

Review Article

Need For Competency Based Healthcare Management Education In India: Concerns, Challenges And Way Ahead

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ABSTRACT

The paper explores the possibility of conceptualization and introduction of standardized competency based healthcare management education in India. The impression about competency based education in field of healthcare is limited to medical and nursing education. Concentrated efforts are required to develop the same concept in the field of healthcare management as well. The present scenario with respect to education in healthcare management has improved considerably in the last decade, but there still exists an obvious gap when the focus comes to skills taught in the classroom and requirements from the industry.

India's rapidly growing healthcare system needs to cater to a much higher level of demand for healthcare services. Hospitalizations are rising 50 percent of the existing rate. The growing sector with its ever increasing demand of quality services from current value conscious patients is strongly driving the need to optimize systems & processes. The complex healthcare environment demands that its managers be suitably trained and equipped to manage the same.

It is pertinent, therefore, to design the programme such that it serves the needs of the future employers at the same time equipping students with the requisite Knowledge, Skills and Attitudes.

Keywords: Healthcare management education, competency, skills, healthcare system

INTRODUCTION

Healthcare sector in India is growing tremendously. This growth is in terms of revenue and employment. As reported in a market study from PwC, "During the 1990s, Indian healthcare grew at a compound annual rate of 16%. Today the total value of the sector is more than \$34 billion". This indicates that this sector is emerging as one of the most sought after. (PWC Emerging Market report 2007).

In another market report prepared by McKinsey, it is highlighted that with this enormous growth, India's Healthcare system will need to cater to a much higher level of demand for healthcare services. Hospitalizations are rising 50 percent of the existing rate and thus demand for health care services is on constant rise.(McKinsey &Company India Healthcare 2012).

In spite of having Centers of Excellence (COE) in healthcare delivery, these services are limited and are

insufficient in meeting the present healthcare demands. India faces a manpower crisis with respect to doctors, nurses and paramedics. This growing sector with its ever increasing demand of quality services from present value conscious patients is strongly driving the need to enhance systems & processes. This has led to healthcare operations being specialized, need to have team work and time bound operations in a multi-tasking environment.

The intricate healthcare situation demands that its managers be suitably trained and equipped to manage the same. While the services are trying to keep pace with the technology, the academia seem to be lagging behind in creating a workforce with the desirable competencies to manage the complex demands made of them. Health workers in adequate numbers, in the proper places, and properly trained, motivated and supported, are the backbone of an effective, equitable, and efficient health care system-both public & private (Rao K.D).

There exists plenty of scope to bring in professionalism to the existing health care delivery model. The sector demands a trained competent workforce that can handle the multiple verticals of hospitals & clinics, clinical research, insurance and NGOs. Healthcare management requires talented people to manage the changes taking place. This in turn entails the programmes offered in healthcare management to be competency based, standardized and should provide the students with exact knowledge required by the industry.

Healthcare Management Education:

Several Indian Universities, Colleges & Institutes conduct a number of courses in hospital administration/management, enabling students to get a Post Graduate, Under Graduate diploma or a certification. The basic curriculum in healthcare administration covers management theory,

concepts, skills and an overview of healthcare industry. These programmes are designed to teach students leadership, financial management, economics, law, organizational behavior, quantitative analysis methods and planning. This multitude of programmes, varied curricula and different exposure to local healthcare lends a varied picture to this programme.

There is little consensus not only on the content of the curriculum but also on the assessment of the students. When recruiting applicants for entry level management positions in hospitals/ health care organizations, the employers look for their suitability for current position with respect to education in terms of domain knowledge, work experience, communication skills, general management skills, leadership skills, business planning skills, quantitative skills, to fit with organization objectives & character.

It has been pointed out by management expert Drucker “that large healthcare institutions may be the most complex in human history and that even small healthcare organizations are barely manageable”. Some time has passed since Drucker’s observation but complexity of healthcare organizations, along with the demands on managers and leaders has not diminished in any way and this entails us to train the candidates with specific set of knowledge, skills and attitudes to manage the complexities of the sector and particularly of the organization. (Stefl M E 2008).

Going further the diverse nature of the industry in its pluralistic range of stakeholders with individual objectives poses one of its biggest challenges of identifying a common standard set of competencies for prospective healthcare managers.

A health care manager can be described as, any health worker at the top or

strategic, middle and operational level functional responsible for carrying out management functions. He drives the process of transforming health inputs into outputs and facilitate smooth running of the health care organization to meet health needs of people within a context.

The goals, objectives, workforce mix, limited skills of managers and resource availability influence management effectiveness of healthcare organizations.

What skills are essential is always a much prodded question– is it Technical skills? Analytic skills? Operational skills? Relational skills? It is assumed that managers would not be hired if they did not possess at least adequate levels of technical and job-related skills (Sperry 2003).

It is pertinent therefore to design the programme such that it serves the needs of the future employers at the same time equipping students with the requisite knowledge, skills & attitudes. Thus there exists a need to identify the skills and competencies that would meet the needs of the industry.

An MBA in Health Care Management provides candidates with the necessary business and management skills, with an aim to prepare the students to reach the senior position in healthcare. The wide gap between supply and demand for trained healthcare managers needs immediate attention.

To address the above issue, a primary research has been conducted to assess and analyze the perception and learning achievement of post graduate students of this programme along with the demand of specific job-related skill set from the industry. This exercise will definitely aid in bridging the existing gap of supply and demand of competent work force.

Competent workforce brings with it, the concept of competency based education (CBE), which has seen a growth in past few

years. In India, we can say it is still at the nascent stage.

A competency based education is much prevalent and practiced in all the institutes of United States providing healthcare education. No such concept is in practice in India. Researcher is also exploring the possibility of implementing such CBE model in healthcare management education.

But what exactly is competency based education (CBE)? In one the research paper it is mentioned that commonly the terms like learning outcomes, or outcomes-based education, are used synonymously with CBE. However, “competencies” often carries with it a broader, more conceptual connotation of what the learner is able to do as a result of the education whereas “outcomes” is often used in reference to the performance on exams and other metrics that document the learning that has taken place” (Gruppen et al. 2012). Thus the expectation of an employer, performance of the candidate and the success rate of healthcare service delivery all revolve around how competent a candidate is.

Competence & Competency:

As defined by Kunzman, “**Competence** is an ability or capacity acquired through learning, exposures to the tasks and series of trainings. This ability is engaged to suffice the performance of a particular job”. The commitment, satisfaction, and sincerity in giving all the best and big shots in the achievement and fulfillment of quality work. (Kunzmann C at al. 2006).

Along with this, a clear definition of **Competency** as given by Kunzman describes it as the integrated application of knowledge, skills, values, experience, contacts, external knowledge resources, and tools to solve a problem or to perform an activity (Kunzmann C at al. 2006).

The term “**core competency**” was introduced by Pralahad and Hamel, which includes particular sets of skills and resources a firm possesses, as well as those are used to produce outcomes. They are equated with individual or organizational characteristics that are related to effective behavior.

The concept is used extensively in various domains of organizational practice and administration as discussed in a research paper titled, “Toward an understanding of Competency Identification and Assessment in HealthCare Management”. (Calhoun G et al. 2002).

As quoted in work of Kaur and Kumar “there are four major components of competency:

1. Skill: capabilities acquired through practice
2. Knowledge: understanding acquired through learning
3. Personal attribute: inherent characteristics which are brought to the job, representing the essential foundation upon which knowledge and skill can be developed.
4. Behavior: The observable demonstration of some competency, skill, knowledge and personal attributes. (Kaur and Kumar 2013)

Hence the competency based education not only concentrates in providing skill based education but also brings in a profound development in the student that is an essential demand for any organization.

What a traditional education system lacks that CBE makes up can be explained by comparing the two systems in medical education, where a competency based curriculum is developed right from explicitly mapping the specific health needs of the populations to a set of competencies for the workforce to be trained. In other

words, it guides decisions about what graduates of the educational programs must be able to do, in order to address the key health issues of the community. Second, CBE uses these expectations to then develop and implement learning experiences (the curriculum) designed to produce the requisite knowledge values, and skills in the learners to achieve these competencies. Finally, CBE uses the same set of competencies to develop critical assessment programs to determine the extent to which they are reached(Gruppen et al 2012).

It is rightly pointed out in a study done to analyze the need and opportunities for health management education in India, “that every year, around 2500 qualified professionals would be available to work in the field of Health Management/Administration, but how many will actually perform, contribute and exceed the performance at individual and organizational level cannot be confirmed and claimed”. This again reinforces the quality and applicability of knowledge imparted to these graduates during their post-graduation. (Sharma & Zodpey 2011).

As the course curriculum is designed by the institutes offering this programme issues like accreditation and affiliation are challenging, since there is no established council to answer to the comprehensive needs of these courses.

The necessity for developing the competency based curriculum arises from:

1. Requirement of new skills and proficiency as a result of continuous environmental changes.
2. Expectations from the industry.
3. Reinforcement of application orientation.
4. Expectations of the learner.

The core curriculum largely focuses on the areas as depicted in Fig.1:



Fig 1. Curriculum components of Hospital & Healthcare Management programme.

With focus on the above core areas, a healthcare management graduate must be proficient in following managerial areas in all the related healthcare verticals that focuses on:

1. Comprehensive knowledge of Healthcare Domain
2. Communication skills
3. Analytical & Problem Solving skills
4. Human resource skills
5. Initiative & Innovation
6. Financial & Strategic planning
7. Risk Management
8. Result oriented
9. Information Handling & Processing
10. Policy formulation, implementation and evaluation

The changes in the current curriculum are suggested, and this is totally supported by the views from academicians and industry experts. The same is depicted in the table below. The percentage reflected is the consensus that was obtained during a consortium meet organized to solicit the

views and recommendation on current curriculum of the programme. If incorporated and implemented at a national level, it will bridge the gap and will also aid in smooth transition of these graduates from institutional level to industry.

Table1: Response percentage from Industry & Academia Experts:

Changes Suggested	% of total responses
Changes in Programme Structure	7
Focus on financial planning and application	12
Understanding Business environment	8
Increased focus on provider roles & relationship	15
Quality	8
Usage of operations & research tools & techniques	15
Information Technology	16
Process knowledge	19
Total responses	100

**The above results are part of the consortium between academicians and industry experts providing this specialized programme and the industry experts from various verticals of healthcare sectors.*

The above reflects the expectations that the industry demands from these future candidates. The education imparted shall encompass the significant core courses and electives suitable for various roles these candidates will take up.

The next question arises is that of: - are we all imparting similar knowledge through varied versions of same specialized course? Is there standardized format of curriculum designed for Under- Graduate (UG) and Post Graduate (PG) level by any centralized authority in India? There is still no affirmation to these concerns. Variation of programmes are offered under this specialized field in form of different degrees like: Masters in Hospital Administration, Masters in hospital Management, MBA (Hospital Administration), MBA (Hospital & Healthcare management), Post Graduate Diploma in Healthcare Management, Masters in Health administration etc.

The challenge thus lies with these higher education institutes to analyze the

course content and compare them with the expectations from the industry. Although a huge task, the benefits envisaged in terms of standardizing the curriculum and bridging the gap between expectation and actual performance will be tremendous.

Developing competencies for Healthcare Mangers- Need for India:

The Healthcare Leadership Alliance (HLA) has created the HLA Competency Directory, “an interactive tool to ensure that current and future healthcare leaders have the training and expertise they need to meet the challenges of managing the nation’s healthcare organizations”.(HLA Directory 2011)

More broadly, higher education has struggled with the issue of competency-based education for some time and thus, now it is the right time to overcome these obvious challenges and strive to achieve a balance between what is required and what is being offered.(Morgan 2010).

A number of university programs in US have developed a set of competencies for their students, for which the process followed is similar, where the academic experts and professional experts are approached to provide the insight on broad categories of knowledge, skills and attitudes required. In a way, these institutions take steps to ensure that their curricula or competency models are tied with the realities and needs of health care management practice (Stefl ME 2008).

A popular Donna Wright’s Competency Assessment Model is based on six aspects (Donna Wright):

1. Selecting competencies that matter.
2. Selecting the right verification methods for each competency identified.
3. Clarifying accountability of the manager, educator, and employee in the competency process.

4. Utilizing an employee-centered verification process (where the employee has choices from a selection of verification methods).

5. Identifying what is a competency problem and what is not.

6. Promptly and effectively addressing competency deficits and employee problems once they are identified.

With respect to Indian scenario in healthcare education, to initiate the process, UNIDO (2000:10) model that categorizes the essential competencies as (a) managerial, (b) generic and (c) technical/functional can be adopted. Since the competency model in health care industry is hardly established.

While the syllabus covers the above mentioned skills under essential competencies through one or more subjects, it is imperative to standardize the extent to which it shall be taught, by what way the instructions should be provided, the role of training- mid course and on-the job, needs to be discussed at a national level and consensus in the above subject shall be reached so as to create a pool of employable candidates for the Indian healthcare market.

What next?

The development and enhancement of curriculum with industry partnership is indispensable. The education system is undergoing a paradigm shift as the belief that today’s education is for economic advantage rather than knowledge is changing the approach with which the candidates select the programme and graduate through it.

The set of courses should, at all levels i.e. - at core, intermediate and advances have industry perspective.

And this will involve accepting the principles of core competencies for educational development.

Therefore, it is imperative that the essential management competencies for future be

identified with collaboration from industry experts and incorporated into the syllabus, training modules and curricula for the profession.

The identification of core and essential competencies based on the needs will surely facilitate a dialogue between all segments and organizations involved with training and development of future healthcare managers.

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