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Assessment of managerial skills of medical officers of urban health centers of Ahmedabad city

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Abstract

Background: Most of clinicians are promoted as public health or hospital administrators without training. This results in inadequate management of the programmes and inefficient use of resources.

Objectives: To know managerial skills of Medical officers and to identify probable factors responsible for it and to suggest possible interventions.

Method: A cross sectional study using self-administered questionnaire was conducted among medical officers of all the 64 wards of Ahmedabad city.

Results: 10.9% MO's showed low level of managerial skills, 76.56% showed average level of managerial skills and 12.5% showed high level of managerial skills. Staff vacancy, additional charges and contractual job are the few of important factors responsible. Level of education and years of job experience has no association with level of managerial skills.

Conclusion: Majority of medical officers lacked managerial skills. Work experience and higher education are not responsible for better skills. Proper training of medical officers may help to improve the present scenario.

Keywords: urban health centre, managerial skills, medical officer

1. Introduction

The Government of India allocates significant funds to the states for implementing healthcare. However, in many states the outputs are inadequate, which is reflected in the lower immunisation rates, institutional delivery rates and higher mortality rates. Experience shows that many of these problems are due to the poor management of the health system. Most states in India have a single cadre of health staff. Most of the doctors are clinicians, who are promoted as public health or hospital administrators. They do not have much training in public health or administration.

This results in inadequate management of the programmes and inefficient use of resources. There is not much information about what a health manager requires, in terms of inputs, skills and knowledge. In India, nobody has considered the health team as a single unit; usually it is fragmented into public health and medical wings. The public health element is further divided into various vertical programmes, e.g. Reproductive Child Health (RCH), Malaria control, Tuberculosis control (RNTCP), etc. This results in a very fragmented health system. The existing training programmes focus on their particular requirements and do not lay adequate stress on overall managerial issues required to efficiently administer the health system.

As per the NUHM guidelines, the Medical Officer (MO) is given authority and is therefore responsible for the personnel, money and resources allocated to health. He is the health action planner and manager of the entire UHC, including lower levels of healthcare structure. The main administrative functions of the MO include management of human, financial and material resources; planning and implementing health programmes; providing leadership and motivating the staff; supervising, coordinating and controlling services at different levels and, last but not least, responding to the changes in the external environment. There is evidence that imparting appropriate management skills to the health managers and providing technical assistance will improve the overall performance of the health services.

2. Methodology

A Cross sectional study was conducted among medical officers of Ahmedabad city. Ahmedabad has total 64 wards and each ward is having 1 UHC. The target population was MO of all the 64 wards of Ahmedabad city. Thus our sample size came as 64. The proforma was revised according to results of the pilot study. Data collection spanned over the month of November 2015. Verbal consent was obtained from the MO before handing over the questionnaire. The data for present study was obtained through a special designed self – reporting questionnaire related to managerial skill with each skill having grading from 1 to 5. The questionnaire consisted of 15 managerial skills. The options given were 'strongly disagree', 'disagree', 'neutral', 'agree' and 'strongly agree' according to their subjective feeling that if they can manage this skill or not. The response strongly disagree had assigned a value of one and strongly agree the highest score five. Highest score is 75 and lowest is 15.Score between 15-35 is considered as low managerial skill, score between 36-55 is considered as average managerial skill and score 56-75 3 is considered as a high or good managerial skill. Pre- tested, self-administered, anonymous questionnaire were provided to the individual MO. They were requested to fill the Performa with full assurance about the confidentiality and anonymity that data would be used only for scientific purpose. The questionnaire was then administered to 64 MO and analyzed. Data were entered in excel worksheets and analyzed. The analysis part composed of 2 parts, Descriptive and analytical part. Descriptive statistics such as frequency, percentage was applied for general characteristics, and various factors responsible for managerial skill. Analytical statistics such as Chi-square Test was used to

determine the association between factors like education and work of experience and managerial skill level. Testing of hypothesis was performed at 95% level of significance.

3. Results

Total 64 MO were enrolled for study, of which 34 (53.13%) were male and 30 (46.87%) were female. The minimum age of MO was 24 years and maximum age was 54 years. Mean age is 34.8 years. 14 (21.87%) were post graduates and 50 (78.13%) were MBBS. 7 (10.9%) MO showed low level of managerial skills, 49 (76.56%) showed average managerial skills and 8 (12.5%) MO showed high level of managerial skills. Lowest score obtained among the study population was 23 and highest was 73.

Table 1: Frequency of medical officers obtaining different scores for their managerial skills

Score obtained	Frequency (%)
15-35	7 (10.9)
36-55	49 (76.56)
56-75	8 (12.5)

46 (71.88%) UHC's were having staff vacancies, ranging from vacancy of 1 person to vacancies of 4 persons, which is as below:

Table 2: Frequencies of UHC's showing staff vacancies

Vacancy of staff in numbers	Frequency (%)
0	18 (28.12)
1	32 (50.0)
2	8 (12.5)
3	3 (4.68)
4	3 (4.68)

26 (40.62%) MO were on permanent basis, while 38 (59.38%) MO were on contractual basis. 23 (36.0%) MO were given additional charges like MOTB, MORCH, MOAFP, etc.

The relationship between level of managerial skills and, educational level were determined using Yate's chi-square test. It was found that there is no significant difference in education level and managerial skill level (P> 0.05). The relationship between years of experience of job at UHC and level of managerial skill was also determined by yate's chi-square, which was also found to be insignificant (P>0.05). 59 (92.18%) MO had not taken management training before placement. 64 (100%) MO felt need for induction training and agreed for attending future management training, if held.

Table 3: Association between obtained score with higher education and more years of experience

Score	MBBS	Post-Graduate	Test
15-35	5	2	Yates X^2=0.052, df=2, P=0.974
36-55	38	11	
56-75	7	1	
Score	**Years of experience < 5 years**	**Years of experience > 5 years**	**Test**
15-35	1	6	Yates X^2=4.165, df=2, P=0.124
36-55	31	18	
56-75	4	4	

4. Discussion

7 (10.9%) MO showed low level of managerial skills and 49 (76.56%) showed average level of managerial skills, because management was never taught in curriculum of MBBS and they were not given induction training. 8 (12.5%) MO showed high level of managerial skill, which may be due to their personality or inborn management skills, as higher education and more years of experience has no association with high level of managerial skills. 38 (59.38%) MO were on contractual basis. So, their attitude towards management of UHC's differ from that of permanent MO. 23 (36.0%) MO were given additional charges. This additional charges led to overburden on MO, as they already have a lot of other work at UHC, like different health program management, field activity, opd, etc. 46 (71.88%) UHC's were having staff vacancies. This lack of manpower leads to increased workload on an already overburdened UHC. One of the solution to this situation is training of MO's and retraining at frequent intervals.

5. Conclusion

This study has found that majority of MO's have average managerial skills. Staff vacancy, additional charges, etc. are responsible for this. Proper induction training and re-training may help to improve this scenario.

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