THE IDENTIFICATION OF MANAGEMENT SKILLS REQUIRED BY MIDDLE MANAGERS TO EFFECTIVELY MANAGE A PUBLIC HOSPITAL IN THE EASTERN CAPE

BY

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PROMOTER: Mr T S Hutton
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PORT ELIZABETH
DECLARATION

I declare that:

THE IDENTIFICATION OF MANAGEMENT SKILLS REQUIRED BY MIDDLE MANAGERS TO EFFECTIVELY MANAGE A PUBLIC HOSPITAL IN THE EASTERN CAPE

is my own work and all sources used or quoted have been indicated and acknowledged by means of complete references. This thesis has not been previously submitted by me for a degree at another university or technikon.

_____________________________  ______________________________
R B BELEMU                        Date
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FACULTY: Management

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ABSTRACT

The research problem addressed in this study was to identify what management skills do middle managers require to manage the organisational units effectively. To achieve this objective a theoretical model of management skills required by middle managers to effectively manage a public hospital was developed, using relevant literature in which management skills are identified.

The theoretical model consisted of the following categories of management skills whose correct application can promote managerial effectiveness in managing organisational units:
General management skills;
Technical skills;
Human skills;
Leadership skills;
Financial management skills;
Computer skills.

Each category of the management skills was broken down into elements that were then analysed using literature identified during the literature study. The model was then used to develop a questionnaire to assess the degree to which managers responsible for running the clinical, nursing and paramedical departments of a public hospital in the Eastern Cape rate the elements in terms of importance.

The empirical results obtained indicate that a wide variety of skills are regarded by middle managers as important to performance of their managerial roles. This resulted in the theoretical model being confirmed and the identified management skills being accepted as management skills required by middle managers to effectively manage a public hospital in the Eastern Cape.
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According to Robbins (1997: 33) managers give a group or an organisation direction, facilitate coordination, act as a communication conduit by coordinating their unit’s activities with the activities of other units in an organisation and provide accountability. As such, organisations reduce ambiguity over performance outcomes by appointing managers who become accountable for achievement of performance goals. Ivancevich and Matteson (1999: 49) argue that managers who, in addition to the above, also are viewed as leaders are resources for helping organisations, individuals, and work teams accomplish organizational objectives. Further, they argue that effectiveness in an organisation does not just happen; it needs dedicated and skilful managers and non-managers.

Schermerhorn, Hunt, and Osborn (1994: 24) observe that the various activities and responsibilities of managerial work raise an important question. That question is; “What skills are required to achieve managerial success in a dynamic environment?”
1.2 MAIN PROBLEM

The South African public hospital management system is undergoing transformation to bring it in line with the White Paper on the Transformation of the Public Service and government policy to develop a single National Health System based on strengthened district health systems. According to the National Policy framework on Decentralisation of Hospital Management (South Africa, Draft 7, 1996: 1), transformation entails decentralisation of the public hospital management. This seems to be the trend worldwide, as a response to the rapidly changing environment. As Clark (1999: 2) puts it, “there is a global trend to move away from centralised bureaucracies to devolved management structures within a rapidly changing health context, which includes the need to control costs, aging population, advances in medical and information technologies, and increased consumer expectations.”

The guidelines for implementation of the decentralisation of hospital management outlined in the Policy Framework (South Africa, Draft 7, 1996: 10-11) include the following measures:
Hospitals are to be run by Chief Executive Officers who must have appropriate general management skills and may come from a professional or non-professional background.

Hospital management structures will be based on cost centres and functional units. Each unit will have authority over budgets, staff, resources and performance indicators.

Managers with new skills and who are able to perform a variety of new functions will be required. Most of them will come from within the health services.

The aim of this research is to identify the skills required by middle managers to manage the organisational units effectively.

This leads to the following problem, which will be addressed by this research:

What management skills do middle managers require to manage the organisational units effectively?

1.3 SUB-PROBLEMS

In order to develop a research strategy to deal with and solve the problem, the following sub-problems have been identified:
(a) What skills does literature study reveal will enhance the manager’s ability to perform his or her management roles?

(b) What skills do current middle managers believe will enhance their ability to perform their managerial roles?

(c) How can the two above be integrated into a model of management skills promoting managerial effectiveness in managing organisational units?

1.4 DEMARCATION OF THE RESEARCH

In order to ensure that the research is manageable the project has been demarcated as follows:

1.4.1 Management level

The study will be limited to clinical professional managers who form part of middle management. Clinical professional managers at first level and those at senior management level, as well as other managers at all levels from support services, for example, catering, ambulances, finance, pottering and estates will be excluded.

1.4.2 Size of organisation
A hospital with more than 500 beds will be used in the study. The motivation for this is that, a big hospital uses a large amount of resources, caters for a variety of services, and has a wider network of inter-organisation interaction. Thus, the management requires a variety of skills and places a greater demand on those individuals to manage effectively.

1.4.3 Geographical demarcation

The empirical study will be limited to Cecilia Makiwane Hospital which is a referral hospital lying within the Border region of the Eastern Cape. The empirical survey will be conducted by using a questionnaire delivered by a personal visit to the selected organisation.

1.4.4 Clinical professional managers

The term 'clinical professional manager' will be used to include all clinical professionals, such as doctors, nurses and therapists in the middle management category. As such, the two terms – clinical professional manager and middle manager may be used interchangeably for purpose of the study.

1.4.5 Basis for the study

The aim of the study is identify the skills that emerge as important skills pertaining to the management of the organisational units by the middle managers.
1.5 DEFINITION OF SELECTED CONCEPTS

In order to clarify the meaning of certain concepts they are defined below.

1.5.1 Management skills

Hellriegel and Slocum (1996: 25) define skills as abilities related to performance that are not necessarily inborn and that for managers may be grouped as technical, interpersonal, conceptual, and communication. Ivancevich and Matteson (1999: 51) define skill as ability or proficiency in performing a particular task and that it can be learned and developed. Schermerhorn et al (1994: 24) define skill as ability to translate knowledge into action that results in desired performance. Further, they describe skill in terms of competence; they state that skill is a competence that allows a person to achieve superior performance in one or more aspects of his or her work. Beardwell and Holden (1997: 359) define competence as ability to apply knowledge and skills with understanding to work activity and that it is assessed by performance.

In this sense, the terms, ability and performance in the definitions reflect the practical perspective that characterise management. Consequently, some authors regard the two terms, namely, skill and competence as synonymous. However, for purpose of study, skill will be regarded as a foundation for gaining competence.
Robbins (1997: 38) states that proponents of the skills perspective argue that it is not enough to know about managing organisations and people - one needs to be prepared to do it. Further, he states that management skills identify those abilities or behaviours that are crucial to success in a managerial position.

For the purpose of study, skill will be defined as ability or proficiency in performing a particular task competently and that it can be learned and developed.

1.5.2 Middle manager

According to Drucker (1999: 19) a manager is any person who performs management tasks whether or not he or she has power over others. Implicit in his definition, is that a manager is defined in terms of what he or she does. According to Drucker (1999: 20-21) a manager:

- Sets objectives;
- Organises;
- Motivates and communicates;
- Establishes targets and yard sticks;
- Develops people, including himself or herself.

In another working definition, managers are defined as organisational planners, organisers, leaders, and controllers (Stoner & Freeman, 1992: 12) whilst, Lussier (1997: 6) defines a manager in terms of responsibility:
“A manager is responsible for achieving organisational objectives through efficient and effective utilisation of resources.”

With regard to middle manager, Daft and Marcic (1998 15) define a middle manager as a person who works in the middle level of the organisation and is responsible for a major department. Further, they state that middle managers are responsible for overall strategies and policies defined by top managers. As such, middle managers are concerned with the near future, are expected to establish good relationships with peers around the organisation, encourage teamwork, and resolve conflict. Ivancevich and Matteson (1999: 50) give three examples of a middle manager as he or she is known in many organisations: Departmental manager, plant manager, or director of operations.

Nurse managers – In defining nurse managers, Booyens (1996: 286) includes the following nursing staff in the category of nurse managers in the middle management: “Area nursing supervisors or chief professional nurses who are responsible for supervising more than one ward or unit, departmental nursing service managers, floor nursing service managers, and clinical nursing service managers.”

For the purpose of study, the term middle manager will include any person who works at the middle level of the organisation and is responsible for a major department and for a public hospital it will refer to all clinical professionals responsible for activities of the various departments.
1.5.3 Effective Management

**Daft and Marcic (1998: 7)** define management as the attainment of organisational goals in an effective and efficient manner through, planning, organising, leading, and controlling organisational resources. Ivancevich and Matteson (1999: 49) have a similar view on effectiveness: They believe that the responsibility for attainment of goals lies with managers who influence effectiveness by defining objectives, recognising and minimising obstacles to the achievement of the objectives, and effectively planning, organising, leading, and controlling all available resources to attain high levels of effectiveness.

With regard to effectiveness, **Daft and Marcic (1998: 12)** define effectiveness as doing the right thing in order to attain the objective, or the degree to which a manager achieves objectives. However, Robbins (1997:45) contends that this is a simplistic view of effectiveness. He states that because organisational stakeholders have different interests in the organisation, the criteria they use for judging an organisation’s effectiveness also differ.

Ivancevich and Matteson (1999: 25-29) articulate one of the contemporary views on effectiveness in the Time Dimension Model of organisational effectiveness. In the model they define effectiveness in organisational behaviour context. They believe that effectiveness refers to the optimal relationship among five components: production,
efficiency, satisfaction, adaptiveness, and development (Ivancevich & Matteson, 1999: 25). However, Ivancevich and Matteson (1999: 26) admit that much research is needed to develop knowledge about the components of effectiveness.

For the purpose of study, effectiveness, as it relates to public hospitals, it should result in, amongst others, quality patient care, satisfaction of employees, and socially responsible practices to the community.

1.5.4 Model

Stoner and Freeman (1992: 281) define a model as a simplified representation of the key properties of the real-world object, event, or relationship; can be verbal, physical or mathematical. Swansburg (1993: 143) states that models illustrate and clarify theories. Polit and Hungler (1995: 98) state that the term model is sometimes used to denote a symbolic representation of conceptualisations of phenomena. Furthermore, they believe that within a research context, the models that one is most likely to encounter are mathematic (or statistical) models and schematic models. In addition, they describe a schematic model as a representation of phenomena of interest figuratively whereby concepts and the linkages between them are represented diagrammatically through the use of boxes, arrows, or other symbols. A schematic model will be used in the study.

1.6 THE SIGNIFICANCE OF THE RESEARCH
A new vision and strategy for the public hospital system articulated in the final report by the Hospital Strategy Project (1996: 1-12) reflects a need to develop efficient and accountable hospital management. The critical element of delegation of powers over personnel, finances, procurement and other critical management functions to hospital management will require managers to acquire a variety of skills and the development of modern, efficient management structures and systems.

According to the findings, the old system had a hospital management system characterised by extreme overcentralisation, with hospital managers having almost no authority to manage their own institutions. This scenario led to severe underdevelopment of management systems, structures, skills of managers, and capacity at hospital level and a distorted management culture.

It is acknowledged in the Policy Framework (1996: 1) that public sector hospital managers face profound challenges under the new system; they are expected to provide quality, cost effective services, while public funding for hospital remain static as more resources are diverted to Primary Health Care. Thus, improvements in efficiency, which are required to achieve this, will require skilful, active management.

The results from the empirical study coupled with the literature study could be used as a basis for developing a training programme to upgrade the skills of managers. In addition, a model of management
skills promoting managerial effectiveness in managing hospital units of a public hospital could be developed and invariably used as a basis for promoting managers to senior positions and indeed recruiting new managers.

1.7 RESEARCH DESIGN

A description of the methodology to be followed in the research project is indicated below.

1.7.1 RESEARCH METHODOLOGY

In conducting the research the following procedure will be adopted to solve the main problem and the sub-problems.

(a) Literature study

A literature study will be conducted in order to identify management skills managers require for managerial success.

(b) Empirical study

The empirical study will consist of the following:

- A survey will be conducted among the clinical professional managers in charge of departments in the delimited area to establish what skills they advocate will enhance their ability to perform their managerial roles.
The measuring instrument to be used in the study will be a comprehensive questionnaire developed by the researcher to determine the rating of management skills in terms of importance to managerial effectiveness.

The sample will comprise departmental heads of a selected public hospital with more than 500 beds.

The statistical procedures to be used in interpreting and analysing the data will be determined in consultation with a statistician at the time the questionnaire is drawn up.

(c) Development of an integrated model of management skills promoting managerial effectiveness in managing hospital units.

The results of the literature study together with the results of the empirical study will be integrated to develop a final model of management skills promoting managerial effectiveness in managing hospital units.

1.8 PROPOSED PROGRAMME OF STUDY

The provisional planning of the chapters for the research is shown below.
Chapter 1  Introduction, problem statement, demarcation of studies, definition of key concepts, significance of the study and broad methodology will be outlined. This chapter also includes an outline of the programme of study.

Chapter 2  An examination of management skills managers require for managerial success will be made, and based on these management skills, a model of management skills promoting managerial effectiveness in managing hospital units in a public hospital will be developed.

Chapter 3  Theory on management skills with regard to the model of management skills promoting managerial effectiveness will be elaborated on, to ensure a clearer understanding of the concepts. From this the questionnaire will be developed.

Chapter 4  The design of empirical study will be described. A discussion of the results will follow, together with tables of the relevant data.
Chapter 5  

An integration of the findings from the survey with the literature study will be made for purpose of developing a final model of management skills promoting managerial effectiveness in managing hospital units in a public hospital, along with conclusions and recommendations.

1.9 SUMMARY

In Chapter One, the problem statement, definition of selected concepts and the general outline of the research design have been stated, as well as a general overview of the discussion to follow in the rest of the chapters has been presented.

Chapter two is a discussion of management skills that promote managerial effectiveness and from these skills a model of management skills promoting managerial effectiveness in managing hospital units will be proposed.
CHAPTER TWO

AN ANALYSIS OF MANAGEMENT SKILLS

2.1 INTRODUCTION

In this chapter a presentation of four views on management skills will be made in order to establish which skills managers require to be effective in managing their organisational units. Although each view is on a different aspect of management skills, the aim is to establish a common contribution to enhancing a manager's ability to effectively manage his or her departmental unit.

The analysis of the above skills will lead to the proposal of a model of management skills promoting managerial effectiveness in managing hospital units. The four views on management skills are Ivancevich and Matteson's (1999) view on managerial skills, Hellriegel and Slocum's (1996) core leader competencies, Robbins and Coulter's (1996) view on interpersonal skills and Chase's (1994) nurse manager competencies. There are different types of skills and ways of categorising them, but it is felt that the four categories give a balanced view of managerial skills managers require to manage effectively.

2.2 IVANCEVICH AND MATTESON'S VIEW ON MANAGEMENT SKILLS

Ivancevich and Matteson (1999: 51) suggest that managers must possess and seek to further develop many critical skills. Ivancevich and Matteson (1999: 51-52) present seven categories of management skills that they regard
as important in performance of managerial roles: (1) technical skills, (2) analytical skills, (3) decision-making skills, (4) computer skills, (5) human relations skills, (6) communication skills, and (7) conceptual skills.

The basic proposition is that all the above skills are important in the performance of managerial roles, and that, they can be learned and developed. However, the relative importance of each will vary according to the level of the manager in the organisation. This is illustrated in Figure 2.1.

**Figure 2.1** Managerial skills and management level

![Diagram showing the degree of skill requirements for different management levels.](image)

(a) Technical, (b) Communication, (c) Human relations, (d) Analytical, (e) Decision-making, (f) Conceptual, (g) Computer

Source: Adapted from Ivancevich and Matteson (1999:52)

Each point raised in Figure 2.1 will be discussed below.
2.2.1 TECHNICAL SKILLS

Technical skill is the ability to use specific knowledge, techniques, and resources in performing work. These skills are most important for first line managers: they assist managers in managing individual performance and instructing subordinates (Ivancevich and Matteson, 1999: 51). Middle managers too, need these skills - to a lesser extent – to carry out the activities of supervising first-line managers or staff departments. For example, nursing middle managers – who will have developed these skills and gained expertise in patient care at the first-level of management – can direct the activities of their departments backed by full knowledge of the technical aspects of patient care.

2.2.2 ANALYTICAL SKILLS

According to Ivancevich and Matteson (1999: 51) this skill involves using scientific approaches or techniques to solve management problems. Furthermore, they contend that, since solving problems is one of the key tasks of managers, these skills are imperative for managerial success; they enhance a manager's ability to identify key factors and understand how they interrelate and the roles they play in a situation. Ivancevich and Matteson (1999: 51) further argue that, without analytical proficiency there is little hope for long-term success.

2.2.3 DECISION-MAKING SKILLS
Decision-making relates to selection of a particular course of action (Ivancevich and Matteson, 1999: 51). In addition, a manager’s decision-making skill in selecting a course of action is greatly influenced by his or her analytical skill. Thus, decision-making is a corollary to problem analysis. Put in another way, poor analytical proficiency will inevitably result in inefficient or inadequate decision-making. Ivancevich and Matteson (1999: 51) contend that, all managers are engaged in decision-making in one way or the other on an every day basis. For example, a clinical head of surgery makes decisions related to surgical procedures, just as a nursing departmental head does, with regard to distribution of nursing staff to various sections.

### 2.2.4 COMPUTER SKILLS

Computer abilities are important to managers because they increase their productivity by enhancing the quality of decision-making. The computer is an especially helpful tool for manipulating the data and performing “what if?” scenarios through the use of software packages. Ivancevich and Matteson (1999: 51) state that, in this way, projected impact of different decision alternatives is examined.

### 2.2.5 HUMAN RELATIONS SKILLS

These skills relate to one’s ability to communicate with, and understand others in his or her work group, as well as with other work groups within the
organisation. Ivancevich and Matteson (1999: 51) argue that, human relation skills are essential at every organisational level of management, since managers at all levels must accomplish much of the work through other people. Thus, in relation to middle managers, these skills enhance a manager’s ability to manage group dynamics, encourage cooperation, and resolve conflicts. When interacting with outside work groups, middle managers can call on these skills for liaison purposes and for communicating the needs and issues of their workgroup to other members of the organisation and conveying information from other work groups back in their units.

2.2.6 COMMUNICATION SKILLS

Communication skills involve the ability to communicate in ways that other people understand, and to seek and use feedback from employees to ensure that one is understood. Ivancevich and Matteson (1999: 51) propose that, this is a skill that is critical to success in every field, but crucial to managers who must achieve results through the efforts of others. Since communication can be effected in different forms – such as, written and oral transmission of common understanding – a manager needs to hone his or her skills in this area, in order to be effective in managerial performance.

2.2.7 CONCEPTUAL SKILLS

Ivancevich and Matteson (1999: 51) suggest that, conceptual skills consist of the ability to see the big picture, the complexities of the overall organisation,
and how the various parts fit together. Thus, managers need these skills in order to comprehend how each part of the organisation interrelates and contributes to the overall objectives of the organisation. Furthermore, these skills enable managers to process tremendous amount of information about both the internal and external environment of the organisation and to determine the implications of that information. Therefore, conceptual skills rank highest in importance to top-level managers, who are always engaged in monitoring the business environment.

2.3 HELLRIEGEL AND SLOCUM’S CORE LEADER COMPETENCIES

Hellriegel and Slocum (1996: 446) propose five core competencies that a leader needs to possess in order to be effective. Figure 2.2 illustrates the five core competencies: (1) empowerment, (2) intuition, (3) self-understanding, (4) vision, and (5) value congruence.

Figure 2.2  Leadership competencies
The basic proposition that is shown in Figure 2.2 above is that, over and above general management skills, managers need to utilise these core leader competencies in a variety of situations they find themselves in. Given the situation that today’s managers manage in open systems, taking on ad hoc and lateral responsibilities that may not be listed on any organisation chart, every manager needs these competencies in order to confront different complexities with success.

The five core competencies will be analysed below to highlight their contribution to managerial effectiveness.

2.3.1 EMPOWERMENT

According to Hellriegel and Slocum (1996: 446) empowerment occurs when a leader shares influence and control with followers. In doing so, the leader involves employees (individual or in teams) in deciding how to achieve the organisation’s goals, thus giving them a sense of commitment and self-control. The basic tenet of empowerment is that, employees have positive
feelings about their work, the work itself becomes stimulating and interesting, and the leader has done a good job. Thus, empowerment impinges on basic human needs for achievement, a sense of belonging, and self-esteem.

2.3.2 INTUITION

Hellriegel and Slocum (1996: 447) state that intuition involves the ability to scan a situation, anticipating changes, taking risks, and building trust. Furthermore, they suggest that, competent leaders have an intuitive feel for changes that will occur around them. In a practical sense, competent leaders move quickly to serve customers (internal and external) in new ways, find new competitive advantage, and exploit organisational strengths.

Intuition also includes the ability by the leaders to focus attention on the people surrounding them: networking with one’s constituents and throughout the various constituencies in the organisation. Intuition, therefore, is a useful competency for sensing future trends and building coalitions.

2.3.3 SELF-UNDERSTANDING

Hellriegel and Slocum (1996: 447) propose that, self-understanding is the ability to recognise a person’s own strengths and weaknesses. Further, they state that, corporations that have done a good job at developing leaders emphasize creating challenging opportunities for young employees with management potential. These opportunities stretch and develop
competencies and self-understanding they need to become better leaders. In this sense, therefore, the notion of “leaders are developed by challenges” and “peer performance appraisals,” are both forms of developing self-understanding.

2.3.4 VISION

Hellriegel and Slocum (1996: 447) regard vision as the ability to imagine different and better conditions and ways to achieve them. Further, they suggest that, vision may involve a simple, realistic corporate strategy that serves the interests of stakeholders, be it, customers, employees or shareholders.

A vision can be expressed in simple terms, such as, a company motto, which management and employees alike can identify with and implement. Through a vision, people in the organisation can group their unit’s relationship to larger realities.

2.3.5 VALUE CONGRUENCE

Hellriegel and Slocum (1996: 447) suggest that, value congruence is the ability to understand the organisation’s guiding principles and the employees’ values and reconcile the two. Furthermore, value congruence entail being willing to act consistently as a person of principle, on part of the manager, and having and using the ability to teach others the organisation’s values. In
addition, however, reconciliation of organisation’s and employees’ values is an area where the manager has to trade carefully – an attempt to enforce that incongruous with other strongly held societal values may flounder.

2.4 ROBBINS AND COULTAR’S VIEW ON INTERPERSONAL SKILLS

Robbins and Coulter (1996: 621) believe that, since managers ultimately get things done through others, competencies in leadership, communication, and other interpersonal skills are a prerequisite to managerial effectiveness. Robbins and Coulter (1996: 621-641) review key interpersonal skills (Figure 2.3) that every manager needs to develop: (1) Active listening skills, (2) Feedback skills, (3) Delegation skills (4) Conflict management, and (5) Negotiation skills.

Figure: 2.3 Interpersonal skills
The basic proposition is that interpersonal skills enable managers to manage relations with other people effectively both within and outside the organisation. Robbins and Coultar (1996: 620) believe that, majority of managers are probably fired because of poor interpersonal skills than for lack of technical ability.

2.4.1 ACTIVE LISTENING SKILLS

Robbins and Coultar (1996: 621) draw a distinction between hearing and listening: Hearing is merely picking up sound vibration whilst listening is making sense of what we hear. Thus, listening requires paying attention, interpreting, and remembering sound stimuli. Furthermore, for listening to be effective, it must be active listening rather than passive listening. Four essential requirements for active listening are intensity, empathy, acceptance, and a willingness to take responsibility for completeness.

**Intensity** means concentration on the part of the listener, tuning out the thousands of miscellaneous thoughts that create distractions.
Empathy requires oneself to put himself or herself in the speaker’s shoes. It entails, suspending one’s own thoughts and feelings and adjusting what is seen and felt to the speaker’s world. This is to increase the likelihood that, the listener will interpret the message the way the speaker intended.

Acceptance means listening objectively without judging content on part of the listener. The challenge for the active listener is to absorb what is being said and to withhold judgement on the content until the speaker is finished – this of course is no easy task, especially when the listener disagrees with the content.

By taking responsibility for completeness, the listener does whatever is necessary to get the fully intended meaning from the speaker’s communication. Two techniques for this purpose are listening for feelings as well as for content and asking questions to ensure understanding.

Robbins and Coultar (1996: 622-623) contend that, effective active listeners demonstrate eight specific behaviours:

- Make eye contact;
- Exhibit affirmative nods and appropriate facial expressions;
- Avoid distracting actions or gestures;
- Ask questions;
- Paraphrase;
- Avoid interrupting the speaker;
- Do not over talk;
- Make smooth transitions between the roles of speaker and listener.

2.4.2 FEEDBACK SKILLS

Robbins and Coultar (1996: 623) suggest that, it is important for the manager to provide both positive and negative feedback and to use specific technique that help make feedback more effective. Although, positive feedback is more readily and accurately perceived than negative feedback, negative feedback should not be avoided. What it means is that, a manager needs to be aware of potential resistance and learn to use negative feedback in situations in which it is mostly likely to be accepted.

2.4.3 DELEGATION SKILLS

Delegation is the assignment of authority to another person to carry out specific activities. Delegation is an imperative to managerial success, given the situation that there are limits to any manager’s time and knowledge. Effective managers, therefore, need to understand the values of delegating and know how to do it (Robbins and Coultar, 1996: 626).

Robbins and Coultar (1996: 626) argue that, an effective manager differentiates between delegation and participation, and between delegation
and abdication. Furthermore, they suggest that, within the ambit of delegation, firstly, mistakes are allowed as long as their costs are not excessive, and secondly, putting adequate controls in place so that costs of mistakes do not exceed the value of the learning.

With regard to developing effective delegation skills, Robbins and Coulter (1996: 629) cite a number of actions that differentiate the effective from the ineffective delegator:

- Clarify the assignment;
- Specify the subordinate’s range of discretion;
- Allow the subordinate to participate;
- Inform the others that the delegation has occurred;
- Establish feedback channels.

### 2.4.4 CONFLICT MANAGEMENT SKILLS

The ability to manage conflict is undoubtedly one of the most important interpersonal skills a manager needs (Robbins and Coulter, 1996: 631). Conflict is the perceived incompatible differences resulting in some form of interference or opposition. The evolvement of various views regarding conflict in organisations over the years has culminated into present day “interactionist view of conflict”. This view proposes that conflict can be a positive force in an organisation, and that some conflict is absolutely necessary for an organisation to perform effectively. As such, on occasions, management should stimulate conflict. Furthermore, this view articulates that, conflicts that
support the goals of the organisation are termed - functional, whilst those that prevent an organisation from achieving its goals are termed – dysfunctional (destructive forms).

Robbins and Coultar (1996: 632-633) suggest that, effective conflict resolution skills involve knowing one’s basic conflict-handling style, as well as those of conflicting parties; to understand the situation that has created the conflict, and to be aware of one’s options. The options being referred to, relate to resolution tools or techniques a manager can utilise to reduce conflict when it is too high: avoidance, accommodation, forcing, compromise, and collaboration.

Another aspect of management of conflict management, for which a manager should develop skills, is the notion of stimulating conflict. This may have negative connotations – however, it is a necessary feature in the whole concept of conflict management.

2.4.5 NEGOTIATION SKILLS

Negotiation is a regular occurrence as far as a manager’s duties are concerned; it is a popular tool through which issues are settled (Robbins and Coultar, 1996: 638). Negotiation is a process of bargaining in which two or more parties who have different preferences must make joint decisions and come to an agreement. There are two distinct negotiating strategies: distributive bargaining and integrative bargaining.
In distributive bargaining, negotiations seek to divide up a fixed amount of resources: a win-lose situation. In integrative bargaining, negotiations seek to settle an issue at hand in one or more ways that can create win-win situation.

2.5 CHASE’S NURSE MANAGER COMPETENCIES

Chase (1994: 56-64) uses Katz’s (1974: 90-101) work on skills of an effective administrator as a conceptual framework for deriving from the research and theoretical literature the skills of clinical nurse managers. The study delineates specific behaviour competencies that increase effectiveness in the nurse manager role. She adds two more categories to those described by Katz: Leadership skills and financial management. The skill categories used by Chase (1994: 59-60) are shown in Figure: 2.4.

The basic proposition is that the five categories of skills cater for a variety of competencies that increase effectiveness in the nurse manager role. Chase (1994: 56) argues that, a nurse manager position is being converted rapidly into a position with greater authority and responsibility. In the hospital, nurse managers have to balance diverse needs of staff, families, physicians, and support services.

Figure: 2.4 Nurse manager competencies

Technical
- Practice standards
- Care delivery systems
• Care planning
• Clinical skills
• Classification systems
• Infection control practices
• Research-based care practices
• New technology
• Case management
• Information systems
• Regulatory agency standards

**Human**
• Effective communication
• Effective staffing strategies
• Recruitment strategies
• Retention strategies
• Effective discipline
• Counseling strategies
• Performance evaluation
• Staff development strategies
• Group processes
• Interviewing techniques
• Team-building strategies
• Humour
• Optimism

**Conceptual**
• Nursing theories
• Administrative theories
• Strategic planning
• Ethical principles
• Teaching/learning theories
• Political processes
• TQM (Total Quality Management) processes
• Legal issues

**Leadership**
• Decision-making
• Power and empowerment
• Delegation
• Change process
• Conflict resolution
• Problem solving
• Stress management
• Research process
• Motivation strategies
• Organization of unit work
• Policies and procedures
• Staff education
• Time management
• Interdisciplinary coordination

**Financial management**
• Cost containment
• Productivity measures
• Budget forecasting
• Cost benefit analysis
• Unit budget control measures
• Financial resource procurement
• Financial resource monitoring

Source: Adapted from Chase (1994: 59-60)

Chase (1994: 57) uses the following definitions to place competency statements into one of these categories in her study to identify managerial competencies perceived by nurse managers as important for effective management:
• Any competency statement that is related to the delivery or evaluation of nursing care, that requires scientific nursing knowledge, or that involves technology is placed in the technical category;

• Any competency statement that involves dealing with people or the management of human resources is placed in the human category;

• Any competency statement that requires global thinking or the use of theory is placed in the conceptual category;

• Any competency statement that combines technical, human, and conceptual skills, and does not fall clearly into any category above – an all-encompassing leadership skill – is placed in the leadership category;

• Any competency statement that is related to budgeting and financial management is placed in financial management category.

Chase (1994: 58-61) identifies human and leadership competencies as the highest ranked competencies, followed by financial management. Conceptual and technical competencies rank as the lowest. The top 10 highest ranked competency items are all from human and leadership categories, indicative of the importance of both human and leadership competencies for managerial effectiveness.

The top 10 highest ranked items in terms of “highest knowledge and understanding competency ratings” are:

• Effective communication (Human);
• Decision-making (Leadership);
• Problem solving (Leadership);
• Counseling strategies (Human);
• Effective staffing strategies (Human);
• Conflict resolution (Leadership);
• Performance evaluation (Human);
• Delegation (Leadership);
• Team-building strategies (Human);
• Change process (Leadership).

With regard to “highest ability to implement or use competency ratings”, all the above items are still in the top 10, except for “Change process (Leadership)” which has fallen out, but replaced by “Effective discipline (Human)”.

2.6 THE DEVELOPMENT OF A PROPOSED MODEL OF MANAGEMENT SKILLS PROMOTING MANAGERIAL EFFECTIVENESS IN MANAGING HOSPITAL UNITS

The analysis of the above skills reveals that managers require a variety of skills to manage effectively: they enhance a manager’s ability and competency to perform managerial roles, duties and tasks. Based on this feature, a model of management skills promoting managerial effectiveness in
managing hospital units has been developed for the purpose of study. This is illustrated in Figure 2.5.

Six categories of skills have been identified (Figure 2.5), namely, general management skills, technical skills, human relation skills, leadership skills, financial management skills, and computer skills.

In addition, each of the above have been broken down into their individual elements. The manager develops these skills through learning in formal academic institutions and through experience on the job. The competencies in these areas promote managerial effectiveness in performance of various roles, duties and tasks. Each of these categories is briefly discussed below and in detail in chapter three.

**Figure 2.5:** A proposed model of management skills promoting managerial effectiveness in managing hospital units
Managerial effectiveness

- Managing oneself
- Managing people
- Managing clinical practice
- Managing fiscal and other resources
- Compliance with regulatory and professional standards
- Strategic planning
- Fostering interdisciplinary and relationships within a unit or area of responsibility and the institution as a whole

Source: Developed from an analysis of different categories of management skills

**General management skills** comprise conceptual, analytical and decision-making for the purpose of study. Decision-making is a skill used by all facets of management, and at all levels - more so nowadays, when emphasis is on group decision. Other skills related to decision-making, such as, planning and organising are included in this category.

**Technical skills** – for clinical professions, these skills relate to clinical management of the patient – such as, identified by Chase (1994: 59). These include practice standards, care delivery systems, case management, and
observation etcetera. These skills are more important for first-level and middle managers.

**Human relation skills** – these skills embodies communication, interpersonal skills and management of diversity. Within the domain of interpersonal skills, a host of other skills are included, such as, active listening, feedback, delegation, conflict management, negotiation, collaboration, team building, counseling, disciplining, recruiting, retention of staff, interviewing, politicking and building trust. Human relation skills are important for all levels of management. For middle managers, they are critical to effective management.

**Leadership skills** consist of a variety of skills related to ability to influence the beliefs, values and behaviour of others: being able to stimulate and guide individuals or groups toward goal or task accomplishment. Furthermore, self-management falls within this area of competency, including self-objectivity, behavioural flexibility, managing time and workload. These skills are essential for every manager.

**Financial management skills** enhance a manager’s ability to deal with tasks such as, unit budget preparation and control, cost containment, cost benefit analysis and productivity measures. The need for literacy in financial management has come to the fore in contemporary healthcare management as revealed by the literature study. These skills are important for unit heads.
Computer skills are used in a variety of situations: mainly, the computer is used as a tool for managing information (data acquisition, data storage, information display, and data processing), decision-making (decision support) and communication. The interface between computer and telecommunication has made computer skills indispensable as far as conducting business in modern day environment is concerned; computer skills are a prerequisite in E-mail messaging, Electronic data interchange (EDI) and accessing the Internet. These skills are important at all levels of management.

Managerial effectiveness – the development and correct application of skills in the categories above lead to managerial effectiveness in:

- Managing oneself;
- Managing people;
- Managing clinical practice;
- Managing fiscal and other resources;
- Compliance with regulatory and professional standards;
- Strategic planning;
- Fostering interdisciplinary and relationships within a unit or area of responsibility and the institution as a whole.

2.7 SUMMARY

In Chapter Two, four views of management skills have been analysed. Their common contribution to promoting managerial effectiveness has been identified. A model of management skills promoting managerial effectiveness
in managing hospital units of a public hospital has been developed following the analysis.

The next chapter explores further, the various skills that have been identified, in order to spell out what it takes to be an effective manager in present day hospital management.

CHAPTER THREE
THE THEORY OF MANAGEMENT SKILLS

3.1 INTRODUCTION

In Chapter Two a proposed model of management skills promoting managerial effectiveness in managing hospital units was developed. In this chapter the six managerial skills shown in Figure 2.5 are analysed in detail with regard to their influence on managerial effectiveness. The managerial skills identified are general management skills, technical skills, human skills, leadership skills, financial skills, and computer skills. A manager develops these skills through job-on-training and academic learning. The development and correct application of skills and competencies lead to managerial effectiveness in performing the following managerial roles:

- Managing oneself;
- Managing people;
- Managing clinical practice;
- Managing fiscal and other resources;
- Compliance with regulatory and professional standards;
- Strategic planning;
- Fostering interdisciplinary and relationships within a unit or area of responsibility and the institution as a whole.

Each of these skills is discussed below with regard to managerial effectiveness.

### 3.2 GENERAL MANAGEMENT SKILLS

For the purpose of study, the author has grouped the following elements under general management skills:

- Conceptual;
- Analytical;
- Decision-making;
- Problem solving;
- Planning;
- Organising;
- Time management skills.

These are general management skills required by managers to perform various roles.

**Conceptual skills** – These skills consist of the ability to see the big picture, the complexities of the overall organisation, and how the various parts fit together
(Ivancevich and Matteson, 1999: 51). These skills are ranked highest in importance to top-level managers, who are always engaged in monitoring the business environment. Chase (1994: 60) studied skills amongst nurse managers and found that conceptual skills rank lowest together with technical skills. Chase (1994:60) suggests that, conceptual skills still are perceived as contributing skills; although nursing managers may believe that it is more important to collaborate with others to carry out these skills than it is to carry them out themselves.

**Analytical skills** – These skills relate to solving problems using scientific approaches or techniques whereby a manager identifies key factors and understands how they interrelate and the roles they play in a situation. As such, analytical skills facilitate problem solving and decision-making. In a way, both analysing problems and selecting a particular course of action, are the cornerstone of effective management. Ivancevich and Matteson (1999: 51) argue that without analytical proficiency there is little hope for long-term success. Furthermore, they suggest that analytical skills are more important at higher levels of management.

**Decision-making** – These skills relate to selecting a particular course of action (Ivancevich and Matteson, 1999: 51). Similarly, Project Management Institute (PMI) (1996: 24) regards decision-making as analysing the problem to identify viable solutions, and then making a choice from among them. The importance of decision-making is therefore, reflected in its wide application in management activities. As Gilgeous (1997: 407) puts it, “communication, delegation, managing meetings, planning, and time management all incorporate some degree of effective decision-
making”. Chase (1994: 58) identifies decision-making (together with effective communication) as the most significant skills necessary for nurse managers.

One of the most important aspects of decision-making is the “decision-making process”. Ivancevich and Matteson (1999: 515) display a sequential process that is more applicable to non-programmed decisions. The elements of the process are:

- Establishing specific goals and objectives and measuring results;
- Problem identification and definition;
- Establishing priorities;
- Consideration of causes;
- Development of alternatives solutions;
- Evaluation of alternative solutions;
- Solution selection;
- Implementation;
- Follow-up.

Ivancevich and Matteson (1999: 514) believe that managers should utilise the entire process when dealing with problems that occur infrequently and with a great deal of uncertainty surrounding the outcome. However, some elements can be omitted when dealing with problems that occur frequently, since there will often be a policy already in place to handle them.

**Problem solving** – These skills combine problem definition and decision-making (PMI, 1996: 24). Problem definition requires distinguishing between causes and
symptoms; it is the first step in the process. Robbins (1997: 39) refers to strategic problem solving as specific behaviour managers require to be effective: managers take responsibility for their own decisions and ensure that subordinates effectively use their decision-making skills. Problem solving ranks high among nurse managers both in terms of “knowledge and understanding of the skill”, as well as, “the ability to use it” (Chase, 1994: 58). The high ranking is indicative of one of the daily engagements of managers in general, that is, “problem solving”.

Planning – According to Adair (1988) as referred to by Gilgeous (1997: 406), planning is the process of closing the gap mentally between one’s current position and one’s desired future position, in terms of accomplishing a task. In terms of strategic planning, Oroviogoicoechea (1996: 1276) refers to planning as a relevant and key function in a health care environment characterised by change and scarcity of resources. In addition, Oroviogoicoechea (1996: 1276) refers to Gillies’ (1994) argument that, strategic planning permits the organisation to be goal-oriented, as it makes clear the mission and goals of the organisation at the different levels, and facilitates everybody moving in the right direction, fostering coordination and effectiveness. In this sense, therefore, it involves selecting mission and objectives and the actions to achieve them, as well as decision-making. Gilgeous (1997: 406) cites five rules of good planning:

- Allow plenty of time;
- Involve all managers;
- Leave nothing to chance;
- Quantify (budgets, etcetera);
- Set milestones (intermediate stages when certain things have to be achieved).
Organising – These skills include allocating and controlling resources: Ensuring that employees have necessary resources and authority needed to meet objectives; establishing only necessary controls; monitoring progress and outcomes against plans. Robbins (1997: 39) associates the coordinating dimension with organising: He states that, managers organise around tasks and then coordinate interdependent relationships among tasks wherever they exist.

Time management – These skills are vital to healthcare personnel, given the situation that healthcare services are accessible around the clock in most establishments. Eskin (1990: 212) regards the “time management factor” to be an important factor of self-management. In order to look after other people, it is vital that physicians look after themselves by making sure that they use their time effectively, by avoiding permanent work overload and by balancing their time between work, home and themselves. As such, time management is a critical element for success at all levels, more so for managers because they have a wider span of activities to cover.

3.3 TECHNICAL SKILLS

Hellriegel and Slocum (1996: 26) state that, technical skills involve the ability to apply specific methods, procedures and techniques in a specialised field. Furthermore, they suggest that managers use technical skills to varying degrees, but generally, concerned with identifying and developing the technical skills required by others in the organisation. In addition, they argue that, technical skills can be taught in college courses or on-the-job training programmes. According to Ivancevich and Matteson
technical skills assist managers in managing individual performance and instructing subordinates.

From Chase’s (1994: 59) study and Leatt’s (1994: 171-176) study on nurse managers and physicians as managers respectively, the author regards the following items to be components of technical skills for healthcare personnel such as physicians and nurses:

- Case management;
- Care delivery systems;
- Clinical skills;
- Infection control practices;
- Observation;
- Ethical judgement;
- Practice standards;
- Regulatory agency standards.

In addition, literature study reveals that, technical skills rank lower than human skills in terms of managerial effectiveness as far as nurse managers are concerned. According to Dienemann and Shaffer (1993: 15-23), a sample of 73 unit managers from six hospitals and two community health agencies in United States of America rated human relations and communication skills higher than nursing knowledge and clinical skills for managerial effectiveness. Similarly, Chase (1994: 60) finds that technical skills rank lower than human and leadership skills. However, Mark (1994: 55) as referred to by Oroviogoicoechea (1996: 1275) points to the importance of
having managers “who can truly integrate their knowledge of clinical nursing into effective management decision-making”.

3.4 HUMAN SKILLS

Human skills encompass the ability to work with, communicate with and understand other people both individually and as groups. These skills include an array of interpersonal skills, such as, active listening, feedback, effective staffing strategies, team-building strategies, effective disciplining, conflict management and managing diverse workforce.

These skills are important for all levels of management because the nature of management is such that, managers must accomplish much of the organisational work through other people (Ivancevich and Matteson, 1999: 51). For middle managers these skills enhance a manager’s ability to manage group dynamics, encourage cooperation, and resolve conflict. Robbins and Coulter (1996: 621-624) review key interpersonal skills they consider as a prerequisite to managerial effectiveness, such as, active listening, feedback, delegation, conflict management, and negotiation. These skills together with other human skills are essential in healthcare management.

Healthcare personnel in general and managers in particular need to possess these skills in order to carry out day-to-day duties. For example, physicians need these skills for building rapport with patients – this is essential for understanding problems of patients and to enable patients to understand what is required from them to promote a healing process. Similarly, these skills can be applied to dealing with relatives of
patients; harnessing the cooperation and support of a wide variety of healthcare staff (Eskin, 1990: 212-213). Patz, Biordi and Holm’s study (1991 15-24) of managerial effectiveness among Chief Nurse Executives and Middle Nurse Managers, reveals that human management skill ranks as the most important criterion of effectiveness by both groups. From another study, Chase (1994: 58) states that, human skills and leadership skills rank highest among nurse managers with regard to managerial effectiveness.

The author groups the skills below into the human skills category:

- Effective listening;
- Feedback;
- Delegation;
- Conflict management;
- Negotiation;
- Coaching;
- Counseling;
- Mentoring;
- Effective staffing strategies;
- Recruitment strategies;
- Retention strategies;
- Effective disciplining;
- Performance evaluation;
- Staff development strategies;
- Group process;
- Interviewing techniques;
- Team-building strategies;
- Humour;
- Presentation techniques;
- Managing meetings;
- Political processes;
- Managing diverse workforce.

All the above elements are directed at improving and maintaining cordial manager-subordinate relationship and among employees in general. Since an employee is the greatest resource to any organisation, positive relations between himself or herself and other members of the organisation should be nurtured if the organisation is to be successful. This is the area where above elements can be utilised by a manager.

3.5 LEADERSHIP SKILLS

Leadership skills relate to competencies that a leader needs to possess in order to be effective in today’s organisational environment. The rationale is that, managers need more than conventional management skills if they are to effectively confront complexities facing them today. Hellriegel and Slocum (1996: 446) identify five core leader competencies that a leader needs to possess over and above general management skills in order to be effective. These are: Empowerment, Intuition, Self-understanding, Vision, and Value congruence.
3.5.1 Empowerment

This relates to sharing of influence and control between the manager and the subordinates. Byrd (1987: 41) gives the following examples of empowerment:

- Treating disagreements as opportunities for discussion rather than as threats or wastes of time;
- Involving staff as much as possible in making presentations;
- Regularly talking with staff about their career development goals.

3.5.2 Intuition

This relates to scanning a situation, anticipating changes, taking risks, and building trust. Byrd (1987: 37) gives the following examples of intuition:

- Encouraging staff to ask for the rationale behind actions, instructions, or requests;
- Keeping staff up to date on situations in other functions that affect them;
- Educating key people about ideas so that proposals have a better chance of being considered or understood.

3.5.3 Self-understanding

This relates to recognition of one’s own strengths and weaknesses. Byrd (1987: 42) gives the following examples of self-understanding:

- Knowing when one is overreacting to authority figures;
- Showing awareness of the effect one has on others;
- Acknowledging one’s shortcomings.

3.5.4 Vision
This relates to imaging different and better conditions and ways to achieve them. Byrd (1987: 38) gives the following examples of vision:

- Providing staff members with a clear and definitive picture of as much of the future of the function as is known;
- Using examples or analogies to illustrate the projected future of the organisation to staff;
- Refusing to give up one’s view of the future, even in the face of great adversity.

3.5.5 Value congruence

This relates to understanding the organisation’s guiding principles and employees’ values and reconciling the two. Byrd (1987: 40) gives the following examples of value congruence:

- Using the organisation’s guiding beliefs as a basis for day-to-day decision-making;
- Spending significant amount of time communicating the values of the organisation to others;
- Challenging colleagues or those in senior positions when inconsistencies in values arise.

Various studies on modern day managerial effectiveness point to leadership skills as a key factor to effective management of organisations today. As such, leadership
competencies encompass a number of domains – including most of the general management skills – through which successful leadership can be assessed. For example, Ridenour (1996: 98-106) identifies domains such as quality improvements, shared visions, global-approach, serving community, mastering change, team learning, managing customer relationships and managing a diverse workforce. The study by Sofarelli and Brown (1998: 98-106) on nursing leadership concludes that, the Transformational Leadership model will assist nursing to develop into an empowered profession with the potential to be a dominant voice in reshaping the healthcare system of the future.

3.5.6 Transformational leadership

Bass (1990) cited by Ivancevich and Matteson (1999: 453) argues that, an exciting new kind of leader, referred to as the transformational leader, motivates followers to work for transcendental goals instead of short-term self-interest, and for achievement and self-actualisation instead of security. Furthermore, he states that, by expressing a vision, the transformational leader persuades followers to work hard to achieve the goals envisioned, thus, providing them with motivation for hard work that is self-rewarding (internal). In addition, the following five factors were identified to characterise transformational leaders:

- **Charisma**: The leader is able to instil a sense of value, respect, and pride and articulate a vision;

- **Individual attention**: The leader pays attention to follower’s needs and assigns meaningful projects so that the followers can grow personally;
- **Intellectual stimulation:** The leader helps followers rethink rational ways to examine a situation. He encourages followers to be creative;

- **Contingent reward:** The leader informs followers about what must be done to receive the rewards they prefer;

- **Management by exception:** The leader permits followers to work on the task and does not intervene unless goals are not being accomplished in a reasonable time and at a reasonable cost.

This transformational theme is reflected in Longest’s (1997: 13) view on leadership: The essence of successful leadership in any hospital department is the ability to develop and instil in healthcare workers a common vision and to stimulate determined adherence to the pursuit of that vision. Furthermore, he contends that the manager must inspire and influence others. That is to motivate other people and communicate effectively with them.

From Chase’s study (1994: 58) on management skills among nurse managers, leadership and human skills are ranked highest in managerial effectiveness. Chase (1994: 60) considers the following competency statements as elements of leadership:

- Power and empowerment;
- Change process;
- Research process;
- Motivation strategies;
- Policies and procedures;
- Staff education;
- Interdisciplinary coordination.

She believes that since the above elements are a combination of technical, human, and conceptual skills, the appropriate category would be the leadership domain.

### 3.6 FINANCIAL MANAGEMENT SKILLS

These skills enhance a manager’s ability to deal with tasks such as, unit budget preparation and control, cost containment, cost benefit analysis and productive measures (Chase, 1994: 58). The need for literacy in financial management has come to the fore in contemporary healthcare management. Schmidt (1999: 16) states that, the complexity of healthcare finance and the expanding responsibility for managing fiscal resources are changing the specific knowledge and skills managers need. Chase (1994: 63) suggests that a shift is needed from “financial management” to “financial management decision-making and problem solving.” This view is related to the first financial management task “efficient financial analysis, reporting, planning and control” (Cronje, Hugo, Neuland and Van Reenen, 1995: 199). In this sense, financial management has a direct value in the performance of the managerial functions and management such as:

- **Planning**: Financial management is responsible for integrating strategic plans and operating plans into operating budget and capital budget.

- **Organising**: Financial management provides a chart of accounts to identify revenue centres and cost centres – invariably the basis for responsibility
accounting, which is the ability to hold department managers responsible for their revenues and expenses.

- **Staffing**: Financial management often provides staff to a variety of departments and processes important to the healthcare organisation, such as, medical records and information systems that are currently being placed under the supervision of financial management, in addition to accounting, admitting, and materials. All these departments are involved in the billing process.

- **Directing**: This is also known as motivating and influencing. Directing provides financial management the opportunity to use both rewards and penalties to accomplish the organisation’s purposes.

- **Controlling**: Control of the budget, financial reports, financial policies and procedures, and financial audits allows financial management to monitor performance and take the appropriate corrective action when performance is unsatisfactory.

- **Communication**: It is important to financial management for both reporting and advising. Also important is coordinating the relationships between, for example, revenue and expenses; capital budgets and operating budgets; and volumes and prices and collected revenues.

- **Decision-making**: It is important to financial management because the quality of financial management can be measured by the decisions it recommends to management.

Thus, to be effective, a manager has to display knowledge in gathering, analysing, and using financial data effectively; drawing accurate conclusions from financial information; applying financial and/or accounting principles to management plans and
problems; developing budgets to support the accomplishment of organisational goals at a realistic cost. Chase (1994: 60) associates the competency statements below with financial management skills in her study of nurse manager competencies:

- Cost containment;
- Productivity measures;
- Budget forecasting;
- Cost benefit analysis;
- Unit budget control measures;
- Financial resource procurement;
- Financial resource monitoring.

Managers can use the above elements to attain both efficiency and effectiveness in the use of financial resources. This is a critical aspect in public healthcare in which there is a multitude of activities that often have to be kept sustained despite limited resources.

3.7 COMPUTER SKILLS

Computer literacy is important to managers because it increases their productivity in a variety of ways. For example, speeding up processing of data through use of computer software, facilitating easy communication via computer networks, and enhancing decision-making through decision support software. Ivancevich and Matteson (1999: 51) suggest that the information age sweeping the world requires managers who understand and can use the product of computers. Furthermore, they suggest that,
computers can perform in minutes tasks in financial analysing, human resource planning, and other areas that otherwise take hours, even days to complete. In addition, they believe that, the computer is an especially useful tool for decision-making: software enables managers to manipulate data and perform scenario analysis for assessing different decision alternatives.

The impact of computers in healthcare services is far reaching. For example, computer technology is used in monitoring equipment, ventilators, laboratory tests and x-ray equipment besides its use in clinical management. Thus, the flood of data generated requires that hospital personnel and more so managers, to be skilled in using computers. Sailors and East (1999: 609-613) believe that the future of quality patient care lies in data acquisition, data storage, information display, data processing, and decision support using computer systems. Furthermore, they argue that, by automating or streamlining repetitive or complex tasks, correlating and presenting complex and potentially confusing data, and tracking patient outcomes, the computer can augment clinicians’ skills to improve patient care. Referring to the importance of Internet to organisations, Ruffin (1996: 53-54) argues that, organisations with communication networks integrated with their transaction systems and electronic medical records will be more effective in managing healthcare resources in future.

Computer skills in the following areas would enhance a manager’s ability to effectively utilise the computer in management activities:

- Key boarding skills;
- Word processing;
- Spreadsheets;
- Graphics;
- Optic scanning;
- Multimedia presentations;
- Electronic mail (E-mail);
- Electronic Data Interchange (EDI);
- Internet.

The above elements are not utilised in isolation but in an integrated manner. For example, keyboard skills are used to type a document such as a letter by using word processing before it can be forwarded by electronic mail to another person. Similarly, the keyboard, spreadsheets and multimedia presentation are all used in presenting financial data to an audience.

3.8 MANAGERIAL EFFECTIVENESS

The proposed model of management skills (Figure 2.5) includes managerial effectiveness as the outcome of correct application of management skills. According to Robbins (1997: 45) managerial effectiveness is concerned with the achievement of a manager’s goals, whereas organisational effectiveness addresses the organisation’s goals. In addition, he argues that, yet, because a manager’s success is essentially defined in terms of how well his or her organisational unit performs, it is difficult to separate the two concepts. As such, different groups such as, employees, customers, boards of directors, investors competitors suppliers, creditors, media, government agencies and special interest groups judge organisations by different criteria.
However, this model proposes that, the correct application of management should promote managerial effectiveness in the seven dimensions below:

- Managing oneself, such as optimal utilisation of time;
- Managing people, such as effective delegation and team building;
- Managing clinical practice, such as facilitating accomplishment of care of a suitable standard;
- Managing fiscal and other resources, such as budgeting and allocation of materials;
- Compliance with regulatory and professional standards, such as compliance with South African Medical and Dental Association and Democratic Nurses’ Organisation of South Africa guidelines;
- Strategic planning, such as making clear the mission and goals of the organisation at the different levels;
- Fostering interdisciplinary and relationship within a unit or area of responsibility and the institution as a whole, such as facilitating collaboration among the different disciplines involved in patient care.

The first two dimensions of managerial effectiveness, namely, managing oneself and managing people are adapted from a framework that Eskin (1990: 213) uses to analyse the role of doctors with regard to people management. The other five dimensions are adapted from a framework that Oroviogoicoechea (1996: 1275-1276) uses to analyse the role functions of the clinical nurse manager.
3.9 SUMMARY

In this chapter, managerial skills have been discussed with regard to managerial effectiveness. In addition to this the components of the proposed model of managerial skills developed in Chapter Two has been explained in detail.

Possession and development of managerial skills, on part of managers, can enhance their abilities to perform various managerial roles. The managers can develop these skills by learning through both conventional classroom studies and experience gained on the job.

The correct application of general management, technical, human, leadership, financial, and computer skills to the seven dimensions of management mentioned above can promote managerial effectiveness in managing hospital units of a public hospital.

The next chapter explains the empirical study, methods used, and an analysis of data applied to test the model among the practicing managers.
4.1 INTRODUCTION

In this chapter the empirical study, the methods used and analysis of data will be presented in order to assess the acceptability of the proposed model of management skills developed in Chapter Two as a model of management skills promoting managerial effectiveness. The model developed in Chapter Two set out six categories into which management skills were grouped. The categories are general management skills, technical skills, human skills, leadership skills, financial management skills and computer skills. In the model, the correct application of these skills promotes managerial effectiveness in the performance of managerial roles.

The literature study was used to establish the answer to the first sub-problem, namely, What skills does literature study reveal will enhance the manager’s ability to perform managerial roles effectively? Based on the literature study, a model of management skills has been developed. The empirical study will help resolve the second sub-problem, What skills do current managers believe will enhance their abilities to perform managerial roles effectively? This chapter explains the manner in which this sub-problem will be resolved.

4.2 RESEARCH DESIGN
Saunders, Lewis and Thornhill (1997: 9) state that business and management research involves undertaking systematic research to gain information. They continue that the findings are designed to advance knowledge, provide procedures for solving managerial problems and address business issues. With this in mind, the research design for this study was broken down into a main problem, with two sub problems. The main problem is:

**What management skills do middle managers need to manage the organizational units effectively?**

Following on from the main problem, two sub-problems were identified to assist with the solution to the main problem, namely:

- What skills does research literature reveal will enhance the manager’s ability to perform managerial roles effectively?
- What skills do current middle managers believe will enhance their ability to perform managerial roles effectively?

The procedure used to solve the main problem and the sub problems was as follows:

- In Chapter Two a literature study was conducted of management skills required for performing managerial roles effectively. From this, management skills required for effective management of organisational units were identified and the researcher developed a proposed model
of management skills whose correct application can promote managerial effectiveness in managing hospital units.

- Chapter Three is a discussion of the management skills that comprise the model.
- In order to resolve sub-problem two, namely – what skills do current managers believe will enhance their ability to perform managerial roles effectively – a questionnaire based on the identified skills shown in Figure 2.5 was developed and circulated to middle managers in a public hospital.
- Finally, the results obtained through the survey were analysed and used to adapt, if necessary, the identified management skills that are required by middle managers of a public hospital to manage effectively.

4.3 PLANNING THE EMPIRICAL STUDY

The empirical study was conducted by means of a personal visit, with the use of a questionnaire developed from the model developed in Chapter Two and shown in Figure 2.5. The results of the questionnaire were then statistically analysed. The process followed during the empirical study is set out below.

4.3.1 THE QUESTIONNAIRE

Saunders et al (1997: 244) state that questionnaires are one of the most widely used survey data collection techniques. Furthermore, they believe that since each respondent is asked to respond to the same set of questions, it
provides an efficient way of collecting responses from a large sample prior to quantitative analysis. The questionnaire (Annexure 4.1) was developed using the model for management skills in Figure 2.5. The questions selected were in form of statements of the identified management skills that promote managerial effectiveness in managing hospital units. The questionnaire was developed as follows:

**Types of questions used:** The questions used were a combination of completion questions and ordinal scaling. Fouche (2000: 162) states that a completion question is a type of open question, which is used to collect data about which too many response options exist to classify meaningfully. For example, variables such as age and salary can be handled meaningfully in completion questions. This is the method that was used in the first section of the questionnaire. Fouche (2000: 168) states that the basic principle of ordinal scaling is the same as that of an ordinal type of question in a questionnaire whereby a respondent is asked to place the items presented in an ordinal scale in rank order according to some criterion, for example importance, urgency or seriousness. In this case a summed rating type of ordinal scale is the method that was used in the second section of the questionnaire.

Section A was made up of demographic questions. According to Chase (1994: 57) such questions are important because they address the extraneous variables that can have an impact on the respondents’ opinions with regard to ratings. In the study these variables included the following:
Hospital department or unit the manager is responsible for;

- The manager’s length of tenure in the profession;

- Length of time the manager has been in a management position;

- Length of time that the manager has been in her/his current position;

- Highest professional qualification level of the manager.

Section B was composed of six categories of management skills broken down into 68 statements that were derived from the literature study. The respondents rated each management skill statement on two scales, “Need for knowledge and understanding” and the “Ability to implement and/or use” the item. For each scale the following responses were possible: 4 = of vital importance; 3 = definitely of importance; 2 = important but not essential; and 1 = of some importance.

**Writing the questions:** Fouche (2000: 157) cites certain basic principles for the formulation of questions of a questionnaire such as:

- Sentences must be brief and clear, and the vocabulary and style of the questions must be understandable to the respondents;

- Abstract question not applicable to the milieu of the respondents must rather be avoided. Researchers must also not take it for granted that respondents will have knowledge about a subject.

**Length of questionnaire:** According to Fouche (2000: 156) on the one hand the questionnaire must be brief, including only those questions, which are
absolutely necessary to collect all the relevant information. On the other hand it must be long enough to incorporate all the questions, so that a situation does not arise later where information is missing.

**Covering letter:** Fouche (2000: 157) states that all questionnaires should be accompanied by a covering letter. The purpose of the covering letter is to:

- Identify the researcher;
- Describe in brief the purpose of the study so as to elicit cooperation of the respondents;
- Indicate the importance of the study.

The above principles were followed when drawing up the questionnaire. In addition to this, the draft questionnaire was tested in a pilot study.

**4.3.2 PILOT STUDY**

A pilot study of the questionnaire was done to establish reliability and validity of the statements. The pilot study was conducted with five managers whose profiles closely represented the population that was used in the empirical study.

According to Saunders et al (1997: 269) a questionnaire should be pilot tested before it is used to collect data. Furthermore, they state that the purpose of the pilot test is to refine the questionnaire so that respondents will have no
difficulties in answering the questions and there will be no problems in recording the data. In addition, it will enable the researcher to obtain some assessment of the questions’ validity and reliability of the data collected.

The results of the pilot test were not included in the survey results.

4.3.3 SURVEY

For the purpose of study, a delivery and collection type of questionnaire was selected. This was done for a variety of reasons. Fouche (2000: 155) states that by handling questionnaires this way much time is normally saved. Furthermore, response rates are raised because of the personal contact on the one hand, and the fact that the researcher or fieldworkers merely distribute the questionnaires and do not bother the respondents at an inconvenient time. Issues of literacy and travel costs did not arise because all the respondents were literate and were located in one institution.

4.3.4 ADMINISTERING THE QUESTIONNAIRE

The names of the various clinical, nursing and paramedical departmental units that comprise Cecilia Makiwane Hospital - a referral hospital in Region C of the Eastern Cape with more than 500 beds - were obtained from the Medical Superintendent. The questionnaire was delivered by hand to the departmental heads together with the covering letter (see Annexure 4.2) and guide to the meaning of terminology (see Annexure 4.3) on the 30th November 2000.
A cut-off date of the 7th December 2000 was set for the collection of completed questionnaires. Thereafter the researcher visited the respondents who had not responded, in order to elicit their responses.

4.3.5 THE POPULATION

A list of clinical, nursing and paramedical departmental units of Cecilia Makiwane Hospital was used to identify the population to be studied. The total population was preferred to a sample due to the size of the population. The population numbered 38 departments. The total population used in the study may be seen in Table 4.1.

Table 4.1: Size of population

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>SIZE OF POPULATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLINICAL</td>
<td>16</td>
</tr>
<tr>
<td>NURSING</td>
<td>13</td>
</tr>
<tr>
<td>PARAMEDICAL</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>38</td>
</tr>
</tbody>
</table>

Source: List of departmental units for Cecilia Makiwane Hospital.

4.3.6 THE RESEARCH RESPONSE
The survey was delivered on the 30th November 2000 and a response rate of 23.7 percent was attained by the due date, which was the 7th December 2000. A follow-up of all departments that had not responded by the due date was conducted on the 8th December 2000 with a request to complete the questionnaire by the 13th December 2000. A further twelve questionnaires were collected and this gave a response rate of 55.3 percent. Table 4.2 shows the data collection procedure.

Table 4.2: Summary of data collection procedure.

<table>
<thead>
<tr>
<th>Date collected</th>
<th>Number of questionnaires delivered</th>
<th>Number of questionnaires collected</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7th December 2000</td>
<td>38</td>
<td>9</td>
<td>23.7</td>
</tr>
<tr>
<td>13th December 2000</td>
<td>12</td>
<td>55.3</td>
<td></td>
</tr>
</tbody>
</table>

The final response rate was 55.3 percent, which may be accepted as a good response. Saunders et al (1997: 247) regard 30-50 percent response rate as reasonable for questionnaires delivered by hand. Thus, a 55.3 percent response rate attained in the study may be accepted as good.

The results of section A of the questionnaire follow in 4.4 below.
4.4 RESULTS OF DEMOGRAPHIC DATA IN SECTION A OF THE QUESTIONNAIRE

Section A of the questionnaire enquired of the respondents as to the general information regarding themselves and the departments for which they are responsible. This information in section A was used to facilitate comparisons among the respondents’ answers in section B of the questionnaire.

The results for section A of the questionnaire are provided in Tables 4.3 to 4.7. A brief discussion of the data is provided following each table.

Table 4.3: Respondents by department

<table>
<thead>
<tr>
<th>Department</th>
<th>Response frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical</td>
<td>8</td>
<td>38.1</td>
</tr>
<tr>
<td>Nursing</td>
<td>6</td>
<td>28.6</td>
</tr>
<tr>
<td>Paramedical</td>
<td>7</td>
<td>33.3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>21</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Results of analysis of departments

Table 4.3 shows that 38.1 percent of those who responded came from the clinical departments. Nurses accounted for 28.6 percent, whilst the paramedical departments yielded 33.3 percent. However, relative to numbers in the population, the response rate among the clinical departments was only
50 percent, whilst the nurses showed a poorer response of 46 percent. The paramedical had a very good response of 77.8 percent. Table 4.4 shows an analysis of respondents by length of tenure in the profession.

Table 4.4: Respondents by length of tenure in the profession

<table>
<thead>
<tr>
<th>Length of tenure in years</th>
<th>Response frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 10</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>11 – 20</td>
<td>5</td>
<td>23.8</td>
</tr>
<tr>
<td>21 – 30</td>
<td>12</td>
<td>57.1</td>
</tr>
<tr>
<td>31 and more</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Results of analysis of respondents by length of tenure in the profession

Table 4.4 shows that 61.9 percent of the respondents have been in their professions for more than twenty years. Only 14.3 percent have been in their professions for ten years or less. Thus, the study was conducted among respondents with vast experience in terms of practicing their profession. Table 4.5 shows an analysis of respondents by length of tenure in a management position.
Table 4.5: Respondents by length of tenure in a management position

<table>
<thead>
<tr>
<th>Length of tenure in years</th>
<th>Response frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 5</td>
<td>7</td>
<td>33.3</td>
</tr>
<tr>
<td>6 – 10</td>
<td>7</td>
<td>33.3</td>
</tr>
<tr>
<td>11 – 15</td>
<td>6</td>
<td>28.6</td>
</tr>
<tr>
<td>16 – 20</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>21 and more</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Results obtained from analysis of respondents by length of tenure in a management position

Table 4.5 shows that 33.3 percent of the respondents had less than five years of experience in a management position. However, many of the respondents (66.6 percent) had over five years experience in management positions. Table 4.6 shows an analysis of respondents by length of tenure in their current management position.
Table 4.6: Respondents by length of tenure in the current position

<table>
<thead>
<tr>
<th>Length of tenure in current position (years)</th>
<th>Response frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 1</td>
<td>6</td>
<td>28.6</td>
</tr>
<tr>
<td>1 – 5</td>
<td>8</td>
<td>38.1</td>
</tr>
<tr>
<td>6 – 10</td>
<td>4</td>
<td>19.0</td>
</tr>
<tr>
<td>11 – 15</td>
<td>3</td>
<td>14.3</td>
</tr>
<tr>
<td>16 and more</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Results of an analysis of respondents by length of tenure in their current position.

Table 4.6 shows that 66.7 percent of the respondents had been in their current positions for less than five years. It would seem that the rate of turnover in their positions accounted for the higher percentage of respondents with a shorter period in the current positions compared to the number of years in experience in management positions. Table 4.7 shows the highest qualification attained by the respondents.

Table 4.7: Respondents by highest qualification attained
<table>
<thead>
<tr>
<th>Highest qualification</th>
<th>Response frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diploma</td>
<td>1</td>
<td>4.8</td>
</tr>
<tr>
<td>Degree/postgraduate</td>
<td>11</td>
<td>52.4</td>
</tr>
<tr>
<td>diploma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Masters degree</td>
<td>9</td>
<td>42.9</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Results of an analysis of respondents by highest qualification

Table 4.7 shows that 95 percent of the respondents either had a baccalaureate degree, postgraduate diploma or masters degrees. Thus, the study was conducted among highly qualified professionals.

### 4.5 THE VALIDITY AND RELIABILITY OF THE QUESTIONNAIRE USED IN THE STUDY

According to Leedy (1997: 32) validity and reliability are terms used in connection with measuring instruments. The integrity of the research is based on the validity and reliability of that piece of work and, as such, it is important that the study should meet the demands of validity and reliability. A brief discussion of the concepts will follow with an explanation of their relationship to the study conducted.

#### 4.5.1 VALIDITY
Leedy (1997: 32) states that validity is concerned with the soundness and effectiveness of the measuring instrument. Does the instrument measure what it is intended to measure or not, and how accurate is that measure? In this study, does the questionnaire measure what it was intended to measure?

Leedy (1997: 33) states that there are several types of validity. These are:

- **Face validity**: This refers to a subjective validity where the questions are scrutinised to establish their relation to the subject under discussion. Face validity refers to whether the questions seem appropriate;

- **Criterion validity**: This is where validity is determined by relating a performance measure to another measure that may be set as a standard against which to measure results;

- **Content validity**: This is related to face validity and is where the accuracy of the instrument in measuring the factors of concern to the study is gauged;

- **Construct validity**: This is the degree to which the content of the study is measured by the questionnaire. In this case “What management skills are required by middle managers of a public hospital to manage their units effectively”.

- **Internal validity**: This is the freedom from bias in formulating conclusions based on the data received;

- **External validity**: This is the degree to which the conclusions reached in the study may be generalised.
In this study, face validity, content validity and construct validity were used. A pilot study was used for the purpose. It was conducted among managers of a referral hospital that are knowledgeable on the subject. In addition, the guidance of a senior lecturer in the MBA unit of the Port Elizabeth Technikon was sought.

4.5.2 RELIABILITY

According to Leedy (1997: 35) reliability is seen as consistency with which the measuring instrument performs. This means that apart from delivering accurate results, the measuring instrument must deliver similar results consistently. Singleton, Straits and Straits (1993: 121) state that reliability may be improved by conducting pretests on a small sample of persons similar in characteristics to the target group. The researcher followed this format in this study. A comprehensive literature study was conducted (see Chapters 2 and 3 of the study) and a pilot study administered to managers of a similar profile to those to be surveyed in the study.

4.6 QUANTITATIVE ANALYSIS OF THE RESULTS OF SECTION B OF THE QUESTIONNAIRE

The statements in section B were rated on two scales by middle managers of a public hospital in terms of importance to effective management of their units. The scales were “Need for knowledge and understanding’ and the “Ability to
implement and/or use” the statement. Table 4.8 shows the management skill statement ratings.

In order to determine the ratings and hence the identification of the management skills required by managers for managerial success the data has been calculated as follows:

- There were four possible responses for each scale: 1 = Of some importance; 2 = Important but not essential; 3 = Definitely of importance; and 4 = Of vital importance;
- The ratings assigned to each of the 136 items were totaled;
- The means and standard deviations of each item were calculated;
- An item with a higher mean was ranked higher than an item with a lower mean. Where the means of items were similar the standard deviation was used to determine the ranking.

Table 4.8 shows means, standard deviations, ranges, and rankings. Table 4.9 shows the ten highest ranked items in terms of knowledge and understanding of the item. Table 4.10 shows the ten highest ranked items in terms of ability to implement or use the item. Table 4.11 shows the ten lowest ranked items in terms of knowledge and understanding of the item. Table 4.12 shows the ten lowest ranked items in terms of ability to implement or use the item.
The method used to calculate the statistics was a hand method with aid of a Sharp Business/Financial calculator EL-733A. Set out below is the discussion of the results from the empirical study.

Table 4.8: Management Skill Statement Ratings

<table>
<thead>
<tr>
<th>Knowledge and Understanding of Ability to Implement and/or use</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
<th>Rank</th>
<th>Range</th>
<th>Mean</th>
<th>SD</th>
<th>Rank</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Management</strong></td>
<td></td>
<td></td>
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**Human**

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**Leadership**

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**Financial management**

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### Table 4.10: The ten highest ranked items: Ability to Implement or use statement item

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Source: Based on results of answers to questionnaire
Table 4.11: The ten lowest ranked items: Knowledge and Understanding

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Source: Based on results of answers to questionnaire
Table 4.12: The ten lowest ranked items: Ability to Implement or use statement item

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Source: Based on results of answers to questionnaire

4.6.1 GENERAL MANAGEMENT SKILLS
The model of management skills proposes that general management skills are required by managers to perform their managerial roles. Four general management skill elements feature in the ten highest ranked skills with regard to knowledge and understanding of the skill. These skills are decision-making, problem solving, organising and coordinating of unit work and planning. In terms of ability to implement or use the skill three general management skills appear in the top ten ranked skills.

Overall, decision-making and problem solving were ranked first and second respectively among the 68 items. The lowest ranked general management skills are analytic thinking and conceptual skills. Perhaps the managers believe that these skills are important but not vital at the middle level. However, the means of analytic and conceptual skills were above 3 on both scales. Thus, general management skill elements shown in Table 4.8 are important for managerial effectiveness.

### 4.6.2 TECHNICAL SKILLS

The model of management skills proposes that technical skills are important for managerial effectiveness especially in healthcare management because managers should be able to integrate the knowledge of clinical practice into effective management decision-making. Managers perceived technical skills related to care delivery systems, clinical skills and practice standards as important to managerial effectiveness. It could be that most managers were promoted to middle managerial level due to their expertise in technical skills
rather than their management skills. Thus, these managers may still depend heavily on technical skills to manage their units such as managing individual performance and instructing subordinates.

There is no technical skill element that appears in the ten lowest ranked skills except the professional theories. This may be indicative of the practical nature of managing clinical departments whereby professional theories may be less significant.

4.6.3 HUMAN SKILLS

The model of management skills proposes that human skills are the most important skills required to run an organisational unit because of the fact that managers get things done through others. Three human skills related to effective communication, performance evaluation and staff development were ranked in the top ten. It is interesting to note that human skills identified as very important to managers in the literature study, such as conflict resolution, delegation and team-building were all ranked below number 32 out of 136 items on both scales. Perhaps these managers made most of the decisions related to management of their units, thus delegation or concept of team building were not nurtured. However, both skills had a mean rating above 3. This is an indication that these skills were still regarded as important skills even though they are not part of the top ten.

Skills related to interviewing techniques, humour, group process and politicking were among the ten lowest ranked skills. Perhaps the policy of
centralised staff recruitment that the Department of Health follows renders interviewing techniques less important at the organisational unit level. It is interesting to note that politicking - the recognition of power bases and using these bases for the benefit of the unit – was ranked at 133 and 134 on two scales respectively. Probably, the term politicking was construed to meaning party politics. Hence, found to be unpopular despite a guide to the terminology in the questionnaire being attached. All the same, many human skill elements were perceived as important to managerial effectiveness.

4.6.4 LEADERSHIP SKILLS

The model of management skills proposes that managers require more than general and technical skills to effectively manage in the modern business environment. Today the focus is more on leadership skills such as empowerment, vision and motivation strategies than mere possession of general management skills in order for a manager to be effective in her or his duties.

Two leadership skills related to motivation strategies and vision are among the top ten ranked skills in terms of ability to implement and use skill. Risk taking and tolerance for uncertainty feature among the ten lowest ranked skills. This may seem that the middle managers perceive these skills as more important to top managers who deal with uncertainty on a regular basis.
All of the leadership skills have means greater than 3 except for two lowest ranked items. Thus, leadership skills are perceived as important for managerial success especially vision and empowerment.

4.6.5 FINANCIAL MANAGEMENT SKILLS

The model of management skills proposes that financial skills are important for managing financial resources of the organizational units. However, there is no financial management skill that is ranked either in the top ten or lowest ten. The highest ranked financial skill is financial resource procurement followed by financial resource monitoring with regard to knowledge and understanding of skill. Budgeting forecasting and cost benefit analysis are perceived as less important compared to the above. But all of financial skills have a mean greater than 3. One could argue that the cost benefit analysis and budgeting forecasting are done less frequently compared to financial resource procurement and financial resource monitoring. Therefore, managers perceived the later as relatively more important for managing their units.

4.6.6 COMPUTER SKILLS

The model of management skills proposes that the computer has become a standard tool in secretarial services. In addition it is increasingly being used to manage business transaction between organisations. The managers,
however, perceived computer skills as less important to managing units compared to other skills. Graphics, optic scanning and multimedia presentation skills were among the ten lowest ranked items. The overall low rating of computer skills could probably be attributed to inadequate exposure to benefit of computers among the managers. However, Internet and Electronic mail were ranked higher than the rest of the computer skill items.

From the analysis of the six categories of management skills, variability in the demographic factors of the managers had no significant effect on the results of the study. However, generally nursing managers perceived general management skills and leadership skills as the most important skills to their managerial success, whilst clinicians and paramedical rated general management skills and technical skills higher than other categories.

4.7 SUMMARY

The aim of this chapter was to set out the planning, the execution and results of the empirical component of the study. The research population was clearly defined and a questionnaire was prepared based on the model developed from information gained from the literature study. An accompanying letter and a guide to the meaning of terminology in the questionnaire were composed and the questionnaires delivered to potential respondents. In the discussion, references made to the fact that a satisfactory response rate was gained through a follow-up with potential respondents after the due date.
The results of the empirical study were then analysed in order to assess the importance of various management skills identified in the model. The conclusion that can be reached from the empirical study is that a variety of management skills contained in the theoretical model are important to managerial success and thus required by middle managers to effectively manage their organisational units. Most of the management skills showed means greater than 3 on both scales of knowledge and understanding of skill and ability to implement or use the skill. This indicates great support for the model of management skills. In the next chapter the management skills required by middle managers to effectively manage a public hospital will be identified, recommendations made and conclusions drawn.

CHAPTER FIVE

AN INTEGRATION OF THE FINDINGS OF THE EMPIRICAL SURVEY WITH THE THEORETICAL SURVEY DEVELOPED FOR THE STUDY, SUMMARY, RECOMMENDATIONS AND CONCLUSIONS

5.1 INTRODUCTION

The aim of this chapter is to integrate the results obtained from the empirical survey with the model developed from the literature study. To achieve this, the results of the quantitative analysis are reviewed to determine whether there is inadequate support from the respondents for any items in the questionnaire. Items with a mean of 2 or less would be removed from the model. Once the results obtained from the empirical study and the model of management skills
promoting managerial effectiveness have been integrated, a summary of the study will follow and recommendations as to other areas of research and potential problems encountered in this study will be presented. Finally, conclusions will be drawn.

5.2 AN INTEGRATION OF THE FINDINGS OF THE EMPIRICAL SURVEY WITH THE THEORETICAL SURVEY DEVELOPED FOR THE STUDY

A theoretical model of management skills promoting managerial effectiveness in managing hospital units was developed through a study of information gained from secondary sources. The theoretical model developed resolved the first sub-problem. This dealt with what skills does literature reveal will enhance a manager's ability to perform her or his managerial role. Based on the information acquired to resolve sub-problem one, a questionnaire was developed using the model of management skills promoting managerial effectiveness as a basis for the questionnaire. This questionnaire was designed to resolve sub-problem two, what skills do current middle managers believe can enhance their ability to perform their managerial roles effectively. The opinion was sought from managers at a public hospital in Eastern Cape with more than 500 beds.
5.2.1 A REVIEW OF THE QUANTITATIVE ANALYSIS OF THE RESULTS WITH A VIEW TO THE CONSIDERATION OF THE ELIMINATION OF SKILLS WITH A LOW RATING

An examination of the quantitative results in Table 4.8 shows that 18 out of 136 items had a rating lower than 3, which was “definitely of importance”. However, all their mean ratings were above 2, which was “important but not essential”.

A rating with a mean of 2 or less would be considered low, but no item need to be eliminated from the model since all of them had a mean higher than 2. The next section deals with the finalisation of the model of management skills promoting managerial effectiveness.

5.2.2 A MODEL OF MANAGEMENT SKILLS PROMOTING MANAGERIAL EFFECTIVENESS IN MANAGING HOSPITAL UNITS

The objective of this study was to identify management skills required by middle managers to effectively manage a public hospital in the Eastern Cape. The process used to achieve this objective consisted of the following steps:

- A theoretical model of management skills promoting managerial effectiveness was developed from a study of relevant literature.
- The population of middle managers at Cecilia Makiwane Hospital was surveyed by using a questionnaire developed from literature study, to
determine the degree to which they rated the management skill items that comprise the model.

- The results obtained from the empirical survey were integrated with the theoretical model to construct a final model of management skills promoting managerial effectiveness in managing hospital units.

Figure 5.1: A proposed model of management skills promoting managerial effectiveness in managing hospital units
Source: Developed from an analysis of different categories of management skills

Final model of management skills promoting managerial effectiveness in managing hospital units is shown in Figure 5.1.

It can be seen from Figure 5.1 that the final model is the same as the model that was developed from the overview of the literature as that model consisting of management skill items that were rated as important by respondents in the empirical survey.

5.3 SUMMARY

In the previous section the results from the empirical survey were integrated with the theoretical model developed in the literature study of this research. This has resulted in the identification of the management skills required by middle managers to effectively manage a public hospital, as well as, the development and confirmation of a model of management skills promoting managerial effectiveness in managing hospital units that is shown in Figure 5.1.

5.3.1 RESEARCH METHOD
The main problem identified to be resolved in this study was; "what management skills do middle managers require to manage the organisational units effectively?". The motivation behind this study is that due to a global trend to move away from centralised bureaucracies to devolved management structures within a rapidly changing health context, local public hospitals are looking for ways to become more efficient and effective in providing healthcare to the public. Skilful managers, in many ways are seen as a solution to effective patient care delivery through utilisation of a variety of management skills. The need for effective patient care delivery systems is a strong reason for identifying management skills required by managers to effectively manage hospital units.

In the light of the above, it is felt that research, specific to management skills required by middle managers in a public hospital in the Eastern Cape would be of use to such organisations when selecting, recruiting, training, and developing managers to manage their units. The basis for the research was a literature study conducted on four views on management skills, namely, Ivancevich and Matteson’s view on management skills, Hellriegel and Slocum’s core leader competencies, Robbins and Coultar’s view on interpersonal skills and Chase’s nurse manager competencies. In studying these four views, a common contribution they make to managerial effectiveness was established. Based on this common contribution a theoretical model of management skills promoting managerial effectiveness was developed. Thereafter, a discussion of the major elements comprising the
management skills was conducted in detail. Based on this examination, a questionnaire was developed and delivered to the identified institution falling in the demarcated area of the research. Upon receipt of the completed questionnaires from the respondents, the results were tabulated and a statistical analysis was conducted with aid of a Sharp Business/Financial Calculator EL-733A. The results were tabled and analysed and the rating of the management skills in terms of importance was noted.

5.3.2 RESULTS OF THE LITERATURE STUDY

The results of the literature study are briefly discussed below according to the procedure followed.

The literature study of secondary sources of the four views on management skills revealed the following:

Ivancevich and Matteson’s view on management skills

Ivancevich and Matteson (1999: 51) suggested that managers must possess and seek to further develop many critical skills. They categorise management skills into seven categories, namely, technical skills, analytical skills, decision-making skills, computer skills, human skills, human relations skills, communication skills, and conceptual skills. Their suggestion is based on the proposition that all these skills are important in the performance of managerial roles, and that, they can be learned and developed.
Figure 2.1 illustrates the seven categories of management skills and their relative importance to managerial effectiveness with regard to the three levels of management, namely, top, middle and first-line.

**Hellriegel and Slocum’s core leader competencies**

Hellriegel and Slocum (1996: 446) propose five core competencies that a leader needs to possess in order to be effective. The five core competencies are empowerment, intuition, self-understanding, vision, and value congruence. The basic proposition is that over and above general management skills, managers need to utilise these core leader competencies to confront different complexities with success in today’s open systems of organisational environment.

**Robbins and Coulter’s view on interpersonal skills**

Robbins and Coulter (1996: 621) believe that, since managers ultimately get things done through others, competencies in leadership, communication, and other interpersonal skills are a prerequisite to managerial success. They regard active listening skills, feedback skills, delegation skills, conflict management skills, and negotiation skills as key interpersonal skills that every manager needs to develop.
Their belief is based on the proposition that interpersonal skills enable manage to manage relations with other people effectively both within and outside the organisation.

**Chase’s nurse manager competencies**

Chase (1994: 56-64) identified specific behaviour competencies that increase effectiveness in the nurse manager role. She argues that a nurse manager position is being converted rapidly into a position with greater authority and responsibility. As such, a nurse manager needs to be competent in all five categories of skills as illustrated in Figure 2.4 in order to increase her or his effectiveness in the nurse manager role.

Figure 2.4 illustrates the five nurse manager competencies, namely, technical, human, conceptual, leadership and financial management and their constituent elements.

Having analysed the above views on management skills. The next step was to develop a theoretical model of management skills promoting managerial effectiveness in managing hospital units.

**5.3.3 THE DEVELOPMENT OF A THEORETICAL MODEL OF MANAGEMENT SKILLS PROMOTING MANAGERIAL EFFECTIVENESS IN MANAGING HOSPITAL UNITS**
Having analysed the above views on management skills it became apparent that they make a common contribution to managerial effectiveness, that is, they enhance a manager’s ability to perform managerial roles effectively. Figure 2.5 shows the model of management skills promoting managerial effectiveness in managing hospital units. From the model it can be seen that the development of management skills through learning and other means, and their correct application, promotes managerial effectiveness in managing the following roles:

- Managing oneself, such as optimal utilisation of time;
- Managing people, such as effective delegation and team building;
- Managing clinical practice, such as facilitating accomplishment of care of a suitable standard;
- Managing fiscal and other resources, such as budgeting and allocation of materials;
- Compliance with regulatory and professional standards, such as compliance with South African Medical and Dental Association and Democratic Nurses’ Organisation of South Africa guidelines;
- Strategic planning, such as making clear the mission and goals of the organisation at the different levels;
- Fostering interdisciplinary and relationship within a unit or area of responsibility and the institution as a whole, such as facilitating collaboration among the different disciplines involved in patient care.
The theoretical model was then used to develop a questionnaire to determine the rating of the various elements of its constituent management skills. The next section describes the empirical study that was followed to resolve the second sub-problem identified in Chapter 1.

5.3.4 SCOPE OF THE EMPIRICAL STUDY AND RESULTS

In order to resolve the second sub-problem identified in Chapter 1, namely, “What skills do current middle managers believe will enhance their ability to perform their managerial roles?” a survey was conducted among the population of managers operating in the demarcated areas to determine how they rate the various skills in the model in terms of importance to managerial effectiveness. The questions posed were drawn up using the theoretical model of management skills promoting managerial effectiveness in managing hospital units. This questionnaire was then delivered by hand to managers who are currently managing hospital units at a public hospital in the East London area. The questionnaire was developed using a summated ordinal scale to facilitate statistical analysis of the responses.

The results obtained were subjected to a quantitative analysis. The mean and the standard deviation were used to determine the rating of the management skills in terms of importance. All but 18 items out of 136 had a rating of either definitely of importance or of vital importance. However, these 18 items still had a mean greater than 2, which was “important but not essential”. It was felt that the 18 items would be retained together with the rest of the 118 items as
important to managerial effectiveness. Thus, there was a general trend to regard all items of the management skills identified as important to enhancing a manager’s ability to performance of managerial roles.

The completion of the opinion survey and the subsequent analysis of data, resolved the second sub-problem of the study identified in Chapter 1, namely, “What skills do current middle managers believe will enhance their ability to perform their managerial roles?” The results of the empirical study supported the theoretical model in Figure 2.5, which is the same as the final model shown in Figure 5.1.

5.4 RECOMMENDATIONS

The results of the study have identified certain areas that need particular attention. A discussion of these factors follows.

5.4.1 POPULATION

The population used in the study numbered 38. This may be too small and possibly twice the size of population used should have been surveyed. An attempt was made to include managers at another referral hospital in East London area, but there was no keen interest shown by management to have the study conducted in its institution. Both referral hospitals in the East
London area operate similar departments and as such, by increasing the population, the reliability of the study would have been increased.

5.4.2 MANAGER SELECTION

The sample perceived general management, technical, human, and leadership skills as the most important for effectiveness in performing their management roles. Decision-making, problem solving and care delivery systems were identified as the most significant skills needed for managing organisational units. Other skills ranked high by the managers were organising and coordinating unit work, effective communication, performance evaluation, planning, clinical skills, staff development strategies and practice standards. The selection of managers can be based on the successful demonstration of these highly rated skills.

The lower ranked skills consisted primarily of computer skills. The three lowest ranked skills were the knowledge and understanding of graphics, optic scanning and politicking. The other low-ranked skills were multimedia presentation, group process, risk taking, spread sheet, humour, interviewing techniques and professional theories. Managers should be selected for their ability to understand the importance of these skills.

5.4.3 MANAGER PREPARATION
The large number of skills identified in the study signifies the need for post qualification training of individuals in these positions in order to enhance their ability to manage their units effectively. The identified skills should be integrated into training programmes. Consideration should be given to elevating financial management and basic computer skills to the same level as general management, technical, human, and leadership skills by incorporating them in all manager education programmes.

Continuing education must be provided for managers to develop, improve and maintain the large number of important skills needed for the job. Thus, ongoing education for managers through programmes such as workshops, seminars, in-service training etcetera is advocated. In addition, mentoring programmes for managers must be utilised to orientate new managers, thus helping them to develop a variety of skills.

5.4.4 FUTURE RESEARCH

Managers in this study identified group process – had a mean of 2.7143 – as not definitely of importance to their managerial roles. Group process and its dynamics are increasingly being exploited today by organisations to promoting team effectiveness. This is a skill managers may not perceive they need themselves; however, it can assist groups to be effective in performing their tasks. Perhaps, further research is needed to clarify this finding.
5.5 CONCLUSIONS

From the above it is evident that there was acceptance for model of management skills promoting managerial effectiveness in managing hospital units of a public hospital in the Eastern Cape.

Many agree that middle managers responsible for departmental units in clinical, nursing and paramedical areas play a critical role in hospitals. It is important to place into these positions key individuals who have the knowledge and ability to perform a wide variety of functions. As the Eastern Cape department of health is moving towards decentralisation of hospital management, these managers take on a role of even greater importance.

Hospital unit managers play a key role to survival of a hospital institution. As such, it is of paramount importance that individuals in this role have the management skills needed to perform it effectively.
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ANNEXURE 4.1

QUESTIONNAIRE ON MANAGEMENT SKILLS REQUIRED BY MIDDLE MANAGERS TO EFFECTIVELY MANAGE A PUBLIC HOSPITAL IN THE EASTERN CAPE

SECTION A: DEMOGRAPHIC DATA

This section of the questionnaire is purely for statistical purposes.

INSTRUCTIONS

Please write your response in the spaces provided.

1. Which hospital department or unit are you responsible for?

2. For how long have you been in your profession?

3. For how long have been in a management or supervisory position?

4. For how long have you been in your current position?
5. What is your highest professional qualification?

SECTION B: INTRODUCTION

This study is based on the premise that there are certain management skills that are considered important for effective management of organisational units. The researcher concerned with this study developed a model of management skills required by hospital unit managers to effectively manage hospital units of a public hospital.

The questionnaire is designed to identify skills that unit managers consider important in effective management of their units.

INSTRUCTIONS FOR COMPLETING SECTION B OF THE QUESTIONNAIRE

Please complete the questionnaire as follows:

- Each element of the management skills will be rated on two scales:
  (a) Need for knowledge and understanding of the skill
  (b) Ability to implement and/or use the skill
- Indicate your choice by making a circle around the figure (1, 2, 3, or 4) using the guide below:

1 = Of some importance  
2 = Important but not essential  
3 = Definitely of importance  
4 = Of vital importance

<table>
<thead>
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<th>Knowledge and Understanding of</th>
<th>Ability to Implement and/or use</th>
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<tr>
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<td>2 Problem solving</td>
<td>1 2 3 4</td>
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<td>3 Planning</td>
<td>1 2 3 4</td>
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<td>4 Organising and Coordinating of unit work</td>
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<td>5 Time management</td>
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<td>6 Analytic thinking</td>
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<td>7 Conceptual skills</td>
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<td><strong>Technical</strong></td>
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<td>8 Clinical skills</td>
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<td>9 Ethical judgement</td>
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<td>10 Professional theories</td>
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<td>11 Practice standards</td>
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<td>12 Care delivery systems</td>
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<td>13 Infection control</td>
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<td>14 Observation</td>
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<td>15 Regulatory agency standards</td>
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<td>16 Case management</td>
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<td>18 Information systems</td>
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<td><strong>Human</strong></td>
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<td>19 Effective communication</td>
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<td>21 Conflict management</td>
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<td>22 Negotiation</td>
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<td>23 Coaching and mentoring</td>
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<td>24 Counselling strategies</td>
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<td>Recruitment strategies</td>
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<td>Group processes</td>
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<td>Interviewing techniques</td>
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<td>Team-building strategies</td>
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<td>Humour</td>
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<td>Presentation</td>
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<td>Politicking</td>
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<td>Managing workforce diversity</td>
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<td>Networking</td>
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<td>Risk taking</td>
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<td>Results achievement</td>
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<td>Policies and procedures</td>
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<td>Cost containment</td>
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<td>Productivity measures</td>
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<td>Budgeting forecasting</td>
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<td>Cost benefit analysis</td>
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<td>Internet</td>
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</table>
Thank you for completing the questionnaire.
28 November 2000

Attention: The Medical Superintendent
Cecilia Makiwane Hospital

Dear Sir or Madam,

SURVEY ON SKILLS REQUIRED BY MIDDLE MANAGERS FOR
EFFECTIVE MANAGEMENT OF HOSPITAL UNITS

Please find attached a questionnaire relating to the above. Your assistance in completing the questionnaire by the 7th December 2000 would be greatly appreciated. Completion of the questionnaire should take no more than 20 minutes of your time.

The researcher concerned with this study is a Chief Health therapist – Radiography at Cecilia Makiwane Hospital. He is engaged in studies to identify management skills required by managers to effectively manage hospital units. The study forms part of a post-graduate research paper, which is motivated by the Government’s effort to transform the public service in general and to decentralise management of hospitals in particular. The aim of the questionnaire is to find out from the practising managers how they rate the importance of the various skills that have been proposed in the model.

When complete please forward to the undersigned.

If you wish to receive a copy of a summary of the findings, please indicate and it will be forwarded to you in due course.

Your kind co-operation is greatly appreciated.

R B Belemu
Chief Health therapist-Radiography
Cecilia Makiwane Hospital
GUIDE TO THE MEANING OF TERMS IN THE QUESTIONNAIRE

1. Decision-making. Being able to use logic and information to choose among alternatives in complex situations.
2. Problem solving. Being able to distinguish between causes and symptoms, analyse the problem, identify viable solutions and make a choice among them.
3. Planning. Being able to set performance objectives and to identify the actions needed to accomplish these objectives.
4. Organising and coordinating. Being able to divide up work to be done and then coordinate results to achieve a desired purpose.
5. Time management. Being able to balance time between different demands such that permanent work overload is avoided.
6. Analytic thinking. Being able to solve problems by identifying key factors and understanding how they interrelate and roles they play in a situation by using scientific approaches or techniques.
7. Conceptual skills. Being able to see the big picture, the complexities of the overall organisation, and how the various parts fit together.
8. Clinical skills. Being able to apply specific methods and procedures to patient treatment.
9. Ethical judgement. Being able to apply specific decisions with regard to treatment of patients.
10. Professional theories. Being able to understand and comprehend the knowledge involved in a particular profession.
11. Practice standards. Being able to apply and maintain standards set for delivery systems by the respective practices.
12. Care delivery systems. Being able to understand, interpret, and integrate various practices involved in the care of the patient.
13. Infection control measures. Being able to create and implement measures directed at minimising infection.
14. Observation. Being able to apply various techniques related to monitoring changes in condition of the patient.
15. Regulatory agency standards. Being able to practice within the parameters set by the regulatory bodies.
17. New technology. Being able to adapt and use latest technology in treating patients.
18. Information systems. Being able to understand the generation and processing of patient data into information and to utilise the information in the management of patients.
19. Effective communication. Being able to communicate in ways that other people understand, and to seek, and use feedback from subordinates to ensure that one is understood.
20. Delegation. Being able to assign authority to another person to carry out specific activities.
21. Conflict management. Being able to use resolution and stimulating techniques to achieve the desired level of conflict.
22. Negotiation. Being able to use the process of bargaining in which two or parties who have different preferences must make joint decisions to come to an agreement.
23. Coaching and mentoring. Being able to help subordinates recognise opportunities and improve their performance and capabilities.
24. Counseling. Being able to assist and guide subordinates to resolve their problems and difficulties.
25. Effective staffing. Being able to effect promotions, demotions, and transfers of subordinates through plans, policies, and procedures that will promote the achievement of both unit and personal goals.
26. **Recruitment.** Being able to identify and attract capable applicants for current and future jobs such that adequate human resource needs are maintained.

27. **Discipline.** Being able to take action against subordinates such as reprimand, written warning, temporary suspensions and other measures appropriate to unacceptable behaviour.

28. **Performance evaluation.** Being able to systematically evaluate each subordinate’s job-related strength, developmental needs, and progress toward achieving goals, and then determining ways to improve the employee’s job performance.

29. **Staff development.** Being able to facilitate subordinates’ training and development programmes such that they can improve current job performance and develop new skills necessary for future work activities.

30. **Group process.** Being able to understand and make use of group dynamics to accomplish unit goals.

31. **Interviewing.** Being able to determine objectively, whether an applicant has the ability to perform the job, whether the applicant will be motivated to be successful, and whether the applicant will match the needs of the unit.

32. **Team-building.** Being able to use high interaction group activities to increase trust and openness.

33. **Humour.** Being able to create a relaxed atmosphere among team members through amusement, such as jokes and comic.

34. **Presentation.** Being able to develop and deliver prepared or spontaneous presentations that are appropriate to the audience and topic.

35. **Managing meetings.** Being able control proceeding of a meeting by observing time, giving direction to content and eliciting participation of everyone.

36. **Politicking.** Being able to define and use power bases and to establish right connections for the benefit of the unit.

37. **Managing workforce diversity.** Being able to take cognisance of diversity in backgrounds and cultures of team members and to integrate this diversity into productivity.

38. **Networking.** Being able to establish and maintain good working relations with a multitude of people in order to get work done.

39. **Legal issues.** Being able to understand and give direction to subordinates on implications of various actions related to the activities of the unit.

40. **Empowerment.** Being able to share influence and control with subordinates.

41. **Intuition.** Being able to scan a situation, anticipate changes, take risks, and build trust.

42. **Vision.** Being able to imagine different and better conditions and ways to achieve them.

43. **Value congruence.** Being able to understand the organisation’s guiding principles and employees’ values and reconcile the two.

44. **Self-understanding.** Being able to recognise a person’s own strengths and weaknesses.

45. **Motivation.** Being able to create an environment in which people are encouraged to contribute, achieve, and develop their talents.

46. **Stress management.** Being able to maintain work performance while experiencing significant personal stress.

47. **Personal contact.** Being able to create a good early impression, to command the attention and respect of others.

48. **Quality orientation.** Being able to demonstrate and encourage a commitment to quality at all levels.

49. **Behavioural flexibility.** Being able to modify personal behaviour to reach a goal or respond to situational changes.

50. **Tolerance for uncertainty.** Being able to maintain work performance under uncertain or unstructured conditions.

51. **Risk taking.** Being able to analyse and select courses of action that involve risk when it is in the best interest of the unit to do so.

52. **Results achievement.** Being able to carry out work that accomplishes goals; accept accountability for results; and work in ways that reflect a sense of urgency and commitment to productivity.

53. **Policies and procedures.** Being able to understand, interpret and explain policies and procedures of the organisation.

54. **Cost containment.** Being able to critically assess source of cost and to undertake measures to reduce it.
55. **Productivity measures.** Being able to understand connection between efficiency and productivity, and be able to measure efficiency through various instruments such as, production ratios.

56. **Budget forecasting.** Being able to estimate and categorise proposed expenditures and linking them to future activities of the unit.

57. **Cost-benefit analysis.** Being able to evaluate the effectiveness of various activities being undertaken from a cost point of view.

58. **Unit budget control.** Being able to measure and compare resource consumption against the budget, to note any deviations and possible causes, and to take corrective action.

59. **Financial resource procurement.** Being able to solicit for funds for the unit from both internal and external sources.

60. **Financial resource monitoring.** Being able to analyse and report performance of the unit compared to plan from a cost point of view.

61. **Keyboarding skills.** Being able to use a keyboard to operate a computer.

62. **Word processor.** Being able to manipulate text data in order to produce office communication in the form of documents

63. **Spreadsheet.** Being able to generate a worksheet with rows and columns on which data is entered and its relationships calculated.

64. **Graphics.** Being able to generate symbols such as lines, curves, geometric shapes using video display units or graphics plotters and printers.

65. **Optic scanning.** Being able to generate digital information of images from optically scanning them using a scanner.

66. **Multimedia presentations.** Being able to present information using a variety of media, including text and graphics displays, voice and other audio, photographs, and video.

67. **Electronic mail (E-mail).** Being able to transmit, store, and distribute text material in electronic form over communication networks.

68. **Internet.** Being able to access internet and retrieve information for business, educational and research purposes.