AN EVALUATION OF MIDDLE MANAGEMENT SKILLS IN A PRIVATE HEALTHCARE SERVICE IN THE WESTERN CAPE PROVINCE, SOUTH AFRICA

Catherine Chilute Chilanga  
Graduate of the Regent Business School, Durban, South Africa

Cosmas Mwanza  
Supervisor, External Examiner and Academic Attached to the Regent Business School, Durban, South Africa

Anis Mahomed Karodia (PhD)  
Professor, Senior Academic and Researcher, Regent Business School, Durban, South Africa

ABSTRACT

Middle managers in healthcare organisations play a vital role in an organisation’s success. In this regard, the skills required for middle managers in healthcare organisations to effectively and competently perform their management roles need to be investigated. This study contributes to existing knowledge on middle management skills required in current private healthcare organisations. The potential beneficiaries are private healthcare organisations who strive to remain competitive in this growing industry. This study’s aims were to evaluate the management skills of the middle managers at the Private Healthcare Services (PHS). The study analysed the management skills considered relevant to the PHS. The study further examined how competent the middle managers were with the management skills, and if they found the skills to be of relevance to the PHS.

A mixed research design that involved quantitative and qualitative research methods were used in the study. In the quantitative phase, the sample group consisted of thirty middle managers at the PHS, and an online Survey Monkey linked questionnaire was sent to these middle managers in administrative, clinical and technical areas of the organisation. In the qualitative phase an interview survey was sent online specifically to five unit business middle managers at PHS, with the intention to gain more insight on responses from the qualitative findings. Descriptive and inferential statistics were used to analyse the data.

The results revealed that the middle managers considered all management skills analysed as essential for the performance of their tasks in a healthcare setting. Quality management skill was identified as the most relevant skill. A skills gap in marketing and risk management skills was identified. However, these skills were also ranked as least relevant by the middle managers at the PHS. Further research is required to determine the relevance of these middle management skills
for the PHS. This will assist the PHS to determine the types of training programs that need to be implemented.

**Key Words:** Middle Managers; Management Skills; Private Healthcare; Evaluation; Training; Quality Management; Primary Healthcare

**Introduction**

In healthcare organisations, the position of the middle manager links the gap between the healthcare professional staff and top management (Emberston, 2006: 223-232). Middle managers play a pivotal role in an organisation’s success. According to Heizer and Render (2008:4), managerial roles performed by the middle managers ensure that the organisation’s systems best meets the goals and demands of the organisation. Bouwens and Van lent (2007: 475 -679) have suggested that an organisation’s performance is linked to the management skills and knowledge of the organisation’s workforce. In view of the fact that the manner in which middle managers manage an organisation will affect its performance, the skills required for middle managers in healthcare organisations to effectively and competently perform their roles need to be investigated.

This research evaluates the middle manager’s skills in a private healthcare organisation. The research analyses a privately owned healthcare service in the Western Cape Province in South Africa, the Private Healthcare Services (PHS). It focuses on the skills that should be possessed by the PHS middle managers. This chapter presents an overview of the research, provides background information, and discusses the research problem. The research aims, objectives and research questions are defined. The significance of the study and format of the study are also highlighted. The assumptions and limitations of the study are also discussed in this chapter.

Bouwens and Van lent (2007: 475) highlight that organisations are adapting organisational designs where authority of operations and strategy are assigned to middle managers. This indicates that the level of responsibility of middle managers has grown significantly. Therefore, possession of specific and essential management skills has become a prerequisite for middle managers.

**Aim of the study**

The study aims to evaluate the management skills of middle managers at the PHS. The study examines how competent the PHS middle managers are in the management skills, how they relate to the management skills, and if they find the management skills to be of relevance to the organisation.

**Objectives of the study**

- To evaluate middle management skills at the PHS.
- To assess the PHS middle manager’s competency in the management skills.
- To identify the middle management skills which are considered relevant by the middle managers for the PHS organisation?
- To make recommendations to PHS management on the findings of the research.

**Literature Review**

**Introduction**

The previous section introduced the research and set the scene as to what prompted this research. This section discusses the literature available on middle managers and the skills required for the managers to perform their management roles effectively. The chapter begins with a definition of management. The levels and functions of management are also discussed. The chapter then
discusses the management of the healthcare industry and proceeds to define middle management. The final part of this chapter reveals the available research on the management skills for middle managers and how middle management competency brings about organisational efficiency particularly in the healthcare industry. The chapter ends with a summarised conclusion.

As outlined in the introductory chapter, this study aims to evaluate the middle management skills at the PHS. The main objectives of the research are to evaluate middle management skills at the PHS, to assess the middle manager’s competency in the management skills, to identify which management skills are considered relevant for the PHS units, and to make recommendations to PHS management on the findings of the research.

The contribution of skills to business performance of organisations has been a subject of interest for many researchers. Bouwens and Van lent (2007: 475-679) state that the level of skills of managers and the organisational workforce is one way in which an organisation can make positive gains in productivity and other business outcomes. In view of the fact that improving business performance is the aim of most organisations including those in healthcare services, understanding the skills that may make a difference in an organisation is of enormous value for leaders in management. This research assessed the management skills at the PHS, whether the middle managers are competent in the middle management skills and what skills the middle managers at the PHS consider relevant for their various units. Before discussing the middle manager’s skills, the literature review will briefly define management, the levels and functions of management and management of the healthcare industry.

Management definition
Management has been defined differently by many authors. Drucker (1993) define management as an organ of society charged with making available resources productive. Drucker’s definition envisions management as tasks, a discipline and managing people (Mullins, 2007: 412). Others, such as Henri Fayol (1841 – 1925), thought of management functionally. According to Fayol, to manage is to forecast, plan, organise, command and control (Mullins, 2007: 415). Utilising Fayol’s theory, management can be defined as the act of measuring a quantity on a regular basis and adjusting some initial plan or an action taken to reach one’s intended goal (Mullins, 2007: 415). Follett (1868-1933) on the other hand describe management as a philosophy and define it as “the art of getting things done through people” (Mintzeberg, 1990:3). Critics however find Follett’s definition of management too narrow although this is still a useful definition in most cases (Mullins, 2007: 433).

The classical view of managers is that they plan, organise, lead and control (Hellriegel et al., 2007: 10-13). However what managers do, does not always relate to these classical four management functions (Mintzeberg, 1990:3). Management is not easily defined, thus according to Mintzeberg (1990:3), “management is what managers do”. In combining the functional and philosophical view of management one can use the definition by Mullins (2007: 412) who define management as the act of getting people together so as to accomplish the desired goals and objectives using available resources efficiently and effectively.

Considering the above definitions, it shows that it is not easy to find an agreement on the definition of management because it is not homogenous but takes place in different ways. Nevertheless, Longest, Rakich and Darr (2000: 48-54) attempt to combine all the above definitions and define management as the process that is comprised of social and technical
functions and activities occurring within an organisation for the purpose of accomplishing predetermined objectives through humans and other resources.

**Levels and functions of management**

**Levels of management**

Organisations are structured in a way that they consist of layers. Most organisations generally have three levels of managers: First level managers, middle managers and top managers. The levels of managers are classified in order of hierarchy and level of authority the managers possess (Mullins, 2007:566).

First line managers typically consist of supervisors (Hellriegel et al., 2007:13). The first line manager’s responsibilities are focused more on controlling and directing of management functions (Mullins, 2007:566). This involves assigning tasks to employees and supervision of employees on day to day activities. First line managers are in charge of productivity, make recommendations and suggestions, and communicate employee problems to higher level of management (Hellriegel et al., 2007:13).

Middle managers typically consist of general managers, branch managers, regional managers and department managers (Hellriegel et al., 2007:13). According to Mullins (2007:79), middle managers are responsible to the top management for the functions of their department. Middle managers role can be emphasised as executing plans of the organisation in conformance with the company policy and objectives of top management (Mullins, 2007:79). This level of managers defines and discusses information and policies from top management to lower management (Hellriegel et al., 2007:13). They also inspire and provide guidance to lower level managers towards better performance.

Top managers consist of board of directors, company presidents, vice presidents and chief executive officers (Mullins, 2007:79). Top managers are responsible for controlling and overseeing all departments in an organisation (Hellriegel et al., 2007:15). This level of management develops goals, strategic plans and policies for the organisation and makes decisions on the direction of the business of the company (Mullins, 2007:79). Top managers play a major role in mobilisation of outside resources and are for the most part responsible for the organisation’s shareholders and general public (Mullins, 2007:79). The levels of management are shown below (see figure 2.1).
2.3.2 Functions of management

All managers perform some basic functions to ensure that their organisation operates smoothly. Hellriegel et al. (2007:10) highlight that the successful manager requires performance of four managerial tasks which are planning, organising, leading and controlling. Regardless of their level, managers will perform the four general tasks more or less simultaneously to achieve organisational goals. Hellriegel et al. (2007:10-11) describe each of the four functions of managers are as follows:

- **Planning**: This involves defining organisational goals and proposing ways to reach them.
- **Organising**: This involves translating the organisational plans into reality. Organising involves taking the tasks identified during planning and assigning them to individuals or groups within the organisation so that the objectives set in the planning stage are achieved.
- **Leading**: This involves communicating with and motivating others to perform the tasks necessary to achieve the organisation’s goals within the context of a supporting organisational culture.
- **Controlling**: This involves monitoring performance of the tasks and taking corrective action if divergence from the required tasks is observed.
Managers at all levels will conduct the above management functions however the time they spend on each function will differ. The traditional norm is that top level managers spend more time in planning and organising than lower level managers. Leading on the other hand takes a great deal of time for first line managers. Figure 2.2 indicates the traditional amount of time spent on performing various functions depending on the level of management.

![Figure 2.2 Time spent on performing various functions depending on the level of management](image)

**Managing the healthcare industry**

The healthcare industry is the largest service economy in the world (Schwartz and Pogge, 2000: 187). To understand the management skills required in the healthcare industry it is essential to understand the industry itself and the challenges faced. Healthcare organisations are among the most difficult organisations to manage. According to Baker (2001: 23-32), healthcare managers have the difficult tasks of anticipating the effects of new technology, and assessing new complex financial deals while selecting those that provide better benefits. Healthcare organisations also require performance of various specialised tasks in a multidisciplinary manner (Buchbinder and Thompson, 2010:33-34). Since most tasks are conducted in a multidisciplinary manner, healthcare managers must constantly mediate internal conflicts of healthcare professionals. In addition to this, the managers also need to balance other external demands (Buchbinder and Thompson, 2010:33-34).

One of the challenges in the healthcare industry is continuous change. Healthcare organisations continuously deal with pressures of cost of healthcare delivery, rapid technology advancement,
consumers demanding improved clinical performance and environmental forces (Emberston, 2008: 223-232). Consequently change has become inevitable in healthcare organisations. Due to the complexities associated with managing of healthcare organisation, Spreitzer and Quinn (1996: 237-261) highlight that managers operating in such rapidly changing environments should shift their role from being transitional managers concerned with maintaining the status quo to transformational leaders. Stefl (2008: 360-372) also suggest that the traditional operational management role needs to be replaced with more strategic roles. The dynamic environment of a healthcare organisation demands powerful, visionary and supportive leaders to help the organisation through times of change and to meet new demands for long term success (Dubois, Nolte and Mckee, 2006:162). Healthcare managers therefore need to ensure that the organisation’s tasks are performed in the best way possible to achieve organisational goals while utilising all appropriate available resources.

2.5 Middle Managers Defined
Middle managers are employees who supervise other employees in an organisation. Different authors have defined middle managers differently depending on the organisation’s context. Middle managers may occupy positions more than one level below top management. In healthcare organisations middle management is more difficult to define because the middle managers often have diverse professional backgrounds. Earlier definitions of middle managers include Uyterhoeven (1989: 136-145), who describe the middle manager as “one who is responsible for a particular business unit at the intermediate level of corporate hierarchy”. Recent definitions such as Huy (2001:72-79), define the middle manager as one whose position is two or three levels below the Chief Executive Officer (CEO) and one level above operating level in the middle of the organisation’s hierarchy. According to the Collins English Dictionary (2011:np), middle management is a level of management in an organisation or business consisting of lower executives or senior supervisory staff in charge of the detailed running of an organisation or business and reporting to top management. The definition in the Collins English Dictionary (2011: np) was the appropriate definition to use for the study.

2.6 Middle management skills
A skill is the ability to perform some specific behavioural task or the ability to perform some specific cognitive process that is functionally related to some particular task. (Petersen and Van Fleet, 2004: 10). Middle managers are responsible for a specific segment of an organisation and are positioned to manage and foster changes within the specified unit or department (Mullins, 2007: 350). Middle managers therefore require specific management skills that can be used so as to bring out the viability and growth of the organisation. Katz (1974: 90-94) one of the early researchers of management competencies and skills found as early as the 70’s that managers should possess critical management skills. According to Katz (1974: 90-94), these skills are conceptual skills, human relationship skill and technical skills which are discussed below.

2.6.1 Conceptual skills
A conceptual skill is the ability to think analytically and to solve complex problems (Hellriegel et al., 2007:17). According to Hellriegel et al. (2007:17), this entails the ability to break down problems into their constituent parts and recognise the implication of one problem to another, “the ability to see the big picture”. Conceptual skills therefore require knowledge of how each part of the organisation interrelates and contributes to the overall objectives of the organisation.
Ivancevich and Matteson (1999: 51) add that conceptual skills enable managers to process information about the internal and external environment of the organisation and decisions have to be made on how to use this information. In this regard Ivancevich and Matteson (1999: 51), argue that this skill should mainly be utilised by top management who are always engaged in monitoring the business environment. However, the role of the middle manager in organisations is changing. In healthcare organisations, research has shown that middle managers are key agents in organisational change and crucial in facilitating of improved organisational performance (Emberston, 2006: 223-232). Kanter (2004: 1-16) emphasise that middle managers are crucial in bringing innovation to an organisation and foreseeing successful implementation of change. Improving organisational performance and organisational change requires conceptual skills. Northouse (2010:64-65) also agree with Ivancevich and Matteson (1999: 51) that conceptual skills are most important for top managers, but suggest that these skills are still important for middle managers, but become least important for supervisory managers. Yukl (2006:205) highlight that while conceptual skills may be less important at lower levels of management, to be promoted to higher levels of management, it is important to develop and demonstrate this skill even at middle management level.

Given that the definition of conceptual skills is the ability to think analytically and to solve complex problems, in analysing the position and responsibilities of middle managers in healthcare organisation, the author suggests that this skill should be considered essential for effective middle management.

Middle managers are in a position to influence many members of an organisation. Therefore effective human or interpersonal skills can bring out effective organisational performance and ease the continuous change process.

**Technical skills**

Technical skills involve the ability to apply specialised knowledge and expertise to perform specific tasks (Hellriegel et al., 2007: 16-17). According to Yukl (2006:205), to have technical skills mean that a person is competent and knowledgeable with respects to the activities specific to an organisation, the organisation’s rules and standard operating procedures and the organisation’s products and services. Yukl (2006:205) highlight that, technical skills have major importance with lower level managers (supervisors) than with middle and upper management. However, this topic may be controversial. Ivancevich and Matteson (1999: 51) have suggested that technical skills may be useful for middle managers especially in healthcare where specialised knowledge is required. According to Ivancevich and Matteson (1999: 51), technical skills can assist middle managers in specialised healthcare departments in supervision of first line managers. However, Chase (1994:60) who studied managers in nursing healthcare has ranked technical skills as lower than human resource skills and leadership skills for middle managerial effectiveness. Most authors agree that the importance of technical skills decrease with increase in management level. However middle managers are expected to have some knowledge of the technical skills involved in the departments or units that they are managing (Lewis et al., 2007:11).

The importance and relevance of conceptual skills, human skills and technical skills at various levels in the organisational management hierarchy are shown in figure 2.3. Technical skill are important at supervisory level and less so at middle and top management level, conceptual skills
are more important at middle management and top management levels. Human skills are relevant at all management levels.

![Figure 2.3 Management skills required at various management levels](image)

Others, such as Chase 1994 (56-64), Ivancevich and Matteson (1999: 51-52), and Guo and Caldero (2007: 74-83) have also identified skills required for middle managers. Chase 1994 (56-64) identify leadership and financial management skills. Ivancevich and Matteson (1999: 51-52) identify decision making and computer skills, Guo and Caldero (2007: 74-83) identify marketing skills. These skills are discussed below.

**Leadership skills**
Leadership is the ability to inspire individuals and promote organisational excellence, (Mbonkazi, Visser and Fourie, 2004:1-9). Leaders should therefore be innovative, creative and receptive to change. Leadership requires a variety of skills related to the ability to influence the beliefs, values and behaviour of others. Several researchers have identified a variety of leadership skills required for middle managers.

Dubois, Mckee and Nolte (2006:162) suggest that due to the dynamics of the healthcare environment, visionary and supportive leaders who are transformational leaders are needed. Mullins (2007:381) describes transformational leadership as a process of engendering higher levels of motivation and commitment among followers. According to Mullins (2007:381), the emphasis in transformational leadership is on generating a vision for the organisation. The leader should possess the ability to appeal to higher ideas and values of follower and create a feeling of
justice, loyalty and trust. In the organisational sense, transformational leadership is about transforming the performance or fortunes of a business. Dubois et al. (2006:162) suggest that transformational leaders will help the healthcare organisation through times of change, and meet new demands for long term success. Since middle managers are key players in successful organisational change Dubois et al. (2006:162) suggest that middle managers should have powerful visionary leadership skills. Russel (2006:125) believes differently. Russel (2006:125) argues that transformational leadership should not be considered as an exclusive approach to effective leadership. Russel (2006:125) point out that, effective leadership requires adoption of transactional or operational oriented leadership roles. Transactional leadership emphasis is on the clarification of goals and objectives, work tasks and outcomes and organisational rewards and punishment (Mullins, 2007:381). Russel (2006:125) suggests that an effective leader should be able to balance the transactional and transformational roles.

Others, such as Burns, Bradley and Weiner (2012:51-52) suggest that for effective leadership in healthcare the following four skills are required: knowledge of the healthcare industry, technical skills, conceptual skills and interpersonal skills. Mumford, Campion and Morgeson (2007:154-166) further identify cognitive skills, interpersonal skills, business skills and strategic skills as important skills required in leadership. Both aforementioned studies were conducted in public sector healthcare industry. However, one may confidently consider the highlighted skills as essential skills in any healthcare institute whether public or private.

Fang, Chang and Chen (2010: 2845-2855) further suggest that self management skills such as managing time and workload and self-objectivity and behavioural flexibility also fall within the leadership area of management competency. In their study, Fang et al. (2010: 2845-2855) highlighted that self management is a leadership trait and should be considered as an essential skill of middle managers. Buchbinder and Thompson (2010:33-34) agree with Fang et al. (2010: 2845-2855) and add that to manage healthcare organisations effectively healthcare managers need to conduct the management functions of leadership at three levels: Self level, Unit level and organisational level. According to Buchbinder and Thompson (2010:33-34), the three levels are denoted as:

- **Self level**: the individual manager must be able to manage themselves.
- **Unit level**: the managers should be able to manage others so as to effectively get the work completed.
- **Organisational level**: the manager should work with others in the organisation from top to bottom to ensure organisational performance and viability.

**Financial Management Skills**

Financial management is defined as the management of the finances of an organisation in order to achieve financial objectives (Correia et al., 2007:28). Gapenski (2007:5-6) highlight that the general functions of financial management should include the following activities:

- **Evaluation and planning** – evaluating the financial effectiveness of current operations and planning for the future.
- **Long term investment decisions**.
- **Financial decisions** – this involves decisions on how to raise funds to support operations.
Working capital management – current or short term assets such as cash, marketable securities, receivables and inventory must be properly managed to ensure operational effectiveness and reduce costs.

Contract management – healthcare managers must negotiate, sign and monitor contracts with managed healthcare organisations and third party players.

Financial risk management – financial transactions that take place to support the operations of a business can themselves increase a business risk. Therefore an important financial management activity is to control financial risk.

Gapenski (2007:5-6) point out that although these are the tasks for senior management, middle managers should also play a role in financial decisions.

Gouws and Shutterworth (2009: 141-165) have identified that the need for financial literacy has become important in many organisation. Gouws and Shutterworth (2009: 141-165) reveal that financial knowledge lays the foundation for decision making and that decision makers need to be financially literate in order to operate effectively under the ever present uncertain and complex economic environment.

Middle managers are essential decision markers therefore acquiring financial management skills will enhance the middle manager’s ability to deal with the organisations financial tasks. Contino (2004: 52-64) point out that it is important for healthcare managers to understand and interpret financial statements, performance ratios and be able to recognise the time value of money. This knowledge assists in decision making when financial forecast and cost implementation for business plans are being estimated. Furthermore in the healthcare context, understanding cash flow from when a patient registers for a consultation to the point of collection of the patient’s bill facilitates the design of effective processes. Contino (2004: 52-64) emphasise that healthcare leaders must understand how their organisations formulate budgets and how prioritising capital equipment purchases and expectations for managing in accordance with a unit’s budget is decided on and done by the upper management.

Middle managers are expected to make recommendation on equipment purchases and therefore must understand the financial implications of leasing versus purchasing, the expected useful life of equipment, and estimated maintenance costs. Furthermore understanding how to calculate a return on investments, when proposing for new technology enables the healthcare managers to conduct cost analysis of different systems and options (Chase, 1994: 58). Contino (2004: 52-64) suggest that healthcare managers should collaborate with the finance team to understand projections for activity of the health plan, changes in suppliers’ prices, and demographic forecasts for the community. This collaboration is crucial to budget planning. According to Contino (2004: 52-64), forecasting the number of patients expected, salaries, and supplies can be challenging, especially because the number of patients treated depends on external factors. Therefore knowledge of business financial management can be of assistance to middle managers in this regard.

Federico and Bonacum (2010: 68-70) from the institute for Healthcare Improvement (IHI), have suggested that knowledge of measures and financial literacy as a key for current middle managers. According to Federico and Bonacum (2010: 68-70), this knowledge will assist middle
Managers determine where to invest resources and where changes may in fact result in improvement.

The role of managing departmental finances in healthcare has mainly been the responsibility of the finance department; however, this perception needs to be addressed. The literature provided shows that to be effective, middle managers need to display knowledge in gathering, analyzing, and using financial data effectively, drawing accurate conclusions from financial information, applying financial and accounting principles to management plans and problems, and developing budgets to support the accomplishment of organizational goals at a realistic cost. Financial management skills are therefore essential for middle managers to run the financial aspects of their units effectively.

There are a host of other management skills cited in management theory and within the literature that are pertinent to this study but beyond the scope of this research article but, are elucidated in the full study.

**Patient management**

Healthcare organizations will always have the patient at heart and as their main customer. Wagner et al. (2005:7-15) describe patient centeredness as a shift from a focus on the disease to the patient’s feelings and experience due to the illness or from the disease to the patient as a whole. According to Silow, Alteras and Stepnick (2006:3), most global healthcare organizations are now shifting from a professional driven approach to one that is patient centered. This stems from a growing recognition that incorporating an individual patient’s perspective and greater involvement in the patient’s care results in better healthcare outcomes and satisfaction. Furthermore, to understand the patient as a whole affords for greater priority to the personal relationship between the patient, and doctor and other medical staff (Wagner et al., 2005:7-15).

Studies have shown the benefits of patient centeredness in healthcare organizations. In a study on impact of patient centered care and outcomes, Stewart et al. (2000: 796-804) reveal that patient centered practice was associated with improved health status (less discomfort, less concern and better mental health) and increased efficiency of care (fewer diagnostic tests and referrals).

Patient centeredness has mainly been defined as a process interaction between the patient and clinician and one would wonder how this can be extended to the healthcare managers and the healthcare organization as a whole. Limited literature is available on the role of middle managers in patient centered care. However Shaller (2007: 6-16) has highlighted contributing factors of patient centeredness to a healthcare organization which are discussed below:

- Involvement of patients and families at multiple levels, not only in the care process but as full participants in key process throughout the organizations.
- Care for the care givers through a supportive work environment that engages employers in all aspects of process design and to treat them with the same dignity and respect that they are expected to show to patients and families.
- Systemic measurement and feedback to continuously monitor the impact of specific interventions and change strategies.
- Quality of the built environment that provides a supportive and nurturing physical space and design for patients’ families and staff alike.
- Supportive technology that engages patients and families directly in the process of care by facilitating information access and communication with their care givers.
Leadership; sufficient commitment and engagement of leaders are required especially at top management level to unify and sustain the organisation towards a common goal.

A strategic vision clearly and constantly communicated to every member of the organisation

In analysing the contributing factors as described by Shaller (2007: 6-16), it can be seen that today’s middle managers need to incorporate patient centred care management skills in their daily activities. Researchers in management have identified certain competency domains common to practicing healthcare managers. Qiao and Wang (2009:69-81) identify team building, communication, coordination and continual learning as critical competencies for the success of healthcare middle managers. A consortium of six major professional organisations, the Healthcare Leadership Alliance (HLA) has identified five competency domains common among practicing healthcare manager known as HLA competency model. The common domains in this model are discussed in detail below according to (Stelf, 2008:360 -371).

HLA competency model posits the follow as the common competency among healthcare managers:

- Communications and relationship management: the ability to communicate clearly and concisely with internal and external customers. To establish and maintain relationships and facilitate constructive interactions with individuals and groups.
- Leadership: this is the ability to inspire individual and organisational excellence, to create and attain a shared vision. To successfully manage change, to attain the organisation’s strategic ends and success performance.
- Professionalism: to align personal and organisational conduct with ethical and professional standards that includes a responsibility to the patient and community and a commitment to lifelong learning.
- Knowledge of the healthcare environment: a demonstrated understanding of the healthcare system and the environment in which healthcare managers’ function.
- Business skills and knowledge: the ability to apply business principles that include, financial management, human resources management, organisational dynamics and governance, strategic planning and marketing, information management and risk management.

Research has shown the importance of middle management competencies in healthcare organisations. The research has also shown that managers with knowledge of business skills add to the high performance of a healthcare organisation. However many healthcare organisation disregard the need of these skills in middle managers. Many healthcare middle managers have no training on the skills required to perform the middle management skills therefore hindering organisation performance. Pagon, Banutai and Bizjak (2008:1-25) have pointed out that training in middle managers skills is an important positive aspect in healthcare organisation.

This study aims to evaluate middle skills for a private healthcare organisation. Evidence has shown that middle managers who are competent in management skills bring about the organisation’s high performance. Most of the research has been conducted in the public health sector on what skills are required for middle managers, but little has been reported in private
health sectors. The private health sector is becoming more competitive as more private organisations and individual practitioners are opting to enter this market. Healthcare specialities and specialised technology is no longer exclusive to the public health sector. This research highlights that adequate and effective middle management skills are becoming more essential in the current economy. Healthcare organisations should therefore institute processes that ensure that middle managers are competent in performing these middle management skills to ensure survival of the business that they operate in.

**METHODOLOGY**

**Introduction**

In the previous chapter, the literature on the management skills required for middle managers in a healthcare organisation was discussed. In this chapter the focus will be on the research methods and approaches. Research methodology is important to achieve research aims and objectives and collect adequate data (Saunders et al., 2007: 145). This chapter discusses the research design and elaborates on the research strategy. It further defines and describes the target population, sampling, research instrument and pilot study. Administration and collection of the questionnaire, data analysis, validity and reliability, limitations and ethical considerations of the research are also discussed in this section.

**Limitation of study**

In any research undertaken limitations of the research are inevitable and this study is no exception to the rule. The study only included middle managers at the PHS in the Eastern and Western Cape provinces of South Africa. The results of the study may therefore not conclusively apply to all healthcare organisations.

**RESULTS**

**Introduction**

In the previous chapter, the research design was outlined and research approach discussed. This chapter presents the findings of the study. In the first part of the online quantitative survey seventeen middle managers responded. This number was deemed to be inadequate for a valid quantitative analysis. This necessitated a further qualitative survey to augment and validate the findings of the quantitative. The study therefore, triangulated both quantitative and qualitative methodologies. The results of the quantitative and qualitative study will be presented simultaneously.

**Response rate**

An online questionnaire was sent out to all the middle managers working in the PHS practices at the time of the study. Thirty middle managers were sampled. Seventeen managers completed the survey. This translates to 56.7% response rate. Literature of online surveys postulates that a response rate of above 50% is acceptable (Nulty, 2008:301-314). In line with Nulty (2008:301-314), the response rate of this study was within acceptable limits from an analytical and credibility perspective.
Time in middle management

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Table 4.1 Time in management

Two (11.8%) of the seventeen managers have been in middle management for more than four years, whereas twelve (70.6%) had five or less years experience as middle managers. All the managers who participated in this study were considered experienced and knowledgeable enough to give useful information on the skills needed by middle managers in the PHS.

Time in current position

<table>
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<th>Time</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less 1 year</td>
<td>4</td>
<td>23.5</td>
<td>23.5</td>
<td>23.5</td>
</tr>
<tr>
<td>1 to 5 years</td>
<td>8</td>
<td>47.1</td>
<td>47.1</td>
<td>70.6</td>
</tr>
<tr>
<td>5 to 10 years</td>
<td>3</td>
<td>17.6</td>
<td>17.6</td>
<td>88.2</td>
</tr>
<tr>
<td>10 years + above</td>
<td>2</td>
<td>11.8</td>
<td>11.8</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.2 Time in current position

Four (23.5%) of the managers have been in their current post for one year or less, compared to 8 (47.1%) who have been in the current post for two years, while only 2 (11.8) have been in their current post for more than four years.

Education level

<table>
<thead>
<tr>
<th>Education level</th>
<th>frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience in management</td>
<td>10</td>
<td>58.8</td>
<td>58.8</td>
<td>58.8</td>
</tr>
<tr>
<td>Degree in Management</td>
<td>3</td>
<td>17.6</td>
<td>17.6</td>
<td>76.5</td>
</tr>
<tr>
<td>Masters in Management</td>
<td>4</td>
<td>23.5</td>
<td>23.5</td>
<td>100</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong></td>
<td><strong>100</strong></td>
<td><strong>100</strong></td>
<td></td>
</tr>
</tbody>
</table>

Table 4.3 Education level

Ten (58.8%) of managers indicated that their management education was through experience. Three (17.6%) had educated to degree level in management and four (23.5%) of the managers had a masters degree in management.
Sample distribution by areas of specialisation

<table>
<thead>
<tr>
<th>Specialisation</th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative</td>
<td>5</td>
<td>29.4</td>
<td>29.4</td>
<td>29.4</td>
</tr>
<tr>
<td>Technical</td>
<td>3</td>
<td>17.6</td>
<td>17.6</td>
<td>47.1</td>
</tr>
<tr>
<td>Others</td>
<td>6</td>
<td>35.3</td>
<td>35.3</td>
<td>82.4</td>
</tr>
<tr>
<td>clinical</td>
<td>3</td>
<td>17.6</td>
<td>17.6</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>100</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 4.4 Area of specialisation
Five (29.4%) managers had their management specialisation in administration area. Three (17.6%) had management specialisation in the clinical or technical section of the organisation. Six (35.3%) had management specialisation in areas other than clinical, technical or administrative sections.

Management skill

4.3.1 General management skills

The participants were asked to rate the importance of a number of general management skills on a scale of 1 to 5 with 1 representing extremely unimportant and 5 denoting very important. The middle point was three which was indicative of the neutral position. To evaluate the importance of each general management skill, one sample t test was applied to the data. A test value of 3 was chosen since 3 was representative of the neutral position. The quantitative results are presented in the table below.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Mean</th>
<th>F value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planning</td>
<td>4.69</td>
<td>14.100</td>
<td>.000</td>
</tr>
<tr>
<td>Coordination</td>
<td>4.19</td>
<td>6.333</td>
<td>.000</td>
</tr>
<tr>
<td>Technical</td>
<td>4.53</td>
<td>7.122</td>
<td>.000</td>
</tr>
<tr>
<td>Interpersonal</td>
<td>4.94</td>
<td>31.000</td>
<td>.000</td>
</tr>
<tr>
<td>Conceptual</td>
<td>4.63</td>
<td>13.000</td>
<td>.000</td>
</tr>
<tr>
<td>Time management</td>
<td>4.81</td>
<td>17.985</td>
<td>.000</td>
</tr>
<tr>
<td>Decision Making</td>
<td>4.94</td>
<td>31.000</td>
<td>.000</td>
</tr>
<tr>
<td>Problem solving</td>
<td>4.94</td>
<td>31.000</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4.5 General management skills rating

The mean values for all the general management skills were above 4, and were all statistically significantly more than the test value at 0.05 significance level. The major import of this finding is that the participants were overwhelmingly of the view that all the general management skills listed were important. With mean values of 4.94, problem solving skills, interpersonal skills and decision making skills were rated to be the most important while technical skills were of lower importance of the general management skills. In the qualitative study, the respondents opined that interpersonal skills and problem solving skills were very important for middle managers in the healthcare industry especially in the PHS (see table 4.6). They also averred that decision making skills although important assume even greater significance with top management. The findings for the qualitative study synchronise with those from the quantitative study.
and Matteson (1999: 51) have suggested that technical skills may be useful for middle managers especially in healthcare where specialised knowledge is required. However, the results of this study are more aligned with Chase (1994:60) who has ranked technical skills as lower than most general management skills, including human resource and decision making skills for middle manager’s effectiveness.

<table>
<thead>
<tr>
<th>Score analysis</th>
<th>Comments from respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>General management skills rated as acceptable score in all items</td>
<td>- Acceptable high rating on interpersonal and problem solving. Healthcare involves these two areas.</td>
</tr>
<tr>
<td></td>
<td>- Decision making mainly for upper management</td>
</tr>
</tbody>
</table>

Table 4.6 Qualitative results of general management skills

**Leadership Skills**
The importance of a given set of leadership skills was determined using one sample t test with a sample statistic of 3. The summary of the results is presented in the table 4.7 below.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Mean</th>
<th>F Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visionary</td>
<td>3.88</td>
<td>3.955</td>
<td>.001</td>
</tr>
<tr>
<td>Motivational</td>
<td>4.50</td>
<td>7.348</td>
<td>.001</td>
</tr>
<tr>
<td>Empowerment</td>
<td>4.19</td>
<td>5.216</td>
<td>.000</td>
</tr>
<tr>
<td>Stress management</td>
<td>4.38</td>
<td>8.883</td>
<td>.000</td>
</tr>
<tr>
<td>Self Management</td>
<td>4.69</td>
<td>14.100</td>
<td>.000</td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td>4.81</td>
<td>17.98</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4.7 leadership skills rating

Visionary leadership was ranked the least important with a mean score of 3.88, while Emotional Intelligence (EI) was rated most important with a mean score of 4.81. All the leadership skills interrogated registered scores that were statistically significantly higher than the test value. Therefore, the view of the respondents was that all leadership skills were important. In the qualitative study the managers emphasised the importance of EI by stating that when the EI is high then middle managers would spend less time on disturbance handling and other human relations issues and focus more on the organisation’s core business. This can be linked to the view of Freshman and Rubino (2002: 1-9) who report that EI should be considered as a primary leadership skill and management competency as it is fundamental for getting along with others in the work place.

In the qualitative study, there was also a confirmation of the view that visionary leadership and empowerment skills are not very important to middle managers. The reason proffered was that these two areas fall into the esoteric province of the top managers; since it is top management who can give direction and vision to the organisation. The results are documented in table 4.8.

<table>
<thead>
<tr>
<th>Score analysis</th>
<th>Comments from respondents</th>
</tr>
</thead>
</table>


Leadership skills rated as acceptable score in all items

- The organisation focuses on empowerment already thus these skills are needed less, vision is also provided by senior leadership.
- It is middle management and healthcare is a structural industry with much inertia needed for change - vision may not work very well in this level.
- If EI were high across the organisation then people could focus on technical aspects more.

Table 4.8 qualitative results leadership skills

**Human resource management**

Using a test statistic of 3, one sample t tests were conducted to establish to what extent the respondents considered human resource management skills important. The three most important skills were communication skills (mean =4.89), team building skills (mean=4.75) and staff development skills (mean =4.69) as shown in the Table 4.9 below. All the skills registered scores that were statistically significantly higher than the test value. This suggests that all the skills were deemed important by the respondents.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Mean</th>
<th>F Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>4.81</td>
<td>17.985</td>
<td>.000</td>
</tr>
<tr>
<td>Delegation</td>
<td>4.50</td>
<td>11.619</td>
<td>.000</td>
</tr>
<tr>
<td>Conflict management</td>
<td>4.50</td>
<td>11.619</td>
<td>.000</td>
</tr>
<tr>
<td>Mentoring</td>
<td>4.31</td>
<td>8.720</td>
<td>.000</td>
</tr>
<tr>
<td>Teamwork</td>
<td>4.75</td>
<td>15.652</td>
<td>.000</td>
</tr>
<tr>
<td>Staff development</td>
<td>4.69</td>
<td>14.100</td>
<td>.000</td>
</tr>
<tr>
<td>Performance management</td>
<td>4.44</td>
<td>9.139</td>
<td>.000</td>
</tr>
<tr>
<td>Diversity</td>
<td>4.44</td>
<td>9.139</td>
<td>.000</td>
</tr>
<tr>
<td>Managing Meetings</td>
<td>4.38</td>
<td>11.000</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4.9 Human resource management skills rating

The interviews conducted validated the view that the managers regarded communication skills as the most valuable human resource (see table 4.10). This was in line with findings by Hellriegel et al. (2007:14) and Floyd and Woodridge (1992:13-167), who highlight the importance of communication in managing people and for management of strategic change in healthcare organisations. The location of the middle manager in the organogram is such that the manager has to interface with both the subordinates and also the top management. Hence, to effectively play this role the middle manager must have good communications skills.
Motivation skills and performance management skills were regarded as having relatively little importance. It was argued that healthcare workers are naturally motivated by altruistic inclinations and therefore derive their motivation from the satisfaction of seeing positive outcomes in their patients. This was also shown in a study by Alyus et al. (2013:14), who noted that key factors that motivated healthcare staff included the patient’s involvement in the treatments and the overall patients’ treatment outcome. Given this inclination among the subordinates the middle manager need not have very developed performance management skills.

<table>
<thead>
<tr>
<th>Score analysis</th>
<th>Comments from respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRM skills rated as acceptable score in all items</td>
<td>- Management involves people thus importance of communication, delegation.</td>
</tr>
<tr>
<td></td>
<td>- Middle managers are operations based and need to focus on achieving operations. Healthcare workers are not incentivised by performance management processes and incentives</td>
</tr>
<tr>
<td></td>
<td>- Managing performance evaluation relatively important</td>
</tr>
</tbody>
</table>

Table 4.10 Qualitative results HRM skills

<table>
<thead>
<tr>
<th>Financial Management Skills</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill</td>
<td>Mean</td>
</tr>
<tr>
<td>------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Resource Monitoring</td>
<td>4.12</td>
</tr>
<tr>
<td>Budget Control</td>
<td>4.25</td>
</tr>
<tr>
<td>Budget Forecast</td>
<td>4.00</td>
</tr>
<tr>
<td>Productivity</td>
<td>4.19</td>
</tr>
</tbody>
</table>

Table 4.11 Financial management skills rating

The table 4.11 above shows the summary of the results for the one sample t test with a test statistic set at 3. All the different dimensions of the financial management skill recorded statistically significant differences with the test. Furthermore, all the means were positive. Hence, the respondents opinioned that all these skills dimensions are important. Budgetary control was considered the most important. Additionally, the middle managers who participated in the qualitative survey were of the view that middle managers had limited input in the financial management of the private healthcare services practices. Contino (2004: 52-64) point out that it is important for healthcare middle managers to understand the financial aspect of an organisation. According to Contino (2004: 52-64), this knowledge assists in decision making. Furthermore Contino (2004: 52-64) emphasise that healthcare leaders must understand how their organisations formulate budgets and how prioritising capital equipment purchases and expectations for managing in accordance with a unit’s budget is decided on and done by the upper management. Contino (2004: 52-64) also point out that forecasting the number of patients expected, salaries, and supplies can be challenging, especially because the number of patients treated depends on external factors. Therefore, knowledge of business financial management can
be of assistance to middle managers in this regard. Others, such as Federico and Bonacum (2010: 68-70) point out that financial management knowledge assists middle managers to determine where to invest resources and where changes may in fact result in improvement.

The qualitative survey in this study indicated that the role of the middle manager in the PHS financial management aspect was very peripheral and was only substantial when it came to budget control. The results of the qualitative study are indicated in table 4.12. The day to day financial management needs of the organisation were handled elsewhere. In the qualitative study it was also reported that the organisation tended to centralise the financial management function leaving little scope for the middle manager’s participation. Hence, in this setting middle managers did not need profound knowledge and well developed financial management skills.

<table>
<thead>
<tr>
<th>Score analysis</th>
<th>Comments from respondents</th>
</tr>
</thead>
</table>
| Financial Management rated as acceptable score in all items | - This is a high level of central control in PHS only budgeting and control happens at this middle level.  
- Financial management skills depend on the structure. Score may improve if change in the organisational structure |

Table 4.12 Qualitative results financial management skills

**Operations Management**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Mean</th>
<th>F Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Department operations operations</td>
<td>4.44</td>
<td>9.139</td>
<td>.000</td>
</tr>
<tr>
<td>Clinical skills</td>
<td>4.25</td>
<td>5.371</td>
<td>.000</td>
</tr>
<tr>
<td>Knowledge of new technology</td>
<td>4.56</td>
<td>12.199</td>
<td>.000</td>
</tr>
<tr>
<td>Knowledge of new theories</td>
<td>4.25</td>
<td>7.319</td>
<td>.000</td>
</tr>
<tr>
<td>Maintaining standards</td>
<td>4.81</td>
<td>13.330</td>
<td>.000</td>
</tr>
<tr>
<td>Lean Management</td>
<td>4.56</td>
<td>7.679</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4.13 Operations management rating

The skill to maintain standards was deemed to be the most important of all the operations management skills with a mean score of 4.81. This was followed by Lean management skills and mastering new technologies with a mean of 4.56 each. All the dimensions were rated to be important. The results are as indicated in table 4.13 above.

In the qualitative study as indicated in table 4.14, managers expressed the view that operations management skills were very important for the day to day functioning of their departments. Ultimately, their responsibility is to deliver the expected results in their area of operations.
Although clinical skills are important they are not mandatory as it is possible to lead a department as long as one has a good understanding of the operations and can tap into the knowledge and expertise of the subordinates. Knowledge of new technologies and new theories were cited as examples of skills that are gaining in importance due to the burgeoning influence of the knowledge economy of the healthcare industry. Increasingly healthcare organisations are competing on knowledge and technology, thus a middle manager should be strong on these skills.

<table>
<thead>
<tr>
<th>Score analysis</th>
<th>Comments from respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations Management rated as acceptable score in all items</td>
<td>- Acceptable score, though clinical skills knowledge essential</td>
</tr>
<tr>
<td></td>
<td>- Not acceptable, clinical insight is always useful though not priority.</td>
</tr>
<tr>
<td></td>
<td>- Operations are needed to address current technology issues on a day to day basis.</td>
</tr>
</tbody>
</table>

Table 4.14 Qualitative results operations management skills

Marketing Management

<table>
<thead>
<tr>
<th>Skill</th>
<th>Mean</th>
<th>F value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs Assessment</td>
<td>4.12</td>
<td>5.084</td>
<td>.000</td>
</tr>
<tr>
<td>Niche Marketing</td>
<td>3.75</td>
<td>3.223</td>
<td>.006</td>
</tr>
<tr>
<td>Service quality</td>
<td>4.88</td>
<td>21.958</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4.15 Marketing management skills rating

The summary for the marketing skills assessment is presented in table 4.15 above. Of all the skills, maintaining and achieving service quality was deemed to be the most important whereas niche marketing scored the least. All the skill dimensions were regarded to be of high importance as shown by the p values that were all significant at 0.05 significance level. The managers also expressed the view that marketing skills were not of great importance in the healthcare industry (see table 4.16). This was aligned to Lazarus et al. (1992:55-56) who have reported that marketing management in healthcare settings is more about building customer relationships rather than advertising of products and services. In this study, it was noted that what mattered more and attracted patients to the PHS practices was the organisational brand and not the individual department’s marketing ability.

<table>
<thead>
<tr>
<th>Score analysis</th>
<th>Comments from respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marketing Management rated as acceptable score in all items</td>
<td>- Acceptable though not all important</td>
</tr>
<tr>
<td></td>
<td>- Healthcare environment branding important in private practice</td>
</tr>
</tbody>
</table>

Table 4.16 Qualitative results marketing management skills
Information Technology and Risk Management

<table>
<thead>
<tr>
<th>Skill</th>
<th>Mean</th>
<th>F Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information technology</td>
<td>4.19</td>
<td>8.733</td>
<td>.000</td>
</tr>
<tr>
<td>Risk Management</td>
<td>4.12</td>
<td>13.175</td>
<td>.000</td>
</tr>
</tbody>
</table>

Table 4.17 Information Technology and Risk Management skills rating

Two more skills were examined. These were information technology and risk management. Both these skills were regarded to be of high importance by the respondents. The scores for both were significantly different and higher than the set test score of 3 using one sample t test. The results are summarised in the table 4.17 above. In the qualitative study, risk management was viewed by the middle managers as a specialised area in management. The overriding opinion in the qualitative study was that a middle manager needs not be an expert in information technology and risk management but should have a good appreciation of these functions (see table 4.18).

<table>
<thead>
<tr>
<th>Score analysis</th>
<th>Comments from respondents</th>
</tr>
</thead>
</table>
| IT and risk management rated as acceptable score in all items | - Risk management well driven in this particular organisation
- Acceptable scores. Middle managers aware of IT and risk management process in PHS |

Table 4.18 Qualitative comments IT and Risk management skills

Managerial Self Efficacy

The third section of the questionnaire asked the managers to indicate the extent to which they were competent in a number of skills. In essence this section measured the managers’ managerial skills self efficacy. The scores ranged from 1 to 5 for each skill. One sample t test with a test value of 4 was conducted at 0.05 significance level. The test value 4 was selected because it represented the item “good” on the scale. The summary of the results is presented in table 4.19 below.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Mean</th>
<th>F Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Management</td>
<td>3.62</td>
<td>-1.695</td>
<td>.111</td>
</tr>
<tr>
<td>Operations management</td>
<td>4.39</td>
<td>2.423</td>
<td>.029</td>
</tr>
<tr>
<td>HR management</td>
<td>3.94</td>
<td>-.324</td>
<td>.751</td>
</tr>
<tr>
<td>Marketing Management</td>
<td>3.44</td>
<td>-3.093</td>
<td>.007</td>
</tr>
<tr>
<td>Risk Management</td>
<td>3.50</td>
<td>-2.739</td>
<td>.015</td>
</tr>
<tr>
<td>Information technology</td>
<td>3.69</td>
<td>-2.076</td>
<td>.055</td>
</tr>
<tr>
<td>Quality Management</td>
<td>4.19</td>
<td>1.379</td>
<td>.188</td>
</tr>
<tr>
<td>Patient management</td>
<td>4.19</td>
<td>.824</td>
<td>.423</td>
</tr>
</tbody>
</table>

Skills efficacy rating
The top scores were obtained for operations management (mean=4.38), patient management (mean=4.19) and quality management (mean=4.19) respectively. The lowest scores were
recorded for marketing skills (mean=3.44) and risk management (mean=3.50). An inspection of the F values reveals that for 5 of the skills which are financial management, human resources management, marketing management, information technology and risk management the values were negative. This value was significant for marketing and risk management, suggestive of a skills gap in these managerial areas.

Relevance of Skills

<table>
<thead>
<tr>
<th>Skill</th>
<th>Mean</th>
<th>F Value</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial Management</td>
<td>4.07</td>
<td>.322</td>
<td>.752</td>
</tr>
<tr>
<td>Operations management</td>
<td>4.36</td>
<td>2.110</td>
<td>.055</td>
</tr>
<tr>
<td>HR management</td>
<td>4.14</td>
<td>-694</td>
<td>.500</td>
</tr>
<tr>
<td>Marketing Management</td>
<td>3.71</td>
<td>-1.472</td>
<td>.165</td>
</tr>
<tr>
<td>Risk Management</td>
<td>3.86</td>
<td>-1.000</td>
<td>.336</td>
</tr>
<tr>
<td>Information technology</td>
<td>3.79</td>
<td>-1.385</td>
<td>.189</td>
</tr>
<tr>
<td>Quality Management</td>
<td>4.50</td>
<td>3.606</td>
<td>.003</td>
</tr>
<tr>
<td>Patient management</td>
<td>4.14</td>
<td>.618</td>
<td>.547</td>
</tr>
</tbody>
</table>

Table 4.20 Skill relevance rating

The table 4.20 above is a summary of the one sample t test results for the relevance of each managerial skill. The respondents were asked to indicate how relevant each skill was to them on a scale of 1 to 5; with 1 indicating very irrelevant, 4 representing relevant and 5 representing very relevant. The value 4 was chosen as the test statistic because it is the threshold where the skill becomes relevant. The most relevant skill according to this sample of managers is quality management. This was closely followed by operations management skills, patient management and human resources management skills. The mean values for all the skills were above 4 except for information technology, marketing management and risk management. Only quality management skills received ratings that were statistically significantly higher than the test statistic. This study ranked quality management to be the most relevant for the PHS. However, Mullins (2007:412) identifies human resources management as the importance skills for managing organisations. Floyd and Woodridge (1992:13-167) have also reported of the importance of human resource management in strategic change process in healthcare organisations. Furthermore Hellriegel (2007: 14-15) also point out that ineffective human resource management could result in low staff morale that may lead to high turnover in healthcare organisation.

In the qualitative study as shown in table 4.21, quality management and patient management received special mention. The middle managers expressed a view that these two skills were at the centre of the success of the healthcare business and constituted critical success skills. It was underscored that competitive advantage could be derived from these skills. Hence, they are very important and relevant.

<table>
<thead>
<tr>
<th>Score analysis</th>
<th>Comments from respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevance of skills rated</td>
<td>- PHS management’s focus</td>
</tr>
<tr>
<td>as acceptable score in</td>
<td>is on quality</td>
</tr>
</tbody>
</table>
all item. in the organisation.
- Rating of middle managers on quality and patient management acceptable no need for change. High score favourable in these areas.

Table 4.21 Qualitative results relevance of skills rating

CONCLUSION AND RECOMMENDATIONS

Introduction
The previous chapter discussed the results of the research. This chapter summarises the finding of the entire study and concludes the research. The aim of the study was to evaluate the middle management skills at PHS. The research objectives were to:

- To identify which middle management skills are considered relevant for the PHS practices.
- To assess the PHS middle manager’s competency in the management skills.
- To make recommendations to the PHS management on the findings of the research.

This chapter evaluates the link between the available literature on the topic and the research findings. Management implications and recommendations are also discussed. Finally suggested areas of future research are highlighted.

Findings from literature

Identification of middle management skills
Literature has shown that middle managers occupy a significant position in healthcare organisation and therefore require specific management skills that can enable positive performance and efficiency of the organisation. Various middle management skills have been identified that are essential for middle managers. The skills identified as essential for the middle managers at PHS have also been revealed in the study. The skills discussed included, general management, financial management skills, operations management, human resources management, marketing management, risk management quality management and patient management.

Middle managers competency
The other objective of the study was to identify how competent the middle managers are in the management skills. Competency of management skills is an important aspect to organisational efficiency and may be the most crucial source of competitive advantage. Literature has also shown that the role of the middle manager in the healthcare industry is changing such that healthcare middle managers are having more responsibilities than ever before. Middle managers who are competent in specific management skills have become a necessity in healthcare services.

Finding from primary research

General management skills
In this study, all general management skills were considered as important with problem solving skills, interpersonal skills and decision making skills being rated as the most important of the general management skills. Furthermore the quantitative survey synchronised with the findings from the quantitative study. The results of this study also suggest that the PHS middle managers viewed technical skills as important but not as much as other general management skills. The results from this study suggest that, knowledge but not necessarily expertise is required in technical skills for middle managers at the PHS.
Leadership skills
Leadership skills are essential to all managers in the healthcare industry. In this study all leadership skills were rated as important for middle managers at the PHS. EI was particularly rated as the most important by the PHS Middle managers. Visionary leadership was ranked the least important in both the quantitative and qualitative research citing that this skill is more relevant at senior management level. Literature has also indicated that visionary leadership finds its place mainly in senior management. However, EI is considered a primary leadership skill and management competency, and is fundamental for getting along with others in a healthcare organisation. The study is in agreement with the literature on the leadership skills investigated.

Human resource management skills
The finding in this research was that all the human resources management skills were rated important, with communication as the most important. The position of middle management entails dealing with people. Literature reports a high importance of communication skills for middle managers. The results of the study with regards to human resources management skills were in line with available literature.

Financial management skills
The study showed that all the financial management skills were rated as important by the PHS middle managers with budgetary control considered the most important. However, the middle managers were of the view that they had limited input into the financial management of the PHS practices. In the qualitative study, the middle managers highlighted that the financial management aspect of the organisation was centralised thus leading to reduced participation for middle management.

Literature has indicated the importance of financial management skills for middle managers. Therefore knowledge of business financial management can be of assistance to middle managers to determine where to invest resources and where changes may in fact result in improvement.

Operations management
The study revealed that the skill to maintain standards was deemed to be the most important of all the operations management skills, followed by lean management skills and mastering new technologies. All the skills were rated to be important. In the qualitative study the managers were of the view that all operations management skills are very important for the day to day functioning of their departments. However in the qualitative study, clinical skills though important were not considered mandatory as it is possible to lead a department as long as one has a good understanding of the operations of the units. Knowledge of new technologies and new theories were cited as skills that are gaining in importance in the healthcare industry. In the qualitative study the managers were of the view that healthcare organisations are increasingly competing on knowledge and technology, thus a middle manager should be strong on these skills.

Marketing management
Maintaining and achieving service quality was deemed to be the most important whereas niche marketing scored the least in the study. All the skills dimensions were regarded to be of high importance. The managers also expressed the view that marketing skills were not of great importance in the healthcare industry. It was noted here that what mattered more and attracted
patients to the PHS practices was the organisational brand and not the individual department’s marketing ability. This was in alignment with literature that suggested that marketing management in healthcare is more about building patients relationships rather than advertising of products and services. Furthermore marketing in healthcare organisations is more concentrated on levels of customer satisfaction, the branding of services and patient participation.

**Risk management and information technology skills**

Both information technology and risk management were viewed by the middle managers as important areas of management at the PHS. The overriding opinion in the qualitative study was that a middle manager needs not be an expert in information technology and risk management but should have a good appreciation of these functions. Literature has shown that exposure to risk is synonymous with organisational change. In view of the fact that middle managers have knowledge of the organisational strategies and social structure which helps to facilitate change, middle managers are crucial to bringing innovation that can be used to handle exposure to risk. However most organisations nevertheless view risk management to be relevant at top management level.

**Management competency**

In the study, the PHS middle managers showed to be competent in operations management, patient management and quality management respectively. However, there was a lower rating of competency in marketing and risk management skill. This is suggestive of a skills gap in these managerial areas. Marketing management and risk management were however also rated lower as relevant skills for the PHS middle managers. This could possibly be due to the fact that risk management is considered a top management skills and the business marketing approach not a relevant skill in healthcare services.

**Relevance of skills**

In the study, the most important skill according to this sample of managers was quality management. This was closely followed by operations management skills, patient management and human resources management skills. In the qualitative study quality management and patient management received special mention. The middle managers expressed a view that these two skills were at the centre of the success of the healthcare business and constituted critical success skills. It was emphasised that competitive advantage could be derived from these skills. Hence, they are very important and relevant.

**Recommendations**

The aim of the study was to evaluate the management skills at the PHS. In view of the finding of the research the following recommendations are suggested:

- The PHS middle managers are knowledgeable of the relevant management skills required for the organisation. However, the research results indicate that there is a skills gap in certain middle management skills.
- The study revealed a skills gap specifically in marketing management and risk management skills. Literature has shown the importance of these skills for middle managers in a healthcare organisation.
- The relevance of the skills to the PHS however still needs further investigation.

**Suggestions for future research**
The future research should consider evaluating the middle management skill of all middle managers in all other units of the PHS and not only Western and Eastern Cape provinces.

Further investigation of the skill gaps identified in this research, are also warranted. The research could identify the relevance of these skills to the PHS. This future research will determine whether training if any maybe required.

Proposed Action Plan

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsibility</th>
<th>Involvement</th>
<th>Measure</th>
<th>Time frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Corporate to conduct own research on skill gaps in all PHS practices</td>
<td>Senior Management</td>
<td>All managers</td>
<td>Document and review by senior managers</td>
<td>Within a year of proposal</td>
</tr>
<tr>
<td>2 Initiate management training programs targeting specific managers and units</td>
<td>Corporate team Training committee</td>
<td>All managers</td>
<td>Document pilot projects and evaluate results</td>
<td>Ongoing continuously review until corporate satisfied with achieved</td>
</tr>
</tbody>
</table>

Table 5.1 Proposed action plan

Conclusion
The study evaluated the middle management skills at the PHS and dealt with the objectives and questions formulated in chapter one. The relevant literature on the middle management skills and the methodology used for the research was discussed. The results obtained for the research were outlined and the relationship to literature and results were discussed. Recommendations and future research from the study have also been outlined. In this research the objectives of the research were met. However a broader sample size to include middle managers other than only in the Eastern and Western Cape provinces of South Africa where the PHS operates could produce more insight in the middle management skills evaluated.

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