cohesive teams limits adverse events (AE) (e.g. including morbidity/mortality), improves patient outcomes, decreases patient length of stay (LOS), and increases patient satisfaction (Epstein, 2014).

**Communication of organizational goals:** Creating and communicating a unifying goal is vitally important to acting as a visionary leader. (Walker, 2012), (Zenger et al; 2009) described vision as "a credible and compelling view of the future". They went on to explain that leaders create a visionary statement "to communicate that future clearly and creatively to disparate others". (Walker, 2012), (Zenger et al; 2009) described how a well written visionary statement "enables all individuals to be engaged in day-to-day activities with a clear sense of direction and purpose, knowing how what they do fits into the big picture"

**Conflict Management:** Although conflict cannot be avoided, it can be managed. Since conflict will always be present on an individual and organizational level, it is important to develop the skills to appropriately manage a difficult conversation or interaction. Experts agree that the skills necessary can be acquired; they believe that conflict competence can be defined and learned. One definition of conflict competence is “the ability to develop and use cognitive, emotional, and behavioral skills that enhance productive outcomes of conflict while reducing the likelihood of escalation or harm (Overton et al; 2013), (Runde et al; 2010).

**Employee Motivation:** Motivation can be defined as the processes that account for an individual's intensity, direction and persistence of effort toward attaining a goal (Lambrou et al; 2010), (Robbins, 2011). In most cases motivation stems from a need which must be fulfilled, and this in turn leads to a specific behavior. Fulfillment of needs results in some type of reward, which can be either intrinsic or extrinsic (Lambrou et al; 2001)

**Labour Relations:** Inadequate attention has been given to labour-management relations in health care organizations. Because of the labor-intensive nature of health care and the great dependence on human resources, health services managers should place greater emphasis on labour-management issues (Huszezo et al; 1988).

**Setting of Organisational Culture:** While consensus does not exist on how to define organizational culture (Zhou et al; 2011), (Cooke, 1988), (King et al; 2007), (Zhang et al; 2009), a commonly used definition is “the set of shared, taken-for-granted, implicit assumptions that a group holds and that determine how it perceives, thinks about, and reacts to its various environments” (Zhou et al; 2011), (Kreitner et al; 2008). Thus, the essence of culture is a core of basic assumptions. Behavioural norms and values are a manifestation of these assumptions, and values and norms, in turn, encourage activities that represent the expression of organizational culture (Zhou et al; 2011), (Hatch et al; 2006).

**Programme planning:** As part of strategic planning process, programme planning is a process that is designed to address questions such as “What is needed?” and “How will the needs be addressed?” in a corporate body like hospital. Through a systematic process, the answers to these questions form the basis of an intervention approach as was shown in ([www.oxfordbibliographies.com](http://www.oxfordbibliographies.com)). The methods and approaches used in programme planning and evaluation occur throughout the lifecycle of a programme—from planning and implementing to assessing outcomes as ([www.oxfordbibliographies.com](http://www.oxfordbibliographies.com)) revealed. Typically, the program planning cycle begins with the needs assessment process, progresses to identifying strategies to address needs, and then moves into implementation and evaluation that occurs in a continuous cycle, which facilitates ongoing review of needs and programme improvement as was indicated in ([www.oxfordbibliographies.com](http://www.oxfordbibliographies.com)). *A typical corporate body like a hospital is constantly looking out for a competitive edge over other providers and by so doing seeks what needs to be done and how to do it to keep the hospital ahead of competitors. Project management has emerged as one of the most prominent business skills of our time because its use can help control costs, reduce risk, and improve outcomes* ([www.oxfordbibliographies.com](http://www.oxfordbibliographies.com)). Used across disciplines, project management is the process of systematically planning, organizing, and then executing a pre-determined set of steps in order to maximize resource use and achieve specific objectives (A primer on project management for health care, 2018).

**Preparation of Strategic Planning:** Strategic planning is the action plan for running a

business over a long term period. This plan is a commitment by senior management to pursue established sets of goals that are developed to promote the company's vision and mission (Thompson et al; 2008). Today, executives in all healthcare settings must navigate a landscape influenced by complex social and political forces, including shrinking reimbursements, persistent shortages of health professionals, endless requirements to use performance and safety indicators, and prevailing calls for transparency. Further, managers and leaders are expected to do more with less (Stefl, 2008).

**Creating a Vision for the Hospital:** Organizational leaders must create a compelling vision (statement on where the organisation wants to be in the future) that will inspire and motivate their employees. A vision is more than just a dream. "It is an ambitious view of the future that everyone in the organization can believe in, one that can realistically be achieved, yet offers a future that is better in important ways than what now exists." (Brecken et al; 2004), (Daft et al; 1999). Vision is what guides everyone in an organization down the same path and at the same pace. When a vision is clearly articulated and followed "... everyday decisions and actions throughout the organization respond to current problems and challenges in ways that move the organization toward the future rather than maintain the status quo." (Brecken, 2004), (Daft, 1999).

### **Methods and Subjects**

Data for this study came from a cross-sectional survey using self-administered questionnaire distributed among management staff in twenty five (25) hospitals that were purposively selected. The criteria for selection were that each of the hospitals must be at least twenty (20) bedded and employs at least twenty five [25] persons. A pre-tested structured self-administered questionnaire was used during the period January to April 2015 to collect the preliminary data from each respective respondent. Emphasis on data collection included respondents' socio-demographics, experience on the job and management competencies. Hospitals in the federal capital territory (FCT) Abuja, Nigeria were used for the study with the surveyed staff being designated as Hospital Director, Hospital Manager, Hospital Administrator, Hospital Chief Executive Officer or Chief Medical Director (CMD). Those provided with the questionnaire were also heads of units responsible for the day to day administration and operation of hospital amenities with a minimum of diploma or bachelor's degree (or equivalent) obtained in any academic discipline. Questionnaires were distributed directly to the respondents. One hundred and twenty (125) questionnaires were distributed, out of which one hundred and four (104) were answered and returned giving a response rate of 83.2%. The hospitals involved in the study are as below:

1. NISA Premiere Hospital, Jabi Abuja
2. Garki Hospital, Garki Abuja
3. M&M Hospital, Karshi, Abuja
4. Kelina Hospital, Gwarimpa , Abuja
5. Zanklin Medical Center, Abuja
6. Primus supper Specialty Hospital, Karu, Abuja
7. RUZ Medical and Diagnostic Center, Abuja
8. St Francois Medical Center Abuja
9. Asokoro General Hospital, Abuja
10. Alhassan Hospital, Abuja
11. Amana Medical Center, Abuja
12. First Hospital and Maternity, Abuja
13. Horizons Medical center, Abuja
14. Ideal Hospital, Abuja

15. Iduna Specialists Hospital, Abuja
16. Kings Care Hospitals, Abuja
17. University of Abuja teaching Hospital, Gwagwarada, Abuja
18. Federal Staff Clinic , Abuja
19. Wuse general Hospital, Abuja
20. National Hospital, Abuja
21. Cedar Crest Hospital, Abuja
22. Silver Fountain Hospital ,Abuja
23. Abuja Unity Hospital and Maternity, Abuja
24. Bio Royal Hospital, Abuja
25. Corner Stone Specialists Hospital, Abuja

### **Ethical approval and consent to participate**

Ethics approvals were obtained from the respective research ethics committees of the individual hospitals as provided above. While the data were being collected, verbal consent was obtained from respective respondent. The respondents were assured of their confidentiality and were provided with the choice of not partaking in the study if they so wished. The research was conducted according to Helsinki declaration and local legislations.

### **Method of Data Analysis**

The collected data was subjected to both descriptive and inferential statistics. Descriptive statistics- frequency, percentage, mean and standard deviation were used to summarize the items of the questionnaire. Inferential statistics- Kruskal-Wallis H Test was used to determine whether significant difference existed between groups (those with less than 3 years experience, those with 3-10 years experience and those with more than 10 years experience). The test was adopted as a result of normality assumption violation. Decisions were made on all inferential statistics was at 5% level of significance. A logistic regression was performed on the data to predict the logit of having good job performance. The demographic data served as the predictors while the job performance status (overall competence score categorized to binary variable: good or poor) served the predicted variable. These statistical techniques were done using the IBM SPSS version 20.

### **Results**

**Table 1: Demographic Data of the Participants**

		Frequency	Percent
Age	25-35 years	14	13.5
	35-45 years	55	52.9
	45-60 years	35	33.7
Gender	Male	66	63.5
	Female	38	36.5
Hospital type	Private	44	42.3
	Government	41	39.4
	Non-governmental	5	4.8
	Faith based	14	13.5

Current designation	Administrative officer	25	24.0
	Hospital administrator	19	18.3
	CEO/Hospital director	19	18.3
	Medical director	41	39.4
Experience in hospital management	< 3 years	24	23.1
	3-10 years	49	47.1
	> 10 years	31	29.8
No. of hospital beds	25-50 beds	26	25.0
	50-100 beds	52	50.0
	> 100 beds	26	25.0

Table 1 displays the demographic data of the Hospital Administrators. Majority of the administrators were aged between 35-45 years (52.9%). There were more males (63.5%) than females (36.5%) amongst them. Most of them were either in the private hospital (42.3%) or government hospital (39.4%) of which medical directors (39.4%) and those with 3-10 years hospital management experience (47.1%) were predominant. In number of staff, greater part had either 25-50 staff (33.7%) or 50-100 staff (34.6%) in the hospital while in the number of beds, it was 50-100 beds (50.0%) that dominates.

**Table 2: Competency in Planning Skill and Vision Creation among Managers Grouped by their Years of Experience**

Planning skills and Vision Creation	< 3 years	3-10 years	> 10 years
	M±SD	M±SD	M±SD
Programme planning	2.42±0.78	2.53±0.79	2.48±0.77
Preparation of strategic plan	2.50±0.88	2.57±0.84	2.58±0.72
Creating a vision for your hospital	3.25±0.44*	2.76±0.78	2.48±0.72

\* implies skill in which managers were competent (skill with  $M \geq 3$ )

Table 2 displays the managers' competencies in planning skill and vision creation. Managers with less than 3 years of experience on the job were competent in creating a vision for their hospital (3.25). Managers with 3-10 years experience and those with more than 10 years experience were not competent in the listed skills.

**Table 3: Competency in Management/Leadership Skills among Managers Grouped by their Years of Experience**

Management/Leadership skills	< 3 years	3-10 years	> 10 years
	M±SD	M±SD	M±SD
Team management	3.17±0.92*	3.14±0.68*	3.19±0.54*
Communication of organizational goals	3.17±0.56*	3.04±0.45*	3.16±0.52*
Conflict Management	3.25±0.74*	3.00±0.41*	3.23±0.43*
Employee Motivation	2.83±0.82	3.06±0.52*	3.10±0.47*
Labour relations	2.75±0.85	3.00±0.58*	3.00±0.58*
Setting of organizational culture	3.08±0.88*	2.92±0.57	3.10±0.65*

\* implies skill in which managers were competent (skill with  $M \geq 3$ )



Table 3 displays the managers' competencies in management and leadership skills. Managers with less than 3 years experience were competent in four management/leadership skills: conflict management (3.25), team management (3.17), communication of organizational goals (3.17) and setting of organizational culture (3.08). Those with 3-10 years experience were competent in five skills: team management (3.14), employee motivation (3.06), and communication of organizational goals (3.04), conflict management (3.00) and labour relations (3.00). Managers with more than 10 years experience were competent in the six listed skills: conflict management (3.23), team management (3.19), communication of organizational goals (3.16), employee motivation (3.10), setting of organizational culture (3.10) and labour relation (3.00).

**Table 4: Competency comparison among Managers Grouped by their Years of Experience**

	Years of experience	M±SD	Mean Rank	Kruskal-Wallis H	df	p-value
Planning skill and vision creation	< 3 years (n = 24)	8.17±1.81	56.67	.850	2	.654
	3-10 years (n = 49)	7.86±2.05	52.35			
	> 10 years (n = 31)	7.55±2.08	49.52			
Management leadership skill	< 3 years (n = 24)	18.25±3.64	53.67	.671	2	.715
	3-10 years (n = 49)	18.16±2.46	50.17			
	> 10 years (n = 31)	18.77±2.64	55.27			
Job performance	< 3 years (n = 24)	26.42±4.38	53.17	.153	2	.926
	3-10 years (n = 49)	26.02±3.53	51.33			
	> 10 years (n = 31)	26.32±2.88	53.84			

Competence in planning skill & vision creation + Competence in management leadership skill = Overall competence (Job performance)

Table 4 displays competence comparison between managers grouped by their years of experience. In planning skill and vision creation ( $p = .654$ ) and management leadership skill ( $p = .715$ ), there was no significant competence difference between the three groups of managers: those with less than 3 years experience, those with 3-10 years experience and those with more than 10 years experience. In general, there was no significant job performance difference between the three groups of managers,  $p = .926$ . This implies that in planning skill and vision creation and management leadership skill, competence was the same for the three groups of manager, and likewise in job performance.

**Table 5: Managers' Job Performance Classification**

		Frequency	Percent
Job Performance	Poor (competent score < 27)	45	43.3
	Good (competent score $\geq$ 27)	59	56.7

**Competent score 27 implies to have a good skill on the average in all the listed skills**

Table 5 displays the job performance classification of managers. 56.7% of the managers were classified to have good job performance while 43.3% were classified to be poor.

**Table 6a: Logistic Regression Classification Table, Model Summary and Omnibus Test of Model Coefficients on Job Performance n = 104**

Classification Table (cut value = .500)		Job Performance			Statistic
		Poor	Good	% Correct	
Job performance	Poor	28	17	62.2	
	Good	14	45	76.3	
	Overall %			70.2	
<b>Model Summary</b>					
-2 Log likelihood					122.302
Cox & Snell R <sup>2</sup>					.175
Nagelkerke R <sup>2</sup>					.235
<b>Omnibus Test of Model Coefficients</b>					
Chi-Square					19.982
df					11
p-value					.046

**Table 6b: Logistic Regression Model Coefficients on Job Performance**

	B	S.E.	Wald	df	p-value	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Constant	.255	.935	.074	1	.785	1.291		
<b>Age</b>			.940	2	.625			
25-35 years	-.944	1.098	.739	1	.390	.389	.045	3.348
35-45 years	-.306	.893	.117	1	.732	.736	.128	4.242
<b>Gender (male)</b>	.242	.490	.243	1	.622	1.273	.488	3.325
<b>Current Designation</b>			3.115	3	.374			
Hospital administrator	1.183	.762	2.411	1	.120	3.264	.733	14.527
CEO/Hospital director	.126	.747	.028	1	.866	1.134	.262	4.907
Medical director	.587	.601	.952	1	.329	1.798	.553	5.841
<b>Experience in hosp. mgt</b>			.220	2	.896			
< 3 years	-.432	1.028	.177	1	.674	.649	.087	4.865
3-10 years	-.407	.881	.214	1	.644	.666	.118	3.743
<b>*Hospital type (Govt.)</b>	1.658	.595	7.760	1	.005	5.250	1.635	16.862
<b>Hospital bed</b>			2.225	2	.329			
51-100 beds	-.918	.629	2.132	1	.144	.399	.116	1.369
> 100 beds	-.665	.885	.565	1	.452	.514	.091	2.914

**Predictors: Age, Gender, Current designation, Experience in hospital mgt, Hospital type & No. of hospital bed**

**Reference category: Age (45-60 yrs), Gender (female), Current Designation (Administrative officer), Experience in hosp. mgt (> 10 yrs), Hospital type (Non Government), Hospital bed (25-50 beds)**

The logistic regression model [logit (of having good job performance) = 0.255 – 0.944\*(25-35 years) – 0.306\*(35-45 years) + 0.242\*gender + 1.183\*hospital administrator + 0.126\*CEO/hospital director + 0.587\*medical director – 0.432\*(< 3 years experience) – 0.407\*(3-10 years experience) + 1.658\*hospital type – 0.918\*(51-100 bed) – 0.665\*(above 100 beds)] explained 23.5% (Nagelkerke R<sup>2</sup>) of the variation in the job performance status of the managers (that is, whether a manager has good or poor job performance). The model correctly predicted 62.2% of the managers to have poor performance; correctly predicted 76.3% of the managers to have good performance and in general, correctly predicted the

performance status of 70.2% of the managers. The omnibus test of the model coefficients using the Chi-Square revealed that the model coefficients were significant,  $p = .046$ .

The Wald statistic further indicated that only the model coefficient of hospital type ( $p = .005$ ) was significant. Hence in predicting a manager with good job performance, holding other predictors constant, managers in government hospitals had odds 5.25 times higher the odds of managers in non government hospitals [95% C.I of 1.635-16.862]. This implies that being a manager in the government hospital as with regards to non government hospital increases the odds of having good job performance by 425%.

For the coefficients of age ( $p = .625$ ), gender ( $p = .622$ ), current designation ( $p = .374$ ), experience in hospital management ( $p = .896$ ) and number of hospital bed ( $p = .329$ ), the Wald statistic revealed no significance. This implies that holding other predictors constant, the managers grouped by their different age groups had the same odds of having good job performance; likewise when grouped by gender, current designation, experience in hospital management and number of hospital bed in their hospital.

### **Discussion**

Majority of the administrators were aged between 35-45 years. There were more males than females amongst them. Most of them were either in the private hospital or government hospital of which medical directors and those with 3-10 years hospital management experience were predominant. In number of staff, greater part had either 25-50 staff or 50-100 staff in the hospital in descending order while in the number of beds; it was 50-100 beds that dominate. Managers with less than 3 years of experience on the job were competent in creating a vision for their hospital. Managers with 3-10 years experience and those with more than 10 years experience were not competent in the listed skills of programme planning, preparation of strategic plan and vision creation. Our analysis shows that vision creation is a relatively important aspect of management competency as it puts together immediate and future direction for an organization. An improperly formulated vision statement and action plan could cost the organisation very dearly as managers are very concerned with the way it is put together. It is considered a strategic plan as it focuses mainly beyond the immediate future of the healthcare organisation (HO). It also involves looking at the strength, weaknesses, opportunities and threats (SWOT) the organisation has. Organisations are expected to make use of their comparative advantage considering the internal and external environmental analyses to help position the organisation for the future. The knowledge on vision creation could have been gotten from a well structured master's of business administration, an executive MBA or Master's of healthcare management education and informal trainings. Probing into the reason why managers with less than 3 years of experience on the job were competent in creating a vision for their hospital, we were able to understand that post graduate programmes in healthcare management as a course of study has been newly introduced into Nigerian universities and has been available for younger managers and not the older ones. The post graduate programme in health administration emphasizes management competency courses for healthcare institutions and that explains the reason younger managers with less than 3 years of management experience who took advantage of the programme were better versed in vision creation than the rest of the management groups who had longer years of managerial experience and were as well older. We do strongly encourage a situation where healthcare management trainings are offered formally and informally to the older managers with no knowledge of healthcare management competencies. This we believe will enhance their competency and performance on the job.

Reported results also show that managers with less than 3 years experience were competent in four management/leadership skills: conflict management, team management,

communication of organisational goals and setting of organizational culture all in descending order. Those with 3-10 years experience were competent in five skills: team management, employee motivation, communication of organizational goals, conflict management and labour relations all in descending order as well. Managers with more than 10 years experience were competent in the six listed skills: conflict management, team management, communication of organizational goals, employee motivation, setting of organizational culture and labour relation all in descending order also. The managers grouped in their separate years of experience could have learned about their competencies as reported above based on their equal and yet limited experiences on the job as there was no significant difference amongst them.

Competency comparison between managers grouped by their years of experience shows that in planning skill and vision creation and management/leadership skill, there was no significant competency difference between the three groups of managers: those with less than 3 years experience, those with 3-10 years experience and those with more than 10 years experience. In general, there was no significant job performance difference between the three groups of managers. This implies that in planning skill, vision creation and management/leadership skill, managers' competency was the same for the three groups of manager, and likewise in job performance. Overall more managers were classified to have good job performance compared to poor job performance. The result as presented above puts a doubt on any likely influence of job experience on managers' competency and ability to perform. Managers were overall classified to have good job performance compared to poor job performance regardless of their differing years of experience making it impossible to ascertain the influence of job experience on managers' competency and performance.

The logistic regression model correctly predicted 23.5% of the variation in the job performance status of the managers (that is, whether a manager has good or poor job performance). The model correctly predicted 62.2% of the managers to have poor performance; correctly predicted 76.3% of the managers to have good performance and in general, correctly predicted the performance status of 70.2% of the managers. The omnibus test of the model coefficients using the Chi-Square revealed that the model coefficients were significant. The Wald statistic further indicated that only the model coefficient of hospital type was significant. Hence in predicting a manager with good job performance, holding other predictors constant, managers in government hospitals had odds 5.25 times higher the odds of managers in non government hospitals. This implies that being a manager in the government hospital as with regards to non government hospital increases the odds of having good job performance by 425%. For the coefficients of age, gender, current designation, experience in hospital management and number of hospital beds, the Wald statistic revealed no significance. This implies that holding other predictors constant, the managers grouped by their different age groups had the same odds of having good job performance; likewise when grouped by gender, current designation, experience in hospital management and number of hospital beds in their hospital. The regression analyses confirmed the results as earlier presented that the managers grouped in their different years of experience showed no significant difference both in management competencies and performance on the job but showed a difference where hospital types were compared based on managers' competencies and performance. Managers with government hospitals were shown to have better management competencies and performance compared to non government hospitals. The reason for this is because government hospitals in Nigeria are more likely to hire qualified hospital managers, send them on informal and formal trainings compared to non government hospitals. We argued that most government hospitals have varied incentives for staff welfare

and development unlike private hospitals with no will and incentives for staff development. Explaining the lack of influence of experience on managers' competency and performance, we argued that most managers especially older and more years of experience were not exposed to management competencies as studied either through formal education or informal means and as such were unable to relate to any specific significant gain in competency due experience on the job.

### Conclusion

The results show no significant relationship between managers' level of experience on the job and their competency and performance as examined. The lesson from this study shows that it is either the managers have not been strategically prepared and placed to learn from their job experience or less emphases have been placed on evidence-based influence boosters of job performance and competency like education—formal and informal trainings. To reverse this trend, managers could be programmed to head skill related departments on shifts and examined on the likely outcomes of their experiences based on expected results or be encouraged to take on formal and informal trainings to boost their knowledge on management competencies and eventually their performance. Older managers especially were unable to express having experience on the competencies examined in this study because we believe they never had trainings in this competencies and as such unable to relate any specific experience to them.

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