Managerial Competence in a Private Hospital

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ARTICLE INFO	ABSTRACT
Published Online: 16 April 2018 Corresponding Author: **Fitrina Noor Fathayati Putri[1]**	Manager has an important role in the hospital because it directly related to the policy, system, procedure and climate of the organization. The manager's success in managing the hospital is influenced by his competency and commitment because the hospital is a complex organization and difficult to be maintained. This study aims to assess the competency level of a manager, the typical needs of a hospital, the differences of level and competency needs and solutions to overcome the competency gap in a private hospital of Kulon Progo. This was an descriptive study with the quantitative and qualitative approaches. The primary data are obtained through the questionnaire and interview. The competency difference test is conducted with Wilcoxon Signed Rank Test. Most of the managers' competencies are at the level of competence. The whole competency area is in the stage of important needs. The significant differences are in the whole competency area, except communication and information competency, and integrity and honesty competency. Those differences show that the managers' competencies have not met the hospital's competency requirements. It needs the management training which is in accordance with the target participant and includes all the hospital's managers.

I. INTRODUCTION

Globalization becomes a trending topic which is often discussed by various people. Globalization refers to the simplification of the world, so it makes the interactions among people in the world easier without the limitation of time and space (1,2). Besides facing the globalization, Indonesia is also facing the ASEAN Free Trade Area which creates a single market with the free flow from the various elements such as goods, services, investment, human resource and capital in the area of Southeast Asia (3).

Globalization brings challenge and chance to the practitioner and health industry (4–6). The opportunity of cooperation among countries will be widely opened, on the other hand, the competitiveness will be very tight. For all this time, the competitiveness of health services involves various elements such as price, quality, comfort, featured product, technology and innovation (7). The hospital needs to prepare to be able to compete. The work of health industry keeps changing, so it needs the employee who is not only ready to adapt to the rapid changes but also maintain and improve the performance of the organization (8).

The manager has a vital role in leading the hospital development because managers have a direct link to the policy, system, procedure and climate in the organization (9). The manager's success in managing the hospital is influenced by the competency and commitment because the institution of health service such as a hospital is a complex organization and difficult to be managed (10).

Competency is a collection of various fundamental characteristics of a person which have cause-effect relation to the work performance or the work effectiveness (11). A good competency can predict the excellent performance. The study conducted by the National Ministry of Health Hanoi finds that problems and gaps in the managerial of a hospital (12). The study conducted by Pillay (2010) in South Africa also shows that there is a gap of managerial competency in the public hospital and private hospital (13). The similar research undertaken by Khadka et al. (2013) in Kathmandu Valley, Nepal, shows the lack of managerial competency and a needs of development of hospital manager's competency (14). This study aims to know the level of manager's competency, the needs of ideal competency in a hospital, the difference of level and competency needs, and the solution to overcome the competency gap of hospital manager.

II. RESEARCH METHOD

This was an descriptive study with the quantitative and qualitative approaches. The study was conducted at private hospital in Kulon Progo in September-November 2017. The population in this study were all managers which contains top-level manager, middle level, and lower level manager in a private hospital of Kulon Progo. The sampling technique

uses total population sampling. There are thirty (30) managers in this hospital. However, three (3) managers couldn't come so the number of questionnaires and interview respondents are twenty-seven (27) people. Research variables are the level of manager's competency and the needs of ideal competency in a hospital.

Component of manager's competency is adopted from the research conducted by Khadka et al. (14). There are eleven components of competency from the Senior Management Service (SMS) Competency Framework of DPSA (Department of Public Service and Administration) for the health manager and South Africa leaders (15). Those eleven competencies are considered the critical factors for the manager's performance and are nor related to the level and role of manager (15). The eleven competencies are as follow.

1) Strategic Ability and Leadership
2) Program and Project Management
3) Financial Management
4) Changing Management
5) Management Knowledge
6) Services Innovation
7) Problem Solving and Analysis
8) Management and Human Resource Empowerment
9) Oriented and Focused on Consumers
10) Communication and Information
11) Honesty and Integrity

Research questionnaires distributed to the respondents after the researchers asked informed consent first to the prospective respondents. Then, researchers conducted interviews to respondents in accordance with the interview guide that has been prepared.

Quantitative data regarding the difference in current manager's level of competence and managerial competency needs are processed using Wilcoxon Signed Rank Test. Qualitative data were analyzed in accordance with the steps proposed by Strauss and Corbin which included open coding, axial coding, and selective coding (16).

III. RESULT AND DISCUSSION
RESULT

1. Respondent Characteristic
The research result of respondents' characteristic is based on the gender, age, education, and years of work, which can be seen from table 1

Table 1. Respondent's Characteristic

Respondent's Characteristic	Total	Percentage
Gender		
Male	7	25.9%
Female	20	74.1%
Age		
≤ 30 years	5	18.5%
31 - 40 years	14	51.9%
41 - 50 years	2	7.4%
> 50 years	6	22.2%
Education		
No school/Uneducated	0	0%
Elementary School or its equivalence	0	0%
Junior High School or its equivalence	0	0%
High School or its equivalence	2	7.4%
3-year Diploma	12	44.4%
Bachelor Degree	11	40.7%
Master Degree	2	7.4%
Years of Work		
< 3 years	4	14.8%
3 - 8 years	13	48.1%
> 8 years	10	37.0%

The result of the respondent characteristic based on the gender shows that the majority, 74, 1% is female. The respondents characteristic based on the age indicates that the respondents who are less than or are 30 years old (≥30) are as much as 18, 5%. The respondents aged 31-40 years old are 51, 9%, respondents aged 41-50 years old are 7, 4%, and respondents aged more than 50 years old are 22, 2%. It can be seen that more than half of the respondents are in the productive age of between 31 and 40 years old. Respondent characteristic based on the educational background shows that the managers who graduated from 3-year Diploma are 44, 4% and who graduated with Bachelor degree is 40, 7%. The minimum educational background of the respondents is a High School graduate who is as much as 7, 4%. The maximum educational background of the respondents is a postgraduate or specialist who is as much as 7, 4%. There aren't any respondents who are uneducated, graduate from elementary school or its equivalence, and graduate from Junior High School or its equality.

2. Manager's Competency
The research result of manager's competency level and hospital's needs can be seen in the table 2

Table 2. Level of Manager's Competency and Needs

Kind of Competency	Level	Mean	Median	SD
Strategic Capability and Leadership	Now	2.48	3.00	0.58
	The Needs	3.07	3.00	0.47
Program and Project Management	Now	2.41	2.00	0.64
	The Needs	3.11	3.00	0.51
Financial Management	Now	2.30	2.00	0.61
	The Needs	2.89	3.00	0.58
Change Management	Now	2.59	3.00	0.69
	The Needs	3.07	3.00	0.55
Knowledge	Now	2.48	2.00	0.58

	Level	Mean	Median	SD
Management	The Needs	3.00	3.00	0.62
Service Delivery Innovation	Now	2.48	2.00	0.51
	The Needs	3.00	3.00	0.48
Problem Solving and Analysis	Now	2.37	2.00	0.56
	The Needs	2.96	3.00	0.59
Human Resources Management and Empowerment	Now	2.63	3.00	0.49
	The Needs	3.00	3.00	0.48
Client Orientation and Costumer Focus	Now	2.81	3.00	0.56
	The Needs	3.11	3.00	0.51
Communication and Information	Now	2.85	3.00	0.53
	The Needs	3.07	3.00	0.47
Honesty and Integrity	Now	3.00	3.00	0.62
	The Needs	3.11	3.00	0.42

Note: Now = Level of today's manager's competency, The needs = Level of ideal competency needs in a hospital

3. The Difference of Competency Level

The test of competency difference is conducted with nonparametric Wilcoxon Signed Rank Test because of the variables were not distributed normally. All analysis was conducted on 95% Confidence Interval (CI). The result of data processing of competency difference and hospital needs can be seen in the table 3.

Table 3. The test result of Competency Difference and Hospital Needs

Kind of Competency	Level	Mean	Z	Sig.
Strategic Capability and Leadership	Now	2.48	-3.56	0.000
	The Needs	3.07		
Program and Project Management	Now	2.41	-3.44	0.001
	The Needs	3.11		
Financial Management	Now	2.30	-3.13	0.002
	The Needs	2.89		
Change Management	Now	2.59	-2.83	0.005
	The Needs	3.07		
Knowledge Management	Now	2.48	-2.98	0.003
	The Needs	3.00		
Service Delivery Innovation	Now	2.48	-3.12	0.002
	The Needs	3.00		
Problem Solving and Analysis	Now	2.37	-3.36	0.001
	The Needs	2.96		
Human Resources Management and Empowerment	Now	2.63	-2.67	0.008
	The Needs	3.00		
Client Orientation and Costumer Focus	Now	2.81	-2.31	0.021
	The Needs	3.11		
Communication and Information	Now	2.85	-1.73	0.083
	The Needs	3.07		
Honesty and Integrity	Now	3.00	-0.73	0.467
	The Needs	3.11		

Note: Now = Level of today's manager's competency, The needs = Level of ideal competency needs in a hospital

DISCUSSION

1. Respondent Characteristic

The director position, based on the Health Ministry Regulation of Indonesia No. 971/MENKES/PER/XI/2009 about Health Structural Officials Competency Standard, has fulfilled the criteria, i.e., having the skills and ability in the field of Hospitals (17). However, the position of Vice Director of medical services hasn't fulfilled the criteria because it should be the graduate of specialist or master (postgraduate) program in the field of health. So do with the position of the administration and financial vice directors. They don't meet the criteria that require the educational background of Economic or Accounting Undergraduate. The position of the Head of Division or in this research, low-level manager, still has some respondents who have an educational background of Diploma 3. The Regulation of Ministry of Health said that the position of Head of Field and Head of Division should have a minimum educational background of undergraduate of its related fieldwork.

Respondents characteristic based on how long they have worked shows that most of the respondents (48, 1%) have been working in the management field for 3-8 years. Then, the respondents who have worked for more than eight years are 37% and the respondents who have worked for less than three years are 14, 8%. Viewed from the Regulation of Ministry of Health No. 971/MENKES/PER/XI/2009 about the standard competency of Health Structural Officials for Hospital type D, the director position hasn't fulfilled the criteria of having minimum 1 years experience in the area of the related field. Position of the deputy director of medical services and finance has not met the criteria of having 3 years experience in the area of the related field. However, for the position of Head of Division or in this study, low-level managers, some of them have met the criteria in which

is prioritized in having minimum three years experience in its field.

2. Managers' Competency

a. *Strategic capability and leadership*

The changes in the pattern of competition because of the factors of market, technology, government, resource, and social, push managers to think about various strategies to stay ahead and survive (18). The managers need to be supplied with strategy ability and ethical leadership to be able to achieve the target organization.

The average level of strategic capability and leadership of manager is on less competence level (2.48), while the level of hospital needs is on important scale (3.07). The obstacle occurs most of the managers do not understand the vision and mission of the hospital. This phenomenon caused by there is no socialisation and internalization of hospital's vision and mission to the employee. Vision and mission is an crucial aspect of strategy management across different types of organizations (19).

Furthermore, a failure in translating the essence of vision and mission may lead to chaos in the ability to develop and execute work plan. Also, different common view of strategy and goal causes the work unproperly done. The Strategy goals and plans are the elaborations of vision and mission. An organization without vision and mission creates the goal and strategy to be non-reflective the present and future (20,21).

From the aspect of leadership, managers do not experience obstacles in inspiring and directing the employees to run the organization's mandate. The leadership of organization becoming the benchmark of success because a leader has to capable of socializing the aim of organization and supporting the others to achieve it. The failure of strategic plans is caused by the lack of commitment and dedication of human resources in the organization (22).

b. *Program and Project Management*

The average competency level of the program and project management of hospital manager is on a less competence scale (2.41) while the level of need of program and project management is on a important scale (3.11). The high demands of these competencies are related to several projects being undertaken for preparation of accreditation and cooperation with BPJS (National Social Security System).

There are several common reasons which causing a low project performance, i.e. poor organizing team, weak leadership, communication problems, conflicts, and inadequate management involvement (23). A useful project management skill can help to allocate resources appropriately and expenditure. The evaluation is currently conducted only at the end of the management stage. The assessment at every management stage is suggested. The assessment starting with the planning process, organizing, execution and control. These steps need to be taken in order

to handle and resolve every deficiency at every stage correctly.

c. *Financial Management*

Finance becomes the source of an organizational life because the aim of organization can only be achieved by having efficient financial management (24). Based on a research result, the competence level of financial management manager of hospital is on a less competence level (2.24), while the need of its competence is on an important level (2.91).

The low level of financial management competence is caused by the assumption that financial management competence is required only by managers in the financial department. Some managers know only financial planning and reporting in their respective units. All managers require the financial management competence for assisting the analysis of health condition of hospital's finances then the decision making will be more appropriate. A hospital which has a health finances condition and resulting a lot of profit will capable to invest, choose professional workers and innovate. The services provided will be better than a hospital with low financial strength (25).

d. *Change Management*

Nowadays, change occurs very fast and complex. Managers face a lot of pressure to respond to environmental changes and lead the organization in the change process (26). The average competency of change management is currently at the competent scale (2.59) with the level of hospital needs being on an important scale (3.07). Managers are actively observing and identifying changes in the social, technological, and economical especially in the areas addressed.

From these observations mentioned before, new ideas are poured and discussed during regular manager meeting. The obstacle in this competence is not all managers can keep up with the latest technological developments. In consequence, the information obtained is not up to date. Also, the limitation of time causes the lack of managers meeting. It becomes an obstacle in communicating the ideas and problems.

e. *Knowledge Management*

Knowledge is the primary sources which have a competitive advantage for a manager and organization (27). The average level of knowledge management competence is on less scale competent (2.49) while the level of hospital needs is on an important scale (3.00). The limitation of knowledge, especially in the field of management related to the manager's educational background. Most of the managers do not have management educational background.

At the organizational level, organizational culture plays a role in supporting or limiting the knowledge management because it affects the motivation of the individual to apply their knowledge (28,29). The support from managers has a

purpose in knowledge management and initiation in sharing knowledge (30).

Currently, there is no regular agenda for training and seminars, especially in the field of hospital management and there is no system to assess the needs of the practice. The assessment of training needs is important to find out the discrepancy between knowledge and training needs. Furthermore, it is found that the limitation of time is also becoming the obstacle to join the training. Therefore, the suitability of the practice, place, materials and schedule should be appropriately set.

The management competence will be studied more effectively when tailored to where the person is working, with the team working and experience gained by related field (31). Also, the support in the form of awards such as bonuses, incentives and recommendation proposed to the manager as a motivation to improve knowledge management competencies. The combination of performance evaluation and awarding gives a better result in encouraging the employees to share their knowledge (32).

f. Service Delivery Innovation

Innovation is an introduction and deliberate application of the idea, product, process and a new procedure to the particular unit to give benefit to the individual, group, organization and society (33). Also, innovation is the result of creativity and important component to keep being competitive. The average of manager competence is on less competence level (2.48) with the hospital's need in important level (3.00). It is important to know also that innovation is a complicated process and involves many factors, i.e. enterprise, group and individual (34,35).

The lack of human resources leads some managers to have multiple jobs as structural and functional officials. As consequence, time to develop innovation competencies is limited. It also affects the motivation to innovate the service because the manager prefers to complete the work first.

g. Analysis and Problem Solving

The organization faces many vital problems with limited option of the solution (36). Therefore, problem-solving skills are needed in identifying and resolving the issue. Even, in some particular cases, creative thinking and review from various points of view are required. The result of the study showed that the level of problem-solving competence and problem analysis is on less competence level (2.37). In contrast, the level of competence needs is in important level (2.96). When finding a problem, the manager will seek information from colleagues or employee about the issue faced. From this information, the cases, situation, obstacles and problem description may be obtained. Then, the problems will be reviewed for easy understanding.

Furthermore, the problem that has been analyzed will be clarified and arranged based on the priority scale. The easy issues will be delegated to the lower employees and managers. Otherwise, the problematic cases seem to have a potential fatal impact to the hospital will be discussed together with the entire managers. After identifying and analyzing the problem, the next step is finding the solution. Creativity and efficiency in finding the information are needed to find the main issue and look for the best solution. Also, every manager has a different style of problem-solving. These differences affect the attitude of managers in resolving the issues.

h. Human Resources Management and Empowerment

Human resources are the central pillar of the organization as well as its controller to achieve the vision and mission of the hospital. To reach the goal of the organization, the employees need to be equipped with new capabilities, reliable information, motivated, and empowered (37). A great, empowered employee can solve the problem faster (38). Based on the research result, the average level of human resources management and empowerment competence owned by the manager is currently on the competence scale (2.59) with the level of need is on the important scale (3.01).

The employee management, i.e. arranging work schedules, holiday and shift rotation is carried out by the manager in accordance with applicable regulation. Employees are given an opportunity to develop their skills independently according to the competence and then propose the feedback. If there is a shortage, the manager will guide, control and motivate the employee. The obstacle faced nowadays is limited human resources. Calculating labour requirement per work unit based on workload is necessary. Another obstacle is training and education program which have not been analysed based on the need for employee's competence. In consequence, training and education program that has been implemented has not been well targeted.

i. Client Orientation and Customer Focus

Costumer orientation includes the whole activities to understand the customer for better (39). The customer orientation becomes a dominant factor to achieve a superior position in the service industry competition (40). The average level of client orientation and customer focus of manager is on competence scale (2.81) while the needs of the hospital are on important scale (3.11). The result of research showed that the manager has willingness and capability to serve the patient excellently even though the number of hospital needs is not reached yet.

As a private hospital, the excellent health services become a primary aspect of competing with the other hospitals. It is realized by providing kind and responsive service. The health service offered is in line with the standard operating procedure. The information which is needed by the patient will be presented. Also, the patient has the freedom to choose the appropriate checkup in according to the patient's condition. Moreover, specialist doctors are selected based on some factors. These factors are first, the specialist doctors have their owned clinic in Kulonprogo Regency to be easily contacted for consultation and referral. Secondly, the

specialist doctors already known by the people of Kulon Progo.

j. Communication and Information

Communication is becoming an important capability because a manager is required to be able to build effective interpersonal relationship, mingle with the other departments, and become the coordinator (41). The average level of communication competence of a manager is on competence scale (2.85). Furthermore, the hospital needs toward communication and information (3.07).

Besides becoming a structural official, manager also becoming a functional employee. This multiple jobs demanding a manager can communicate with the various circles, i.e. colleagues, co-workers, bosses, employees, patients and patient's family. The effective communication and teamwork are important for resulting safety and high-quality services and treatment.

A communication failure becomes the common cause of unintentionally injury patient (42). Also, an active communication has a positive impact on job satisfaction, motivation and organizational commitment (43). The manager stated that the obstacles in communication competence related to intrapersonal factors are the lack of experiences, anxiety feeling and lack of confidence. These obstacles need to be resolved by conducting a continues learning and practice to improve the communication competence.

k. Honesty and Integrity

Integrity concept is related to the consistency of deed, value, method, measurement, principle, hope and result (44). Integrity is often linked with honesty because they are related to each other. Honesty is saying the truth, while integrity does what has been said (45). The research result shows that the average level of managers competence is on the competent scale (3, 00) with the level of competency needs (3,11) on the important scale.

The implementation of integrity is not part of the top manager's role in behaving honest, committed, and responsible. Those behaviours support others managers to imply the good ethic standard. Leaders who behave with integrity affect positively to the employee performance (46). From the side of honesty, managers always try to be honest without considering their self-interest. The reliability which can hurt other people is anticipated with an excellent explanation. Self-control is done by staying away from the situation which can lead to the fraud. The control among managers is also applied by mutual supervising and controlling.

3. The Difference of Competency Level

The difference in the level of managers' competency and the needs of ideal competency in hospital shows that most significant differences exist. This can be seen from probability value (sig.) less than 0,05. Significant differences occurred in strategic capability and leadership (p

$= 0,000$), program and project management ($p = 0,001$), financial management ($p = 0,002$), change management ($p = 0,005 < 0,05$), knowledge management ($p = 0,003$), service delivery innovation ($p = 0,002$), problem solving and analysis ($p = 0,001$), HR management and empowerment ($p = 0,008$), client orientation and costumer focus ($p = 0,021$) while in communication and information competency ($p = 0,083$) as well as honesty and integrity competency ($p = 0,467$) there was no significant differences. Based on these results, it can be concluded that there is difference in the level of managers' competency and the needs of ideal competency in hospital. The differences illustrates that the current level of manager competency is still lower than the level of competence required in hospital.

IV. CONCLUSION

The problems faced by the managers are the limited number of human resource, poor organization governance, some of the managers have double positions, and there is no training program in the managerial field. The solution to increasing the managers' competency is analyzed the number of an employee based on the workload and prepare the education and training program in the managerial field. But earlier, it needs to prepare the analyses system of training needs assessment to assess what is the proper training to fill the competency gap. Rewarding can also be way to retain and motivate employees to improve their work performance [47][48].

V. REFERENCES

1. Giddens, A. (1991). The Consequences of Modernity. Cambridge: Polity (publisher)..
2. Robertson, R. (1992). Globalization: Social Theory and Global Culture. London: Sage.
3. Departemen Perdagangan Republik Indonesia. (2009). Menuju ASEAN Economic Community 2015. Retrieved from http://perpustakaan.bappenas.go.id/lontar/file?file= digital/143093-[_Konten_]-Konten%20D64.pdf
4. Kovačić, N. (2014). Globalization and the Impact of Globalization on the Health Industry. Interdisciplinary Management Research, 10, 684–695.
5. Yach, D., & Bettcher, D. (1998a). The globalization of public health, I: Threats and opportunities. American Journal of Public Health.
6. Yach, D., & Bettcher, D. (1998b). The globalization of public health, II: The convergence of self-interest and altruism. American Journal of Public Health.
7. Rivers, P. A., & Glover, S. H. (2008). Health care competition, strategic mission, and patient satisfaction: research model and propositions. Journal of Health Organization and Management, 22(6), 627–641.

8. Wallick, W. G. (2002). Healthcare managers' roles, competencies, and outputs in organizational performance improvement. Journal of Healthcare Management / American College of Healthcare Executives. Retrieved from http://www.ncbi.nlm.nih.gov/pubmed/12469573

9. Parand, A., Dopson, S., Renz, A., & Vincent, C. (2014). The role of hospital managers in quality and patient safety: A systematic review. BMJ Open.

10. Stefl, M. E. (2008). Common competencies for all healthcare managers: the Healthcare Leadership Alliance model. Journal of Healthcare Management / American College of Healthcare Executives, 53(6), 360–374.

11. Spencer, L. M., & Spencer, S. M. (1993). Competence at Work : Models for Superior Performance. John Wiley & Sons, 1–372.

12. Long, N. H., Thien, D. D., Hiep, H. T., Chinh, V. Van, Cuong, N. D., Trang, N. M., & Hang, D. T. (2010). Need Assessment On Managerial Competency Development At Provincial And District Hospitals. Ministry of Health Department of Financing and Planning.

13. Pillay, R. (2008). Managerial competencies of hospital managers in South Africa: A survey of managers in the public and private sectors. Human Resources for Health, 6.

14. Khadka, D. K., Gurung, M., & Chaulagain, N. (2013). Managerial competencies – A survey of hospital managers' working in Kathmandu valley, Nepal. Journal of Hospital Administration, 3(1).

15. Department of Public Service and Administration. (2003). Senior Management Service Public Service Handbook. Retrieved from www.dpsa.gov.za/dpsa2g/documents/sms/publications/smshb2003.pdf

16. Strauss, Anselm L., Corbin, Juliet M. (1990). Basics of qualitative research: Grounded theory procedures and techniques. Newbury Park, California: Sage Publications

17. Kementrian Kesehatan Republik Indonesia. (2009). Peraturan Menteri Kesehtan Republik Indonesia Nomor 971/MENKES/PER/XI/2009 Tentang Standar Kompetensi Pejabat Struktural Kesehatan. Jakarta: Menteri Kesehatan Republik Indonesia.

18. Prahalad, C. K. (1983). Developing strategic capability: An agenda for top management. Human Resource Management, 22(3), 237–254.

19. Darbi, W. P. K. (2012). Of Mission and Vision Statements and Their Potential Impact on Employee Behaviour and Attitudes: The Case of A Public But Profit-Oriented Tertiary Institution. International Journal of Business and Social Science, 3(14), 95–110.

20. Bora, B., Borah, S., & Wangchuk chungyalpa. (2017). Crafting Strategic Objectives: Examining the Role of Business Vision and Mission Statements. Journal of Entrepreneurship & Organization Management, 6(1), 1–6.

21. Papulova, Z. (2014). The Significance of Vision and Mission Development for Enterprises in Slovak Republic. Journal of Economics, Business and Management, 2(1), 12–16.

22. Kiptoo, J. K., & Mugambi Mwirigi, F. (2014). Factors That Influence Effective Strategic Planning Process In Organizations. IOSR Journal of Business and Management Ver. II, 16(6), 2319–7668.

23. Thamhain, H. J., & Wilemon, D. L. (1986). Criteria for Controlling Projects According to Plan. Project Management Journal, 17(2), 75–81.

24. Paramasivan, C., & Subramanian, T. (2009). Financial Management. India: New Age International

25. Dong, G. N. (2015). Performing well in financial management and quality of care: Evidence from hospital process measures for treatment of cardiovascular disease. BMC Health Services Research, 15(1).

26. Thompson, J. M. (2010). Understanding and managing organizational change: Implications for public health management. Journal of Public Health Management and Practice, 16(2), 167–173.

27. Asllani, A., & Luthans, F. (2003). What knowledge managers really do: an empirical and comparative analysis. Journal of Knowledge Management, 7(3), 53–66.

28. Ajmal, M. M., & Koskinen, K. U. (2008). Knowledge transfer in project-based organizations: An organizational culture perspective. Project Management Journal, 39(1), 7–15.

29. Bock, Zmud, Kim, & Lee. (2005). Behavioral Intention Formation in Knowledge Sharing: Examining the Roles of Extrinsic Motivators, Social-Psychological Forces, and Organizational Climate. MIS Quarterly, 29(1), 87.

30. Wang, S., & Noe, R. A. (2010). Knowledge sharing: A review and directions for future research. Human Resource Management Review, 20(2), 115–131.

31. Filerman, G. L. (2003). Closing the management competence gap. Human Resources for Health, 1.

32. Wang, S., Noe, R. a., & Wang, Z.-M. (2011). Motivating Knowledge Sharing in Knowledge Management Systems: A Quasi-Field Experiment. Journal of Management, 40(4), 978–1009.

33. West, M. A. (1990). The social psychology of innovation in groups. In Innovation and creativity

at work: Psychological and organizational strategies (pp. 309–333).

34. Pratoom, K., & Savatsomboon, G. (2012). Explaining factors affecting individual innovation: The case of producer group members in Thailand. Asia Pacific Journal of Management, 29(4), 1063–1087.

35. Zennouche, M., Zhang, J., & Bo, W. W. (2014). Factors influencing innovation at individual, group and organisational levels: A content analysis. International Journal of Information Systems and Change Management, 7(1), 23–42.

36. Proctor, T. (2014). Creative problem solving for managers: developing skills for decision making and innovation. London: Routledge.

37. Kaymakçı, K., & Babacan, S. (2014). Employee empowerment in new public management approach and a research. European Journal of Research on Education, 62–70.

38. Cacioppe, R. (1998). Structured empowerment: an award-winning program at the Burswood Resort Hotel. Leadership & Organization Development Journal, 19(5), 264–274.

39. Narver, J. C., & Slater, S. F. (1990). The Effect of a Market Orientation on Business Profitability. Journal of Marketing, 54(4), 20.

40. Zhou, K. Z., Brown, J. R., & Dev, C. S. (2009). Market orientation, competitive advantage, and performance: A demand-based perspective. Journal of Business Research, 62(11), 1063–1070.

41. Purnell, L. D. T. (1999). Health care managers' and administrators' roles, functions, and responsibilities. Nursing Administration Quarterly, 23(3), 26–37 12p.

42. Leonard, M., Graham, S., & Bonacum, D. (2004). The human factor: The critical importance of effective teamwork and communication in providing safe care. Quality and Safety in Health Care. https://doi.org/10.1136/qshc.2004.010033

43. Mikkelson, A. C., York, J. A., & Arritola, J. (2015). Communication competence, leadership behaviors, and employee outcomes in supervisor-employee relationships. Business Communication Quarterly, 78(3), 336–354.

44. Ssonko, D. K. W. (2010). Ethics, Accountability, Transparence, Integrity and Professionalism in Public Service: The Case Study of Uganda. Enhancing Professionalization of Human Resource Management in the Public Service in Africa, 18. Retrieved from http://unpan1.un.org/intradoc/groups/public/docum ents/un-dpadm/unpan038789.pdf

45. Covey, S. R. (1989). The Seven Habits Of Highly Effective People. New York: Simon and Schuster

46. Vogelgesang, G. R., Leroy, H., & Avolio, B. J. (2013). The mediating effects of leader integrity with transparency in communication and work engagement/performance. Leadership Quarterly, 24(3), 405–413.

47. Ahmed, I., & Shabbrir, S. (2017). The Effects of Rewards on Employee's Performance in Banks: A Study of Three Districts (Lodhran, Vehari, Khanewal) Commercial Banks in Pakistan. International Review of Management and Business Research, 352–361.

48. Aktar, S., Sachu, M. K., & Ali, E. (2012). The Impact of Rewards on Employee Performance in Commercial Banks of Bangladesh: An Empirical Study. IOSR Journal of Business and Management, 6(2), 9–15.