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Managerial Leadership Competencies And Its Impact on Healthcare Accessibility in Ghana

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ABSTRACT

The study focuses on the critical role of managerial leadership competencies (MLCs) in healthcare management within Ghanaian hospitals, particularly in advancing the achievement of Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs). MLCs encompass various knowledge, skills, behaviors, and attitudes that are essential for effective healthcare leadership. Demographic profiles of healthcare managers were analyzed, revealing gender disparities in leadership roles, diverse representation among different age groups, and significant educational accomplishments. The study highlighted the complexity of the healthcare sector, with varied types of healthcare organizations and work experiences. Regression analysis showed that male managers aged 40 – 49, with substantial experience and specific educational backgrounds, are more likely to possess strong MLCs. This insight deepened the understanding of healthcare management dynamics. The study found a positive and significant association between MLCs and healthcare progress, including improved accessibility, financial risk protection, and service delivery, which are essential components of UHC. These findings emphasize the crucial role of MLCs in advancing UHC objectives. Recommendations include prioritizing comprehensive training and development initiatives for health managers, integrating MLCs into leadership curricula, and providing ongoing skill development opportunities. The study also suggests exploring complex connections between MLCs, UHC, and Health Management Practices (HMP) through integrated leadership programs and collaborative training. In conclusion, the research sheds light on the demographics and competencies of healthcare managers, highlighting their significance in achieving UHC and SDGs. It calls for targeted strategies to enhance MLCs and promote effective healthcare leadership to improve healthcare accessibility and coverage in diverse contexts.

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Introduction

Hospitals are important vehicles for delivering health care, and these institutions' managers are largely responsible for operationalizing the visions and objectives that policy-makers have for the health and well-being of a country and realizing the UHC (Calisher et al., 2020; Neto et al., 2020). Managing healthcare institutions depends upon the key competencies of managers responsible for the operation of hospital amenities (Martínez-López et al., 2020).

Management is a fine blend of many different subjects and disciplines that can be hard to define and even harder to learn. It is not confined to the forewalls of the industry; it is indispensable everywhere whether it be a hospital, an educational institution, agriculture, the area of a trade union, government administration, a charitable institution, a club, or one's own home (da Silva & Neto, 2021). Management is "What managers do". Managers need to possess several competencies that will enable them to perform managerial functions effectively and efficiently (Teixeira et al., 2020). According to Giusti et al., (2020), managerial competencies are a set of knowledge, skills, behaviors, and attitudes that a person needs to be effective in a wide range of managerial jobs and various types of organizational functions.

Despite recent increases in development assistance for health, most low-income countries are not progressing well toward achieving the Sustainable Development Goals (health-related ones i.e., Universal Health Coverage) (Yip et al., 2019). According to Mbau et al., (2020), weaknesses in a general managerial capacity at all levels of health systems have been cited as contributing to this failure in scaling up health services and achieving health goals. Malakoane et al., (2020) stated that hospital-specific management practices as strongly related to a hospital's quality of patient care and productivity outcomes. He iterated that improved management practices in hospitals are associated with significantly lower mortality rates and better financial performance. Roles, competencies, and skills of hospital managers directly affect the efficient management of the hospital and that also helps to sustain services (Yanful et al., 2023).

Also, in recent times, United Nations Sustainable Development Goal 3 talks much about how to ensure healthy lives and promote well-being for all at all ages. Specifically, targets 3.8.1 and 3.8.2 of the Universal Health Coverage (UHC) targets, financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality and affordable essential medicines and vaccines for all (Kwame & Petrucka, 2022).

Based on current trends, it is important to strengthen managerial competencies required by managers to enable them to perform in the hospitals in achieving the UHCs to avoid delays in the realization of Sustainable Development Goals (SDGs).

Conceptual Framework

The conceptual framework illustrates the relationship between managerial leadership competencies possessed by healthcare managers and the achievement of universal health coverage in Ghana. The framework suggests that by enhancing their leadership skills, healthcare managers can positively impact access to healthcare, financial risk protection, and service delivery. The mediating variables, represented by health managers, play a role in translating these competencies into tangible improvements in healthcare outcomes and coverage. The framework emphasizes the crucial role of leadership and management in shaping the effectiveness and accessibility of healthcare services for the population, ultimately contributing to universal health coverage goals

Statement of the Problem

The primary aim of this research is to evaluate the essential managerial leadership competencies that health managers in Ghanaian hospitals need to possess in order to effectively contribute to the realization of Universal Health Coverage (UHC). Specifically, the study seeks answers to the following questions:

1. What is the demographic profile of health managers-respondents as to:
 - 1.1 Gender
 - 1.2 Age; and
 - 1.3 Educational level
 - 1.4 Type of healthcare organization;
 - 1.5 Educational certificate
 - 1.6 Number of years in the health sector
 - 1.7 Length of Service in Organization
 - 1.8 Managerial Position
 - 1.9 Length of service in the current position
 - 1.10 Area of specialization
2. How do managerial leadership competencies positively affect access to healthcare?
3. How do managerial leadership competencies result in positive financial risk protection?
4. How do managerial leadership competencies positively affect service delivery?

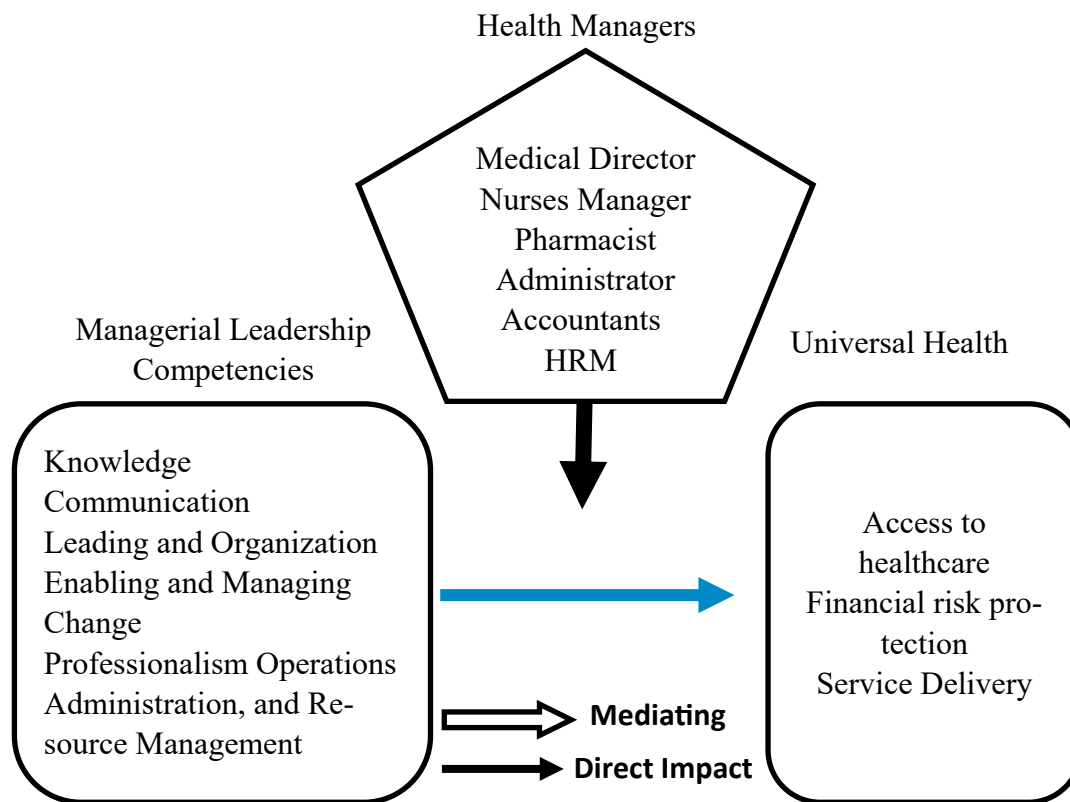


Figure . Conceptual Framework of the Study

5. To what extent do health Managers Mediate the Relationship between Managerial Leadership Competencies and Universal Health Coverage?

The research focused on investigating managerial competencies in hospitals within Ghana, specifically in the middle belt regions of Ashanti, Brong, and Ahafo. The primary objective was to understand how the managerial competencies and effectiveness of health managers in these regions contributed to the successful implementation of Universal Health Coverage (UHC) objectives. The study utilized a cross-sectional mixed-method design, incorporating both quantitative and qualitative techniques to gather data.

Quantitatively, the research employed the MCAP (Management Competency Assessment Partnership) framework developed by Liang in 2018 to assess the competencies of health managers. Additionally, regression analysis was used to explore the relationships between managerial leadership competencies and the achievement of UHC objectives. This analytical approach allowed for a deeper understanding of how leadership competencies can predict or impact UHC outcomes

Qualitatively, in-depth interviews were conducted to uncover key managerial leadership competencies related to healthcare access, financial risk protection, service delivery, and overall managerial performance. These interviews aimed to reveal the roles, skills, knowledge, and attitudes that enabled managers to navigate healthcare administration challenges and contribute to UHC goals.

The study population consisted of management members in various hospitals within the selected middle belt regions. Inclusion criteria required managerial staff with a minimum of five years of experience in the facilities. Those who did not meet this criterion were excluded from the study.

To select the sample, a list of health facilities in the chosen regions was obtained from the Health Facilities Regulatory Authority (HeFRA) website. Out of the 348 identified health facilities in the three regions, a specific number of facilities (hospitals) were selected based on the proportion of facilities in each region, ensuring a representative sample.

In summary, the research aimed to explore managerial competencies in healthcare settings in Ghana's middle belt regions and their impact on achieving UHC objectives. It used a comprehensive research approach that

combined quantitative assessment, regression analysis, and qualitative interviews to gain insights into the roles and competencies of health managers in advancing UHC.

Results and Discussion

The demographic information of respondents who were health managers taken into consideration for the study was gathered as part of the survey. As demonstrated in Table 3.1, significant elements of the respondents' demographic characteristics.

The table 3.1 indicated in the study that the majority of respondents were distributed between the age groups of 30 – 39 years and master's degree holder. nearly half of the respondents (45.6%) worked in CHAG healthcare organizations, and a little over one-third (34.4%) worked in Ghana Health Service (GHS) facilities and the duration of respondents' work experience in the health sector varied, with more than one-third (35.6%) having worked between 5 – 10 years. With regard to distribution of respondents' tenure in their current health facilities, more than one-third (40.9%) have worked for 5 – 10 years; administrative roles in the hospital, having administration and management specialties

5 – 10	129	37.9
11 – 15	30	8.8
≥16	17	5.0
Area of specialization		
Accounting and finance	61	17.9
Administration and management	134	39.4
Public health/General medicine	58	17.1
Pharmacy	18	5.3
Anesthesia/surgery	34	10.0
Critical care and emergency	35	10.3
Age group (in years)		
20 – 29	18	5.3
30 – 39	136	40.0
40 – 49	130	38.2
≥50	56	16.5
Educational level		
Diploma/HND	5	1.5
Bachelor's degree	132	38.8
Master's degree	181	53.2
Doctor of Philosophy	22	6.5

The research findings offer valuable insights into the demographic and professional characteristics of healthcare managers. It highlights a gender disparity, with a majority of male healthcare professionals occupying managerial roles, indicating an uneven distribution in leadership positions. The distribution across age groups suggests a balanced representation of experienced and mid-career professionals. The significant level of educational qualifications among respondents implies potential for improved decision-making and management practices. The diversity in healthcare organization types showcases the composition of the sector, and varying work experiences suggest a mix of tenures that may impact organizational stability and bring fresh perspectives. The study also underscores the multidisciplinary nature of healthcare management, with diverse roles and specializations. Overall, these findings provide a nuanced understanding of healthcare management demographics, revealing gender disparities, emphasizing the importance of education, and showcasing the multifaceted nature of the profession.

Furthermore, the research presents regression analysis results on the relationship between demographic factors and managerial leadership competencies. Both unadjusted and adjusted models demonstrate that being a male health manager, aged 40 – 49, with 16+ years of health management experience, holding a Doctor of Philosophy degree, and having prolonged managerial tenure are associated with higher odds of possessing strong leadership competencies. The odds ratios and confidence intervals highlight the strength and precision of these connections, further emphasizing the influence of these demographic factors on leadership competencies.

Table 3.1: Demographic characteristics of participants

Demographic Characteristics	Frequency (n=340)	Percentage (%)
Gender		
Female	124	36.5
Male	216	63.5
Type of healthcare organization		
CHAG		
Ghana Health Service (GHS)	117	34.4
Private	38	11.2
Quasi	7	2.0
Teaching hospital	23	6.8
Have educational certificate in management		
No	64	18.8
Yes	276	81.2
Duration worked in health sector (in years)		
<5	35	10.3
5 – 10	121	35.6
11 – 15	109	32.1
≥16	75	22.0
Duration worked in the hospital (in years)		
<5	127	37.3
5 – 10	139	40.9
11 – 15	54	15.9
≥16	20	5.9
Position in the hospital		
Accountant	53	15.6
Administrator	87	25.6
Human Resource Manager	52	15.3
Nurse	56	16.5
Pharmacist	49	14.4
Medical Director	43	12.6
Duration held this position		
<5	164	48.3

Managerial leadership competencies positively affect access to healthcare

The study conducted a comprehensive regression analysis to delve into the intricate interplay between managerial leadership competencies and their influence on healthcare achievement and accessibility. In the preliminary investigation of unadjusted relationships, several significant insights emerged. Knowledge competency demonstrated a direct positive link, indicating that incremental improvements in this skill were associated with a 0.04 increase in healthcare service accessibility. Similarly, communication competency exhibited a notable effect, with each advancement in this proficiency contributing to an 0.08 rise in healthcare accessibility. Noteworthy was the finding that leading and organizational competency displayed importance, associating with a 0.07 increase in healthcare access.

Further exploration unearthed additional substantial associations. The enabling and managing change competency manifested a 0.05 increase in healthcare access, underlining its favourable effect. Notably, professionalism competency showcased a pronounced connection, revealing a 0.09 increase in healthcare access attributed to improvements in this competency. The evidence-informed decision-making competency also played a significant role, signifying a 0.03 increase in healthcare access. While operations, administration, and resource management competency yielded a relatively modest relationship, with a 0.02 increase in healthcare access, the overall managerial leadership competency emerged as an influential factor, presenting a 0.04 increase in healthcare access.

Even after adjusting for potential confounding variables in Model II, akin trends remained persistent. Knowledge competency sustained its positive association, yielding a 0.02 increase in healthcare access. Communication competency retained its considerable impact, contributing to an 0.05 increase in healthcare accessibility. Likewise, the relationship between leading and organizational competency persisted, resulting in a 0.04 increase in healthcare access. The enabling and managing change competency maintained its affirmative effect, leading to a 0.02 increase in healthcare accessibility. Notably, professionalism competency upheld its meaningful role, reflecting a 0.03 increase in healthcare access. An intriguing observation was the more pronounced relationship of operations, administration, and resource competency with Universal Health Coverage (UHC), showcasing a 0.05 increase in UHC for each progression in this competency.

Lastly, the overall managerial leadership competency remained influential, holding firm with a 0.04 increase in healthcare access even when accounting for other influential factors. Collectively, these findings underscore the significant effect of diverse managerial competencies in achieving heightened access to healthcare services.

Managerial leadership competencies result in positive financial risk protection

The study employed a thorough regression analysis to explore how managerial leadership competency influences financial risk protection in healthcare. The initial examination revealed a positive association between managerial leadership competency and financial risk protection. Each incremental improvement in competency was associated with a 0.02 increase in financial risk protection, highlighting the potential importance of strong leadership skills in fortifying financial resilience in healthcare organizations.

Upon accounting for confounding factors in the adjusted model, a more significant connection surfaced. Managerial leadership competency displayed a robust association with financial risk protection, with each competency enhancement linked to a notable 0.08 increase in protection. Supported by a 95% confidence interval of 0.06 to 0.16, this finding underscores the heightened influence of leadership competency in mitigating financial risks in the healthcare sector. Overall, these results underscore the pivotal role of managerial leadership competency in strengthening financial risk protection, offering valuable insights for healthcare organizations striving to enhance their financial resilience.

Managerial leadership competencies positively affect service delivery

Through a meticulous regression analysis, the study sought to uncover the connection between managerial leadership competency and its impact on service delivery. The findings illuminated a compelling relationship between these two variables. It was discovered that managerial leadership competency exhibited a significant positive association with service delivery. Specifically, for each incremental enhancement in managerial leadership competency, there was a corresponding increase of 0.12 in the realm of service delivery. Supported by a confidence interval of 95% ranging from 0.07 to 0.17, this outcome underscores the notable influence that robust managerial leadership competencies wield in fostering improved service delivery within the healthcare context.

Extent do Health Managers Mediate the Relationship between Managerial Leadership Competencies and Universal Health Coverage

Through comprehensive regression analysis, this study explored the intricate link between managerial leadership competency, universal healthcare coverage (UHC), and health managers' performance. The results highlighted a positive association between managerial leadership competency and UHC achievement, with each competency enhancement corresponding to a 0.02 increase in coverage. Additionally, a notable connection was found between health managers' performance and UHC, indicating a 0.03 increase in coverage for improved performance. These findings emphasize the pivotal roles of leadership competency and health managers' performance in advancing UHC objectives, guiding healthcare organizations and policymakers to develop targeted strategies for enhanced accessibility and coverage.

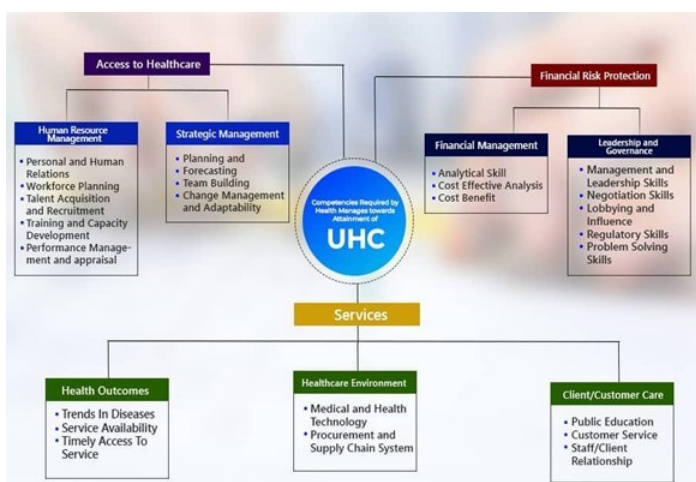


Figure . Enhanced Framework on Managerial Competencies for Hospital Managers

Conclusions

The study's examination of the associations between managerial leadership competencies and healthcare access, financial risk protection, and service delivery underscores the vital role these competencies play in shaping healthcare outcomes. It reveals positive links between competencies such as knowledge, communication, leadership, change management, professionalism, evidence-informed decision-making, and operations management, and improved healthcare accessibility. These findings emphasize the multifaceted relationship between leadership competencies and healthcare accessibility.

Furthermore, the comprehensive regression analysis highlights the intricate connections between managerial leadership competency and its impact on financial risk protection and service delivery within healthcare. The study shows a positive association between competency and financial risk protection, with incremental improvements in competency leading to increased protection. This underscores the importance of cultivating strong leadership skills to enhance financial resilience in healthcare organizations. Additionally, the research confirms a substantive and positive link between managerial leadership competency and service delivery in the healthcare sector, emphasizing the pivotal role of effective leadership in improving service quality and efficiency.

In conclusion, the study provides a well-rounded model to equip health managers in Ghana with the necessary competencies to advance Universal Health Coverage (UHC). By addressing challenges related to healthcare access, financial risk protection, and service utilization through a combination of knowledge, skills, and positive attitudes, health managers can significantly contribute to achieving equitable and high-quality healthcare services for all Ghanaians. The research also highlights a crucial gap in the Ministry of Health's approach, prompting the development of a comprehensive competency framework to enhance managers' abilities in pursuing UHC goals. The implementation and evaluation of this framework are essential steps toward better healthcare outcomes for Ghana's population.

Recommendations

In light of the research conclusions, it is recommended that healthcare organizations prioritize gender-inclusive leadership initiatives and mentorship programs to address the observed gender disparity in healthcare management roles. Additionally, fostering knowledge exchange among healthcare managers of different experience levels can promote organizational stability and innovation. Tailored training programs should also be implemented to harness the potential of diverse roles and specializations, strengthening the multidisciplinary approach in healthcare management.

Regarding the analysis of connections between demographic factors and managerial leadership competencies, several recommendations emerge. Firstly, healthcare organizations are encouraged to cultivate diverse leadership teams that include both male and female health managers through initiatives such as mentorship programs and

and leadership development opportunities for all genders. Secondly, health managers aged between 40 and 49 should be incentivized to engage in continuous learning and skill development to optimize their experience in line with contemporary leadership practices. Thirdly, health managers with over 16 years of experience should actively participate in mentorship initiatives to pass on their expertise to emerging leaders, facilitating smooth leadership transitions and preserving institutional knowledge.

Furthermore, fostering interdisciplinary collaboration is essential. By promoting collaboration among leaders with diverse competencies, including financial expertise, organizations can develop a holistic approach to financial risk protection. Open communication and collaboration across various departments can lead to a comprehensive understanding of financial challenges and innovative solutions.

Lastly, a focus on succession planning is crucial. Healthcare organizations should prioritize identifying and nurturing leaders with strong managerial leadership competencies. This proactive approach ensures a consistent supply of capable leaders who are well-equipped to manage financial risks and sustain organizational stability.

By embracing these recommendations, healthcare organizations can effectively leverage the potential of managerial leadership competencies to strengthen their strategies for financial risk protection. This effort contributes to enhancing organizational financial resilience and ensuring long-term sustainability. The researcher's integrated model equips health managers in Ghana with the necessary competencies to contribute significantly to achieving equitable and quality healthcare services for all Ghanaians, addressing challenges in access to healthcare, financial risk protection, and service utilization.

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Participants in the study stressed the significance of personalized learning in a digital education setting. This was observed through various means, such as using digital content from approved providers via the Ghana Education Service, subscribing to subject-focused channels using ICT, and revisiting challenging topics through recorded sessions, particularly during the pandemic.

In schools, personalization manifests differently for teachers, parents, and students (McCarty, 2014). Understanding students' needs, interests, and capabilities relies

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