Management Development in Health Care Setting: A Training Model for Hospital Managers

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Abstract

Background: This study was conducted to design an on job-training model for the managers of the Iranian Social Security Organization (ISSO) hospitals and any other similar setting.

Methods: A five dimensional model (i.e. knowledge, ability, managerial skills, personality attributes and attitudes) with 187 components was designed. The model was validated through seeking the view of experts and a field test. For the field test, a survey was done on 31 ISSO hospital managers to explore their views on the structure of the model and its components. The managers were asked to score each component on a five- point Likert scale as they thought it would affect their job performance.

Results: The model with 5 dimensions and 165 components was verified in the field test, and 104 out of 165 components of this model got high, 52 medium and nine low mean scores for influencing job performance of the managers. These findings reveal that most of the components selected in this project are justified to be included in the model. It also reflects the managers' needs for any formal and informal training program in future.

Conclusion: The needs of hospital managers at work go far beyond the knowledge and skills, which they have gained, via formal education in school. Therefore, in designing a training program for this group of professionals one should consider a multi-dimensional model in which "knowledge, ability, managerial skills, personality, and attitude dimensions" are all taken under consideration.

Keywords: Management, growth & development, Hospital, Education, Model, Iran

Introduction

Management development and organizational excellence has been matter of much scientific inquiries in literature (1-4). Management experts believe that organizational excellence is the key to the development of the country and, any organizational development is dependent on managers' qualifications (5). Selection of qualified managers however, remains a serious challenge for today's organizations. This is mainly because recruitment and substitution of managers has its own difficulties, especially at the top level of management.

One should be aware that academic formal edu-

cation might have some shortcomings with respect to job requirements of various organizations. If managers, at the time of starting the job, have all the qualifications required for their profession, they still need to acquire new knowledge and skills under internal and external work environmental changes. This means managers need continuous training under new conditions. Now the question is how managers should be trained.

Management training is an ongoing organizational activity with the aim of improving managers' qualifications (6). It is a process for extending managers qualifications and improving their job efficiency and effectiveness via preplaned learning processes. Without doubt, man-

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agement training is not solely attainable through teaching a number of theoretical courses but it is necessary that all skills, personality and attitudes of managers be taken under consideration (5).

The sensitivity of management training programs to organizational structure and environment; however, has made such programs to individualized ones for every organization (7-9). Iranian Social Security Organization (ISSO), with 40% insurance coverage for the Iranian population and direct health services to them via 323 hospitals and health centers of its own around the country (10), has played an important role in providing health services to the Iranian society for the last decade. The great emphasis of ISSO on continuous training for managers and personnel has brought about a need in this organization for on the job training programs for its current hospital managers. In responding to such matters, the present study was designed to develop an on the job training model for ISSO hospital managers. The main reasons for initiating this research were that none of the previous investigations done in this country on human resources development in the health sector (11-14) or on management of the ISSO Hospitals and Health Centers (15-17) has paid any attention to this issue. Furthermore, the available models for developing managers were merely aimed at the industrial managers (8) and not the managers from the health sector. Thus, designing a model for developing hospital managers was justified from both the economic and non-economic point of view. Dwer et al. (18) argue that health care in developing countries is a multibillion-dollar endeavor. Yet the people leading and managing this work have little formal preparation to succeed. Until this truth is recognized, the billions of dollars being pledged by donors, plus the huge investment that countries make in health, will not achieve the hoped-for results.

Materials and Methods

Development of the Model Step1: Selection of Management Development Approach

An intensive review of literature was done to identify the most important approaches to management development. The findings indicated that the three important approaches were 1-Functional, 2-Management Role, and 3-Competency Approach. In the present study however, the focus was put on the competency approach as a preferred one.

Step 2: Extraction of the model's dimensions The available management development models were compared (such as Hoarak (7), Ghafarian (8) Schroder (19), Conger (20)) and commonalities as well as their differences were identified (Table 1).

Table 1: Competency Based Managem	ent Development Models and Their Dimensions
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Dimensions Models	Knowledge	Ability	Motives	Values	Leadership Style	Skills	Personality Attributes	Attitude	Social and Pro- fessional Credits	Comprehension Of Environment	Using Environmental feedbacks
Schroder	+	+	+	+	+	-	_	_	_	_	_
Horak	+	+	_	_	_	+	_	+	_	_	_
Congor	_	_	_	_	_	+	+	_	_	+	+
Ghafarian	+	_	_	_	_	+	+	+	+	_	_

(+) = Presence of the dimension for specific model, (-) = Lack of dimension

In table (1) pluses indicates "presence" and minuses, "absence" of the stated dimension in each model. By summarizing the information of Table 1 and collapsing some of the dimensions across the models, an integrated model with five dimensions (e.g. knowledge, abilities, skills, attitude and personality attributes) was extracted to be used as a global frame for developing hospital management (Table 1).

Step 3: Extraction of the Components for each Dimension

The model's components (n= 187) were extracted from various sources such as:

1- Theoretical concepts of the relevant books (6), 2- Findings of the previous researches (8, 21), 3- Management development program of Iranian Deputy of Health, 4- Training program of ISSO for hospital managers, 5- Training program of educational hospitals (affiliated with Medical Sciences Universities) for hospital managers, 6- Educational program of Health Care Management field in Iranian Universities, 7- Management development program of some of the known organizations in the U.K. , the U.S.A. and Canada, and 7- Interviewing some of the experienced hospital managers.

Validation of the Model

Step1: Seeking Experts' Views

In the first phase a questionnaire was written to include all the items (components) of the model and was distributed among experts (e.g. ten university professors, three of the top executives of the ISSO who were Deputies of Health, and two hospital managers of the ISSO with Ph.D. degree in Health care management) to seek their judgment on the model's structure and its components. The questionnaire was accompanied by full detail about the model (e.g. diagram of the model, its components and full explanation). This was done to determine content as well as construct validity of the model via the judgment of the experts. As a result. 13 items were omitted from the model. a few of the locations of the items were changed on the model and the questionnaire was revised.

Step 2: Seeking Experts' Views

In the next phase, the revised model with 165 components was sent out to the same group of judges for the final evaluation. No item was omitted in this phase but some revision was made on the model's components and a final version was prepared.

The knowledge dimension had 50 components with two subcategories: General knowledge of Management (21) and Specialized Knowledge in Health Services Management (19).

The Attitude dimension had 14 components with three subcategories: Attitude toward job and position in the organization (4), Attitude toward peers in the organization (4), and Attitude toward Community (6).

The Ability dimension had 9 components with three subcategories: Mental, Physical and Psy-chological (3 components each).

Professional Skills dimension had 43 Components with three subcategories: Technical Skills (15), Human Relations (22), and Conceptual Skills (15).

The Personality dimension had 49 Components with five subcategories: Flexibility (16), Reasoning (12), Emotions (5), Pragmatism (10), and Ethics (6). Fig. 1 shows the global view of the model.

Step 3: Field Testing

In this phase, a survey questionnaire based on the model was sent to the hospital managers of the ISSO around the country (n=31) to validate the model from the point of view of managers. The questionnaire was accompanied by full detail about the model (e.g. diagram of the model, its components and full explanation). The criterion for selecting managers was to have a degree in the health care management area. With this criterion, only 31 managers were qualified to participate in this survey and questionnaires were distributed among them. The survey questionnaire contained one item on each component. The criterion was the extent to which each component was perceived to be important for influencing managers' job performance (efficiency and effectiveness). A five point Likert scale was used in this evaluation, where 1 represented very little and 5 a lot. The validity of the questionnaire was determined through the judgment of the experts in the previous phase.

The questionnaires were distributed and collected by the ISSO headquarter office.

In order to evaluate the influential level of components on manager's job performance with respect to each other however, the mean scores of each component on the five point Likert scale was calculated and their range was determined. Then the range was divided by three (e.g. Range: Xmax-Xmin= 4.71-2.80= 1.91; Distance of each category: 1.91/3= .64) to form three categories of components highly influential, with mean score of 4.08-4.72, moderately influential, with mean score of 3.44–4.08, and minimally influential, with mean score of 2.80-3.44.

In this phase, we not only wanted to validate the model from the managers' points of view but also to adjust it to their professional needs and job demands in the intended organizational setting.

For comparing the influential level of the components with respect to each other, however, the obtained mean scores were converted to percentages (e.g. obtained average score/Total possible score). Then the components with a mean percent of 56.20-68.86 were judged to have low influence, 68.86-81.25 moderate influence, and 81.25-94.20 high influence on managers' job performance.



Fig. 1: Global view of Management Development Model

Results

Thirty one hospital managers participated in the field test, including 3 females and 28 males. The mean age for the entire group was 36.19 yr with a range of 26 to 46 yr. They all had a degree in health care management from BS through PhD (2 PhD, 23 MSc, and 9 BSc). On average, they had 4.69 yr of managerial experience with a range of 1 to 10 yr. Average annual training for this group was 74.19 h with a range of 20 to 150 h. The findings revealed that on the knowledge dimension (which had two subcategories of general management and health care management) the "Hospital Standards" component got the highest possible score of 4.48 and the "Principle of Pharmacology" the lowest score of 2.81 on the five- point Likert scale.

On this dimension, 16 out of 50 components got high, 29, medium, and five components got a low mean score for influencing manager's job performance (Table 2).

On the ability dimension (with three subcategories of mental, physical and psychological aspects) the "Having Insight" component got the highest possible mean score of 4.45 and "Physical Ability to Adopt to Hard Physical Condition" the lowest of 3.94 on five- points Likert scale.

On this dimension six out of nine components got high, 29 medium and three a low mean score for influencing manager's job performance (Table 3).

On the Managerial skill dimension (with three subcategories of technical, human relations and conceptual skills), the "Leadership" component got the highest rating score of 4.59 and, "Equipment Applications" the lowest of 2.84 On the five points Likert scale.

On this dimension, 32 out of 43 components got high, eight medium and three a low mean score for influencing manager's job performance (Table 4).

On the Personality dimension (with five subcategories of social adaptation, reasoning techniques, emotional status, pragmatism and ethical view), "Accountability" component got the highest possible score of 4.71 and the "Detail Orientation" the lowest score of 2.90 on fivepoints Likert scale .

On this dimension, 28 out of 49 components got high, 10 medium and one low mean score for influencing manager's job performance (Table 5). On the attitude dimension (with three subcategories of attitude toward job, attitude toward personnel and attitude toward community), "Respecting customers" and "Service Orientation" components got the highest possible score simultaneously of 4.68, and the "Separating things from People" component the lowest score of 4.03.

On this dimension 12 out of 14 components got high, and two, medium score for influencing manager's job performance (Table 6). Overall, 104 out of 165 components of the proposed model got a high, 52 medium, and nine a low ranking score for influencing managers job performance according to the managers reports. Furthermore, most of the components of the knowledge dimension got a medium while most of the ability, managerial skills, personality attributes, and attitude components got a high-ranking score for influencing managers' job performance.

 Table 2: The Knowledge Dimension's Components (Main and Subcategories), Mean and Sd, Mean Percent, Level of Influence, Rank of each Component

No.	Components	Subcategories	Mean±SD	Mean Percent	Influential Level	Rank
1	Hospital Standards	Health Care Management (H.C.M.)	4.48±0.72	89.6	High	1
2	Safety Principles In Hospital	H.C.M.	4.42±0.62	88.4	High	2
3	Total Quality Management	General Management (G.M.)	4.42±0.56	88.4	High	2
4	Fundamentals of Human Re- source Management	G.M.	4.35±0.75	87.0	High	3
5	Leadership Principles	G.M.	4.35±0.66	87.0	High	3
6	Organizational Behavior	G.M.	4.32±0.75	86.4	High	4
7	Evaluation of Health Services	H.C.M.	4.23±0.65	86.4	High	4
8	Fundamentals of Planning	G.M.	4.29±0.74	85.8	High	5
9	Law in Health Service	H.C.M.	4.29±0.69	85.8	High	5
10	Fundamentals of Organizing	G.M.	4.26±0.77	85.2	High	6

11	Principles of Productivity	G.M.	4.26±0.73	85.2	High	6
12	Crisis Management	G.M.	4.23±0.76	84.6	High	7
13	Managing Change	G.M.	4.23±0.72	84.6	High	7
14	Planning in Health Management Services	H.C.M.	4.23±0.62	84.6	High	7
15	Economics of Health	H.C.M.	4.19±0.75	83.8	High	8
16	Information Services and Hospital Statistics	H.C.M.	4.13±0.72	82.6	High	9
17	Familiarity with Iranian Health Systems	H.C.M.	4.06±0.81	81.2	Moderate	10
18	Stress Management	G.M.	4.06±0.81	81.2	Moderate	10
19	Applied Statistics in Management	G.M.	4.06±0.77	81.2	Moderate	10
20	Strategic Planning & Management	G.M.	4.03±0.91	80.6	Moderate	11
21	Control and Monitoring Concepts	G.M.	4.03±0.84	80.6	Moderate	11
22	Familiarity With Medical Equipment	H.C.M.	4.03±0.71	80.6	Moderate	12
23	Health Insurance and Its Tariffs	H.C.M.	4.00±0.63	80.6	Moderate	12
24	Computers and their Application in Management	G.M.	3.97±0.88	79.4	Moderate	13
25	Official Reporting	G.M.	3.94±0.89	78.8	Moderate	14
26	Internet and Networks	G.M.	3.94±0.85	78.8	Moderate	14
27	Budgeting Principles	G.M.	3.94±0.96	78.8	Moderate	14
28	Designing and Equipping Health Service Organizations	H.C.M.	3.94±0.68	78.8	Moderate	14
29	Finance Management	G.M.	3.90±0.79	78.0	Moderate	15
30	Familiarity with Iranian Rules and Regulations	G.M.	3.90±0.70	78.0	Moderate	15
31	Management Theories	G.M.	3.87v0.72	77.4	Moderate	16
32	Medical Abbreviations	H.C.M.	3.87±0.88	77.4	Moderate	16
33	Technical Language in Health Service Administration	H.C.M.	3.84±0.82	76.8	Moderate	17
34	Principles of Epidemiology	H.C.M.	3.84±0.90	76.8	Moderate	17
35	Fundamentals of Psychology	G.M.	3.81±0.65	76.2	Moderate	18
36	Fundamentals of Occupational Health	H.C.M.	3.74±0.68	74.8	Moderate	19
37	Health Systems in other Countries	H.C.M.	3.71±0.86	74.2	Moderate	20

Table 2: Continued...

38	Operational Research	G.M.	3.71±0.82	74.2	Moderate	20
39	Warehousing Principals	G.M.	3.71±0.90	74.2	Moderate	20
40	Nursing principles	H.C.M.	3.68±0.75	73.6	Moderate	21
41	Planning and Monitoring Projects	G.M.	3.64±0.91	72.8	Moderate	22
42	Fundamentals of Sociology	G.M.	3.61±0.92	72.2	Moderate	23
43	Principles of Accounting	G.M.	3.51±0.89	70.2	Moderate	24
44	Research Methodology	G.M.	3.48±0.96	69.6	Moderate	25
45	Globalization and Its Principles	G.M.	3.45±0.81	69.6	Moderate	26
46	English Proficiency	G.M.	3.38±0.80	67.6	Low	27
47	Principles of Nutrition	H.C.M.	3.32±0.87	66.4	Low	28
48	Marketing Techniques	G.M.	3.29±0.90	65.8	Low	29
49	Applied Mathematics	G.M.	3.23±0.88	64.6	Low	30
50	Principals of Pharmacology	H.C.M.	2.81±0.90	56.2	Low	31

Table 2: Continued...

 Table 3: The Ability Dimension's Components (Main and Subcategories), Mean and Sd, Mean Percent, Level Of Influence, Rank of each Component

No.	Components	Subcategories	Mean± SD	Mean Percent	Influential Level	Rank
1	Having Insight	Mental Ability	4.45±0.62	89.0	High	1
2	Self- Motivation	Psychological Ability	4.42±0.72	88.4	High	2
3	Managing Stress	Psychological Ability	4.42±0.62	88.4	High	2
4	Innovation	Mental Ability	4.35±0.66	87.0	High	3
5	Concentration	Mental Ability	4.19±0.60	83.8	High	4
6	Memorizing Capacity	Mental Ability	4.13±0.62	82.6	High	5
7	Cleverness	Physical Ability	4.06±0.68	81.2	Medium	6
8	Physical Health	Physical Ability	4.00±0.73	80.00	Medium	7
9	Physical Ability to Adopt to Hard Physical Condition	Physical Ability	3.94±0.77	78.8	Medium	8

 Table 4: The Managerial Skill Dimension's Components (Main and Subcategories), Mean and Sd, Mean Percent, Level Of Influence, Rank of each Component

No.	Components	Subcategories	Mean± SD	Mean Percent	Influential Level	Rank
1	Leadership	Human Relation	4.59±0.50	91.8	High	1
2	Communication	Human Relation	4.58±0.56	91.6	High	2

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3	Listening	Human Relation	4.55±0.68	91.0	High	3
4	Managing Meetings	Human Relation	4.55±0.57	91.0	High	3
5	Data Analysis	Conceptual Skill	4.55±0.62	91.0	High	3
6	Accepting Partnership	Human Relation	4.52±0.51	90.4	High	4
7	Decision Making Skill in Uncertain Conditions	Conceptual Skill	4.48±0.63	89.6	High	5
8	Conflict Resolution	Human Relation	4.45±0.68	89.0	High	6
9	Learning From Environment	Conceptual Skill	4.45±0.62	89.0	High	6
10	Integration of Information and Making Conclusions	Conceptual Skill	4.45±0.62	89.0	High	6
11	Motivating Others	Human Relation	4.42±0.62	88.4	High	7
12	Professional Speaking	Human Relation	4.42±0.67	88.4	High	7
13	Delegation	Human Relation	4.42±0.67	88.4	High	7
14	Creating a Friendly Environment	Human Relation	4.42±0.56	88.4	High	7
15	Looking at the Organization as a Single Unit	Conceptual Skill	4.39±0.67	87.8	High	8
16	Negotiation	Human Relation	4.35±0.71	87.0	High	9
17	Gentleness	Human Relation	4.35±0.61	87.0	High	9
18	Distinguishing Main problems from Secondary Problems	Conceptual Skill	4.35±0.66	87.0	High	9
19	Concentrating on Crucial Issues	Conceptual Skill	4.35±0.61	87.0	High	9
20	Analyzing Problems	Conceptual Skill	4.35±0.66	87.0	High	9
21	Time Management	Technical Skill	4.32±0.70	86.4	High	10
22	Controlling Emotions	Human Relation	4.32±0.60	86.4	High	10
23	Awareness of the	Conceptual Skill	4.32±0.65	86.4	High	10
24	Team Organizer	Human Relation	4.26±0.68	85.2	High	11
25	Interviewing Others	Human Relation	4.26±0.63	85.2	High	11
26	Rapid Data analysis	Conceptual Skill	4.25±0.73	85.0	High	12
27	Integration of Various Concepts	Conceptual Skill	4.19±0.70	83.8	High	13
28	Introducing New approaches	Conceptual Skill	4.19±0.83	83.8	High	13
29	Computer Applications	Technical Skill	4.16±0.69	83.2	High	14

Table 4: Continued...

30	Official Written Communication	Human Relation	4.16±0.69	83.2	High	14
31	Strategy Formulation	Conceptual Skill	4.13±0.88	82.6	High	15
32	Having Vision	Conceptual Skill	4.10±0.70	82.0	High	16
33	Making Friends	Human Relation	4.03±0.71	80.6	Medium	17
34	Hospital Performance Auditing	Technical Skill	4.03±0.71	80.6	Medium	17
35	Designing Mental Framework for Problem Solving	Conceptual Skill	4.00±0.73	80.0	Medium	18
36	Managing Research in Hospitals	Technical Skill	3.97±1.05	79.4	Medium	19
37	Speed Reading	Human Relation	3.90±0.83	78.0	Medium	20
38	Cheerfulness	Human Relation	3.74±0.86	74.8	Medium	21
39	Expressing Emotions	Human Relation	3.65±0.80	73.0	Medium	22
40	Accounting	Technical Skill	3.61±0.62	72.2	Medium	23
41	Body Language	Human Relation	3.26±0.97	65.2	Low	24
42	Sense of Humor	Human Relation	3.19±0.98	63.8	Low	25
43	Equipment Applications	Technical Skill	2.84±1.00	56.8	Low	26

Table 4: Continued...

Table 5: The Personality Dimension's Components (Main and Subcategories), Mean and Sd, Mean Percent, Level

 Of Influence, Rank of each Component

No.	Components	Subcategories	Mean+SD	Mean	Influential	Rank
	components	Subcutegories	Witun 2010	Percent	Level	Tunn
1	Accountability	Social Adaptation	4.71±0.46	94.2	High	1
2	Commitment to Work	Ethical View	4.68±0.60	93.6	High	2
3	Politeness	Social Adaptation	4.68±0.54	93.6	High	2
4	Self – Reliance	Reasoning Techniques	4.65±0.55	93.0	High	3
5	Confidentiality	Social Adaptation	4.65±0.49	93.0	High	3
6	Perseverance	Pragmatism	4.61±0.56	92.2	High	4
7	Pragmatism	Pragmatism	4.58±0.56	91.6	High	5
8	Discipline	Pragmatism	4.58±0.62	91.6	High	5
9	Appreciation for things	Social Adaptation	4.55±0.57	91.0	High	6
10	Precision	Pragmatism	4.52±0.51	90.4	High	7
11	Realism	Reasoning Tech.	4.45±0.62	89.6	High	8
12	Capability to Accept Criticism	Social Adaptation	4.39±0.72	87.8	High	9
13	Logic	Social Adaptation	4.39±0.62	87.8	High	9
14	Be after truth	Reasoning Tech.	4.39±0.56	87.8	High	9

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15	Being fast at work	Pragmatism	4.39±0.56	87.8	High	9
16	Decisiveness	Pragmatism	4.39±0.50	87.8	High	9
17	Self – Control	Emotional Status	4.35±0.61	87.0	High	10
18	Patience	Ethical View	4.35±0.61	87.0	High	10
19	Seeking Consultation	Social Adaptation	4.32±0.65	86.4	High	11
20	Reasoning	Reasoning Tech.	4.32±0.60	86.4	High	11
21	Flexibility	Social Adaptation	4.29 ± 0.90	85.8	High	12
22	Understanding	Reasoning Tech.	4.29 ± 0.78	85.8	High	12
23	Well Wishing	Ethical View	4.29±0.64	85.8	High	12
24	Transformation	Social Adaptation	4.26±0.77	85.2	High	13
25	Dynamism	Pragmatism	4.26±0.63	85.2	High	13
26	Positive Interaction	Emotional St.	4.23±0.72	84.6	High	14
27	Emotional Stability	Emotional St Adaptation.	4.23±0.67	84.6	High	14
28	Convincing Others	Social	4.19±0.75	83.8	High	15
29	Moderateness	Social Adaptation	4.19±0.60	83.8	High	15
30	Creativity	Reasoning Tech.	4.19±0.95	83.8	High	15
31	Good Temper	Ethical View	4.19±0.70	83.8	High	15
32	Global Thinking	Reasoning Tech.	4.16±0.78	83.2	High	16
33	Calmness	Emotional St.	4.16±0.69	83.2	High	16
34	Braveness	Pragmatism	4.16±0.64	83.2	High	16
35	Softhearted	Ethical View	4.16±0.73	83.2	High	16
36	Competitiveness	Pragmatism	4.16±0.64	83.2	High	16
37	Hopefulness	Reasoning Tech.	4.16±0.82	83.2	High	16
38	Care giving	Social Adaptation	4.10±0.60	82.0	High	17
39	Trustworthiness	Social Adaptation	4.03±0.80	80.6	Medium	18
40	Humility	Ethical View	4.03±0.71	80.6	Medium	18
41	Extraversion	Social Adaptation	3.97±0.71	79.4	Medium	19
42	Challenging	Ethical View	3.90±0.70	78.0	Medium	20
43	Kindness	Emotional St.	3.90±0.70	78.0	Medium	20
44	Art Appreciation	Emotional St Adaptation.	3.84±0.69	76.8	Medium	21
45	Forgiving	Social	3.81±0.65	76.2	Medium	22
46	Imagination	Reasoning Techniques	3.77 ± 0.80	75.4	Medium	23
47	Optimism	Reasoning Tech.	3.71±0.74	74.2	Medium	24
48	Critical Thinking	Reasoning Tech.	3.65 ± 0.75	73.0	Medium	25
49	Detail Orientation	Reasoning Tech.	2.90±0.75	58.0	Low	26

Table 5: Continued.

No	Components	Subcategories	Mean±SD	Mean Percent	Influential Level	Rank
1	Respecting Customers	Attitude Toward Community	4.68±0.60	93.6	High	1
2	Service Orientation	Attitude Toward Community	4.68±0.60	93.6	High	1
3	Responsiveness to Others	Attitude Toward Community	4.68±0.56	93.6	High	1
4	Professional Ethics at Work	Attitude Toward Job	4.61±0.56	92.2	High	2
5	Honesty with Personnel	Attitude Toward Personnel	4.58±0.67	91.6	High	3
6	Giving priority to Societal Benefit rather than to Individuals	Attitude Toward Community	4.58±0.57	91.6	High	3
7	Loyalty to the Organization	Attitude Toward Job	4.55±0.57	91.0	High	4
8	Considering justice and Equity in Judgments	Attitude Toward Personnel	4.53±0.57	90.6	High	5
9	Accountability to Others	Attitude Toward Job	4.45±0.68	89.0	High	6
10	Driving Satisfaction from Job	Attitude Toward Job	4.26±0.73	85.2	High	7
11	Protection of Environment	Attitude Toward Community	4.26±0.68	85.2	High	7
12	Supporting Cultural, Educational and Research Activities	Attitude Toward Community	4.26±0.68	85.2	High	7
13	Trusting the Personnel at Work	Attitude Toward Organizational Staff	4.06±0.68	81.2	Medium	8
14	Separating things from People	Attitude Toward Organizational Staff	4.03±0.96	80.6	Medium	9

 Table 6: The Attitudes Dimension's Components (Main and Subcategories), Mean and Sd, Mean Percent, Level Of Influence, Rank of each Component

Discussion

Evaluation of the selection process of hospital managers in the ISSO reveals that, the main criteria for entering a job as a hospital manager is to have a degree in health care management and managerial work experience. This indicates that the focus of the selection process has merely been put on the "knowledge" and "job experience", and other dimensions such as managerial skill, personality attributes, abilities, and attitude have been totally overlooked. This means in spite of the fact that the selection process of hospital managers in the ISSO is more advanced with respect to other hospitals in this country, it does not necessarily select the most competent managers. Fiedler (22) reports that standardized tests of intelligence, task knowledge, work experience (e.g.," How long have you been a manager) and similar indices have been unexpectedly poor predictions of leadership performance. This point is here illustrated by our own studies which show very low and insignificant correlation between performance and the leader's cognitive resources. The question is, what are the reasons for these counter-intuitive findings, and what do they tell us about leadership and about selection? I shall here argue that most of our current selection practices are based on two untenable assumptions. First, they assume that having more of a desirable attribute like intelligence or experience will necessarily result in better leadership performance...".

In recent years the ISSO has paid a good amount of attention to the management development in its hospitals using various on the job training programs, but the problem is that these programs are not based on any need assessment inquiries from hospital managers, and they merely focus on promoting managers' knowledge and a limited number of their skills. In the survey done in this research, all of the managers showed to be interested in being trained on various issues which help them to improve their performance, but they showed to have a negative attitude toward the content of the "current on the job training programs" used in the ISSO. This means that the content of the stated program is not well oriented toward their needs to carry out their duties at work and to improve their performance over the time. A number of researchers (23-24) believed that in recruiting managers, putting so much attention on knowledge and job experience, and ignoring their managerial skills, personality attributes, abilities and attitudes would cause the management of the organization with serious problems.

In the survey done in the present research, managers gave a good weight to the managerial skill, personality, ability and attitude components compared to the knowledge components e.g. most of the former components got a high-ranking score as they were perceived to influence managers job performance, while most of the knowledge components got a me-

dium score. These findings not only justify the use of a multi-dimension model with various components for management development in the ISSO hospitals, but reflect the need for revising the content of the "current on the job training program" in this organization as well. It seems that development of managers knowledge through formal education mainly helps to enhance managers' cognitive capabilities (e.g. Intelligence Quotient= IQ). However, in order to conduct the job well, managers need to have other capabilities such as high Emotional Intelligence (EQ) (25). Having high EQ is mainly obtainable through training managers on abilities, managerial skills, personality attributes and attitude dimensions (26-28). In the present research many of the model's components, which fall under EQ dimensions in theory, also got a high score in managers' rankings, and this provides a good support for our model to be used in the health care setting as a tool for management development.

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