

BRIEF REVIEW

Which competences and what managerial training for the health professions

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Key words

Management • Managerial function • Managerial training

Summary

The process of passage to be e-profit and loss organization following the reform of the Italian health system, especially in a context of fiscal federalism and administered competition among the public and private producers, causes implications on the competences of whom develops his/her own professional activity. The aim of the paper is to give some inputs for discussion about the training of manager: starting from the mean-

ing of the word 'management' and using the model elaborated by Mintzberg and Simon with the purpose to identify who is involved in such training, trying to make explicit that the analysis of the organizational positions and the profile of the resource that will go to occupy it is a forced passage for building the training package and to make clear characteristics and contents of the training offer.

Introduction

The process of passage to be e-profit and loss organization following the reform of the Italian health system, especially in a context of fiscal federalism and administered competition among the public and private producers, causes several relapses on health care organizations management with implications on the competences of whom takes on responsibility of government in the organizational structure and whom develops his/her own professional activity.

The aim of the paper is to give some inputs for discussion about the training of manager: starting from the meaning of the word 'management' with the purpose to identify who is involved in such training, trying to make explicit that the analysis of the organizational positions and the profile of the resource that will go to occupy it is a forced passage for building the training package and to make clear characteristics and contents of the training offer.

The management

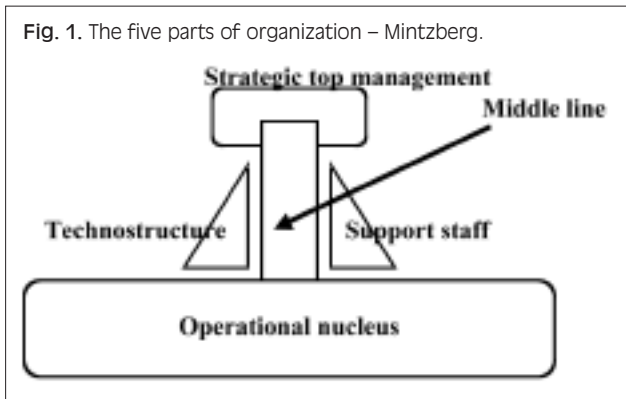
The term "management" has two different meanings either consulting the Oxford Dictionary or resorting to business economy language and precisely: "management and organization of a firm or a business" and "all those people managing and organizing a firm or a business".

Thinking at the first meaning, the management can be understood as the activity finalized to manage a firm; the management of a firm, small or great as it is – a professional study, a private hospital, a great hospital or a territorial firm – consists of assuming decisions by

using resources (human and technological) and tools (organizational structures and operating systems) with the purpose to allow the firm to reach the suitable aims. But, if managing means to take decisions, it rises spontaneous to wonder who and how many manage the firm? Which positions do they cover? In which part of the organization are situated these positions and, yet, which decisions have to be taken and which is the subject of the decisions?

The answer to the first two questions is conceptually simple and leads to affirm that the activity of management is developed by all people covering organizational positions endowed with directional power.

In order to identify them and consequently to answer to the third question Mintzberg can be useful. According to his thought every organization is composed of five parts: *the strategic top management*, composed by the people that have the general responsibility of the organization and, to the opposite extreme, the operational nucleus composed by all the professional figures that carry out the fundamental activity of the firm. The strategic top management is connected to the operational nucleus through a chain of managers (holders of more operating executive functions directed to translate in practice the strategic sketches of the top management) composing the *middle line*. Finally there are the *support staff* (that gives services to the whole organization realizing, for instance, activities related to personnel administration or consultation in legal field) and the *technostructure* that enumerates those organizational unities in charge to the standardization of other people's job, of which an example is the quality office, the service of risk management, the service of human resources organization and development (Fig. 1).



Using the model elaborated by Mintzberg for health systems, and doing really the thought of Simon¹, we can affirm that the management belongs actually to those positions which, in the hierarchical structure, are located in the high part, and typically in the strategic top management, where, the most important decisions are submitted for the development and the survival of the firm to the figure of the General Manager. The law is explicit when (art. 3 paragraphs 6 – Dlgs 229/99) attributes to the General Manager “all the powers of management” recognizing it (art. 3 paragraph 1-bis), entrepreneurial autonomy, and assigning it (art. 17 paragraphs 1), the elaboration of the activity program of the firm and the services organization, by using to such end the Direction College.

Organizational decentralization² is also present in the intermediary line: several positions are in fact identified, in the different levels of the hierarchical staircase. Just in order to quote some of them, typically the Manager of Department (to which by the art. 17 bis Dlgs 229/99 are assigned professional responsibility in clinical-organizational subject but also responsibility type managerial in order to the rational and correct planning of the resources assigned for the realization of the attributed objectives) or the District Manager, the Responsible for a complex Structure or, to come into the play of the compartment, the Coordinator of the nursing functions, the head – nurse or the head-technician. Nevertheless, if we consider the second definition of management, according to which the meaning of the term is “all those people that manage and organize a firm or a business”, the number of those people that detain directional power also extend to whom is responsible of a specific function and has, therefore, a position inside the technostructure and to whom, even if operating in the operational nucleus, has for the professional qualification (nurse, technical of laboratory ...) faculty of government of human and instrumental resources (as stated by the same law 251 of 2000 to the art. 1, para-

graph 1 for the nursing health profession and midwife and following articles for the other health professions). Besides, always drawing teaching from Mintzberg, we cannot forget that the health care organizations are professional bureaucracies³, whose operating nucleus is composed by experts properly trained – the professionals – whom enjoy, for definition, of autonomy in the exercise of their own operational activity. Actually, everyone of them deals with their own patients deciding, on the base of their own knowledges and experiences, the treatment to be supply for solving a specific health problem, practicing their own independence on the base of the power of the competence.

Here we come to answer to the last questions set to the beginning of the paragraph: certainly the typology and the content of the decisions varies from those of ample breath (directed to modify the profile of the organization in the future), the so-called strategic decisions, to those that concern on daily problem list, named operational decisions. Moreover, the typology and the content of the decisions is differently distributed among the various organizational positions of the health care organization, according to the choices operated by the general Direction during the adoption of the business action and the connected organization plan. All the decisions, with relapses of ray and different amplex according to the organizational position from which they are adopted, affect the attainment of the aims of the health care organization that, in the specific case of the sanitary sector, can belong to one of the following areas:

- clinical effectiveness: it's meant the ability to improve the health, that is the outcome of the health process. It refers to the ability of the structure to administer the most opportune therapy considering health condition of the patient and the development of the medical knowledges;
- economic-managerial effectiveness that pertains to the degree of attainment of the aims related to the disbursement of the services or rather related to the output of the health process;
- clinical efficiency that is the ability to improve health given the available resources and optimizing the input-output relationship;
- economic-managerial efficiency that concerns the use of the resources in the process of disbursement of the health performances.

Therefore, that being stated, we can affirm that exists a diffused and transversal managerial function, which we could, in its more general formulation, conjugate in:

¹ Simon, exponent of “Management Sciences” thought, emphasized the synonymy between managing and decision making and identified management in the high position of a hierarchical structure.

² With organizational decentralization we mean the distribution of decisional power among organization members (Brusa, 1986; Mintzberg, 1996; Spano, 2004; Brusa, 2004).

³ Mintzberg identify 5 organizational “pure” figures: among them the professional bureaucracy is cited, characterized by a operative nucleus of professionals – endowed by autonomy –, a intermediate line not so developed, a huge supporting staff and a limited technostructure.

“managing units, processes or activities inside a health system passed to be e-profit and loss organization”; this function should be properly declined according to the single job positions.

From the position ... to the profile ...

The positions are definable as the elementary unities of the organization, that is the “stings” that should be occupied by who comes in charge of a specific duty in the structure of the health care organization and that connote themselves and differ mainly for:

- the mission, meant as the purpose that justifies their existence in the organization (“why have been founded”);
- the responsibility that competes themselves and the aims they have to achieve (“what are responsible for”);
- the activities and the assignments to be developed (“what have to do”).

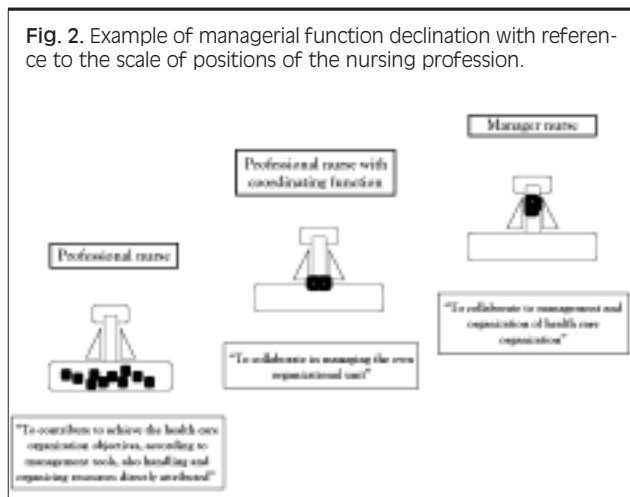
For each position the specific managerial function has to be outlined without any reference to the people that could be in charge for it.

In Figure 2 is proposed, as a pure example, the declination of the managerial function with reference to the scale of positions of the nursing profession.

Every organizational position, in function of its mission, contents of responsibility and activity and assignments, is the matrix on which is possible to build the profile of the resource that will go to occupy it. We mean to refer to the ideal profile (that is the one which should possess the resource) to be used as reference mark in the selection of the possible candidates.

The profile is traceable in function of:

- the technical-professional knowledges which refer to the know-how and to know how to do specifically required by the position;
- the experiences and the necessary requisite to which all the acquired titles are traced back, from those from curriculum (degree, specialization, training course, certificate of conferences share ...) to those



of career (having already covered managerial positions or managed human resources, technological ones ...);

- the capabilities meant either as the connected professional abilities to carry out the job activities (like abilities to plan, to analyze and to resolve problems, to manage collaborators, to maintain relationships with the other parts of the organization), or the qualities, meant as your personal endow of flexibility to the change, creativeness, autonomy in getting organized and developing your own job.

In order to illustrate the print and with reference to the nursing profession in Figure 3 are specified knowledge and abilities related to the quality area.

The training has the possibility to model the profile of the resource directly engraving on its knowledge and building its abilities.

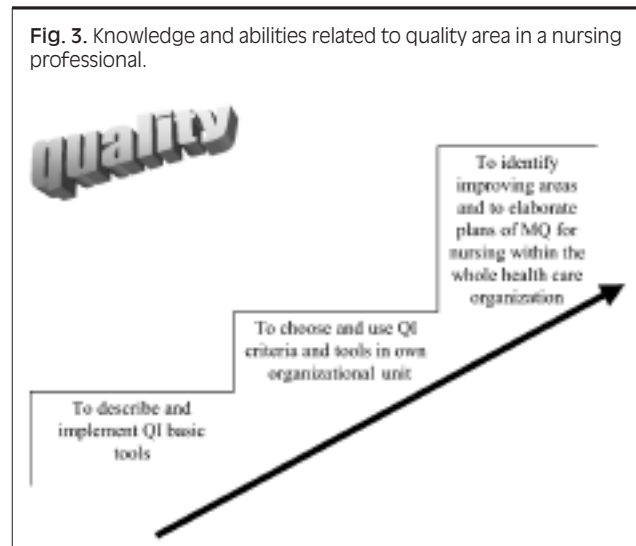
... to the scale of the training offer

Obviously the tool of training accomplish the role mentioned before only if its offer stirs along two lines.

The first one is connected to *the offer rating respect to the position and the profile*, predisposing training packages to administer to the resource since the beginning of the professional career.

Under this aspect university plays a conclusive role which in the progress of study, sequentially orderly, of degree, specialistic degree, Master of I and II level, is able to program the abilities and the knowledge of the professional: subsequently the University will be able to supply the professional with further training packages specifically oriented to the position he is going to fill.

Side by side each course of study should graduate its training offer without to consign health management to a simple and single course: health management has to be uniformly distributed among the numerous academic years of the course of study, scheduling issues ac-



Tab. 1. List of topics and educational objectives using in managerial training.

System	Educational Objectives	Topics
1 NATIONAL HEALTH SERVICE	<p>1.1 To describe the development of National Health System from L 833/78 to D.Lgs. 229/99</p> <p>1.2 To outline levels of authority and competences: state, regions, local authorities</p> <p>1.3 To describe NHS funding methods and changes coming from fiscal federal policy</p> <p>1.4 To describe interaction modalities between producers and purchasers, been able to distinguish the different roles played by the actors in the dicotomy safeguard-production</p> <p>1.5 To discuss the key elements of National Health Plan identifying principles, values and their evolution within the NHS</p> <p>1.6 To describe national and monitoring informative flows</p>	<p>The Health System before 1978 reform</p> <p>The law 833/78: inspiring principles and key elements</p> <p>The second reform: D.Lgs. 502/92 e 517/93; reasons; inspiring principles and key elements</p> <p>Measures of rationalization: D. Lgs. 229/99; reasons; changes</p> <p>National Health Service practical articulation</p> <p>Regional tasks</p> <p>Major tasks in NHS evolution</p> <p>Fiscal federal policy</p> <p>Per capita budget</p> <p>Payment for rate</p> <p>Payment for function</p> <p>Safeguard and production functions</p> <p>Authorization, accreditation and trade agreement</p> <p>The National Health Plan meaning</p> <p>The National Health Plan meaning 1998-2000</p> <p>The National Health Plan meaning 2001-2003</p> <p>Ministerial informative flows</p> <p>National indicators system</p> <p>Economical survey models within the National informative system</p>
2 REGIONAL HEALTH SERVICE	<p>2.1 To identify the Regional Health System model according to NHS evolution</p> <p>2.2 To discuss characterising elements of Regional Health Plans and their evolution</p> <p>2.3 To identify elements used for the regional health planning</p> <p>2.4 To describe organization or Regional Health care organizations</p>	<p>Regional model inspiring principles</p> <p>The Regional legislation</p> <p>The Regional Health Plan</p> <p>Regional health planning documents</p> <p>Organizational structure or Regional Health care organizations</p>
3 FIRM SYSTEM	<p>3.1 To outline the organization of a Health care organizations</p> <p>3.2 To discuss departmental organization</p>	<p>Elements of homogeneity and difference between Hospital and Local Health Units</p> <p>Functions of proceeding of Health care organization</p> <p>The internal organization of a Health care organization</p> <p>The meaning of Department</p> <p>The Department models</p> <p>The Department within current legislation</p>

Tab. 1. List of topics and educational objectives using in managerial training. (continued)

System	Educational Objectives	Topics
4 QUALITY SYSTEM	3.3 To participate to the budget managing of a organizational unit	3.3.1 Number and typology of a organizational unit objective
	3.4 To discuss managing and evaluation of human resources different models	3.3.2 Budget elaboration and dealing
		3.3.3 Final balance and variance analysis
	3.5 To outline key elements of informative system	3.4.1 Staff managing
		3.4.2 Organizational position
		3.4.3 Results evaluation
	4.1 To identify the key elements of evaluation systems found in the international experiences and advantages of voluntary accreditation	3.5.1 The informative system of Health care organizations
		3.5.2 The informative system of a organizational unit
		3.5.3 The role played by different actors in their management
		4.1.1 EU documents about the Quality Improvement System development
4.2 To discuss limits and advantages of ISO certification		4.1.2 Some other European countries systems
		4.2.1 The historical development of voluntary accreditation
4.3 To discuss limits and advantages of ISO certification		4.2.2 Accreditation models: USA, Canada, Australia
		4.2.3 The voluntary accreditation model in Italy
4.4 To identify tools for defining problems related to a poor quality		4.2.4 Some examples of the voluntary accreditation model in Italy
		4.3.1 The historical development of ISO certification
4.5 To outline the planning of quality improvement in a service	4.3.2 The ISO 9000: 2000 norms	
	4.3.3 The application of ISO certification in health services	
4.6 To discuss the diffusion of projects and results through Map of Services	4.4.1 Context analysis	
	4.4.2 Criteria choose	
4.7 To participate to formulation and discussion of a Operative Unit quality plan	4.4.3 Qualità Assurance	
	4.5.1 Criteria for choosing problems	
5 ECONOMIC EVALUATION SYSTEM	5.1 To identify the main methods and techniques for the economical evaluation	4.5.2 Methods for causes analysis
		4.5.3 Operational objectives
	5.1.1 The importance and meaning of the economical evaluation	4.5.4 Process and results evaluation
		4.6.1 The norms on Map of Services
	5.1.2 Cost efficacy analysis	4.6.2 Design of a Map of Services
		4.6.3 Commitment and standard
	5.1.3 Cost utility analysis	4.7.1 The Project Management
		5.1.4 Cost benefit analysis
	5.1.5 Advantages and limits of the analysis	

according to the level of knowledge progressively acquired by the student.

The second line deals with the *coherence of the offer* according to the position and the profile that comes out only if the foreseen contents, the training tools (frontal lessons, discussions of cases, resolutions of problems ...) and the techniques of evaluation used are selected to guarantee the overlap between the real profile and the ideal one of the resource that covers that position. Doing such operation requires the need to gather them from a list of topics (specified in Tab. I), to whose compete different disciplines which can make them clear from different perspectives and therefore allow more precise perception of the matter.

However in the process of selection a few matters must be dealt for all the positions in order to provide the context and normative reference frame in which who covers any position, stirs, while others have to opportunely be chosen and assigned to that specific position. The chart is organized in:

- five thematic systems, of which the first three in logical sequence from the macro to the micro and the other two (the quality system and the economic eva-

luation system, as transversal areas to the previous ones); we need to underline that the logic that subtends to the chart is to provide a sequential training either in temporal sense or in specific contents: in other terms it is suitable that the planning of the training respects the underlined cadence;

- training goals which delineate the target to reach through the training activity and are at the base of the construction of the evaluation systems;
- contents representing for every goal the detail of the matters to be treated.

The specific didactical formalities have not been specified as it is potentially suggested to privilege the interactive didactics in its various forms.

The reading of the contents allows us to make a last consideration and precisely that managerial training is meant to spread principles and managerial tools in the health field, read and adapted to a context of the public health care organization which doesn't introduce characteristics, neither work in a context typical of the private enterprise and to which inside the professionals don't have to prefer the pursuit of economic results to the demands of health protection.

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