

## *EDITORIAL*

### **PHYSICIAN AS A MANAGER: PERSONAL AND MANAGERIAL CHARACTERISTICS, SAUDI ARABIA**

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#### **ABSTRACT**

**BACKGROUND:** The emergence of physicians' roles in key administrative positions within many King Saudi Arabia health care organizations has represented a major change in the medical profession over the last two decades. This has created a need for physicians who are willing to assume a high level of responsibility for managing evolving health care organizations. The study explores the perception of physician managers regarding their work, personal and managerial characteristics.

**METHODS:** The data for this study were obtained from a sample of 200 physicians working in management positions in different health care organizations in Riyadh. Physicians were selected at random with probability proportional to size from a list containing managers in all health care organization to participate in the study

**RESULTS:** Our results indicated that physician managers lack administration skills. No formal training in medical administration and management because management principles are not integrated in the medical context and the majority were experienced in management for less than four years. Very few possess the technical competencies such as strategic planning, financial and economics knowledge. Boredom with medical practice, improvement of personal position and encouragement from others are related to being older, having more years in medicine and interest in medicine is reduced. The finding also supported the notion that physician manager can maintain stable levels of loyalty to professional interest and organization. This dual commitment is related to work-related characteristics involving sharing his time favorably to management job and to patient care.

**Recommendation:** To improve their management skills physicians can benefit from management education programs such as those offered by King Saud University.

#### **INTRODUCTION**

The dilemma regarding the role of the health care organization (HCO) director and whether he should be a physician, an administrator or a combination of the two has been discussed in the literature<sup>1,2,3,4</sup>. There are those who view management as generic and others who argue that the health care system is significantly different from other systems, requiring managers with special knowledge and skills<sup>2</sup>. Experience in many health systems have shown that doctor managers have distinct advantages over their non-medical counterparts, including greater credibility, a deeper knowledge of how health care works, a good communication with patients, nurses and technicians

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and a less trammled ability to speak out<sup>5,6,7</sup>. In recent years many HCO have appointed or accepted physicians, depending on their clinical background, into specialized part or fulltime administrative roles like department heads. In the western world there is a clear trend toward appointing physicians as managers not in large and university hospitals, but also in medium capacity hospitals with 200 to 400 beds<sup>5,8,9</sup>. The movement of physicians into formal management positions is a recent development that affects how the changing nature of control in health care systems pays out for the medical profession<sup>10,11,12</sup>. This transactions from clinical roles to administrative functions has been a challenge to physicians and it gives health care organizations a new future and insight that contributes to the success of the organization. But the issue that remains a question: could every physician take such a role without the proper training, based only on his clinical background and experience? Management is an unfamiliar role of many physicians, requiring a distinct shift in thinking, philosophy, attitudes and behaviors.

The substantial changes in the organization and financing of health care services that have occurred in Saudi Arabia over the last decade and the predicted continuing growth in public and private health care centers and institutions have helped to foster an emerging role for physicians in key administrative positions within the health care delivery system. The objective of the study is to explore perception of physician managers about their work and about their personal and managerial characteristics in Riyadh, Saudi Arabia.

## **MATERIALS AND METHODS**

The data for this study were obtained from a sample of 200 physicians working in management positions in different health care organizations in Riyadh. Physicians were selected at random with probability proportional to size from a list containing managers in all health care organization to participate in the study. The interpretation of health care organization was also a broad term putting into perspective the variety of health care organizations that populate the health care system, which in our study included private hospitals and clinics, government hospitals, military hospitals, specialized hospitals and the Ministry of Health. All of these organizations have physicians who are working full time or part time managers. Data were collected using a questionnaire containing 32 questions covering a variety of demographic information in addition to data on managerial characteristics, reasons for movement to management, activities, satisfaction, and allocation of time. Questionnaire content was derived from the literature on leadership styles and characteristics in health care organizations. For managerial characteristics respondents were asked to rate themselves, on a scale of 1 – 10 (low to high) on each of the 14 characteristics related to management. A pilot study using a convenient sample of 10 physicians with similar inclusion criteria to those developed for the main study was conducted to test the feasibility of the instrument and to detect any defect in the methodology. Expert opinions from faculty members of the Department of Health Administration also helped to refine the final questionnaire. Some changes were made with regard to the placement of some items of the questions within tables and to the wording of some of the questions. A final questionnaire was prepared based on the suggestions given by the experts and the respondents in the pilot study. The ten respondents were not included in the final study. Written consent was obtained from those who agreed to participate in the study. Confidentiality of data was assured. The purpose of the study and the use of the findings were explained to the participants in details. The questionnaires were administered by a trained final year Saudi students in the Department of Community Health Sciences, King Saud University in Riyadh. The association between personal characteristics and reasons for moving to management were

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analysed with canonical correlation analysis (CCA). CCA is statistical method that estimates the correlation between two sets of variables and it can be considered as a method of aggregating multiple associations into a few significant associations. A principal component analysis was used to identify the number of factors underlying the choice scale for managerial characteristics using correlation matrix and varimax rotation. The internal consistency of the questionnaire was 0.89 using Cronbach's alpha. Data were analysed using the SPSS statistical software package version 15.

## **RESULTS**

Data were obtained for 146 physician managers yielding a response rate of 73%. Non respondents were not significantly different from respondents in sociodemographic and professional characteristics. Table 1 shows that more than 80% of the physicians managers were in the age group 35-54 and the largest percentage were consultant (63.7%). Titles for the physician health care managers are indicated by 64.4% as head of departments that also includes division heads. The length of time respondents have held administrative positions is fairly short, with 34.2% having held administrative positions for two to four years and 80.8% were satisfied with position as manager. About 66% had been in medicine for more than seven years and 19.8% with reduced interest in medicine. More than 75% had no experience in management and non had a formal graduate management degree of any kind, while 19.9% had training that included seminars, courses and workshops. About 60% indicated that communication with other managers is the most important problem they had to deal with.

Table (2) shows reasons that influenced physicians to move into management. About 75% stated that encouragement from others had been a major factor that influenced their decision to take an administrative role, 58.2% indicated that they moved for desire for leadership, 59.8% to be involved in health policy decisions, 68.1% to have impact on other people, 78.4% were attracted by management, 48.7% for desire to challenge, 34.3% for desire for additional technical skills, 65.8% wanted to improve their personal position in the organization, 47.2% moved for desire of income and being bored with medical practice was a low influence on transaction move (29.5%).

Table (3) contains the factor loadings obtained from the principal component factor performed on mean scores of managerial characteristics. Two components were found which explains 71% of the total variance. The first component 'self-oriented characteristics' was the most important and explained about 50% of the total variance. The second component 'work-oriented characteristics' accounted for 18% of the total variance. Items are ordered within factors by the strength of their factor loadings. Table 4 shows allocation of time by respondents and where to conduct activities. A round 32– 43 percent of the respondents spent half of their time on management, on motivating people, on patient care and on external relations. About 39 percent of the respondents spent three fourth of their time on supervising and about 68% of the activities take place in office. The CCA between personal characteristics variables and reasons for moving to management variables produced three significant canonical correlations ( $P < 0.01$ , Wilk's  $\lambda$ ). However, when the first canonical root was excluded, the remaining canonical roots were not statistically significant. Data pertaining to the first canonical root are presented in table 5. The canonical variable, personal characteristics, explained 34% of the variability in the original personal characteristic variables. It has a negative correlation with all variables except specialty. The canonical variable, reasons for moving, accounted for 28% of the total variability of the original reason variables. The canonical variable was correlated with attracting by management,

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boredom with medical practice, improve personal position. These suggest that attracting by management, boredom with medical practice, improve personal position and encouragement from others are related to being older, having more years in medicine and interest in medicine is reduced. Results of the respondents' opinions about management issues and other managers are shown in table 6. About 70% of the respondents disagree on the fact that every physician can become a manager. 50% agreed on the statement specialized managers are more suitable for management. Nearly 75% recognized the need for hospitals to have one vice director for medical staff and another director to manage the non-medical issues.

## **DISCUSSION**

Healthcare systems may be well served by the modern-day physician managers as they are characterized by willing to devote less time to clinical activities, to do full-time management work and to belief that management is an exciting and challenging alternative career. In this study professional commitment was positively related to belief that one could still be able to do clinical work. About 80% stated the level of professional commitment remained the same. Without these physical and mental connections, there is a great chance that physician manager will be reoriented to represent other interests in the health care workplace. When they do not maintain this connection to the normative work of the profession, they potentially faced decreased satisfaction and effectiveness in the management role. Previous studies<sup>7,13,14</sup> showed that other professions, such as police and army officers, also often loose the respect of the rank and file when they move into management. These findings contradict with studies of other occupations (lawyers) in which individuals are giving up what is considered the real work of profession realign their orientation either by choice or necessity<sup>13,14,15</sup>. Being bored with medical practice and the desire to increase income were low influence on transaction move into management. This finding agree with Lenaz<sup>16</sup>. While data results from this study indicated the major reason was encouragement from others, Lenaz's study indicates desire for leadership being an important influence. This may be due to the fact that many health care organizations in Riyadh, especially hospitals, require that physicians take managerial roles within the organization. It was considered by the majority of managers as a requirement of the job and they were appointed by their superior to take such a position. Therefore, their acceptance to take a managerial role in their career was mainly to improve their personal position rather than their desire for leadership, as indicated by the results of the study.

The emergence of physicians' roles in key administration and management positions in many health care systems has represented a major change in the medical profession over the last two decades. These new leadership roles necessitate that physicians learn a new set of skills. Although most physicians inherently possess the character traits necessary for leadership such as honest, compassion and passion, very few possess the technical competencies such as strategic planning, financial/economic knowledge and organizational principles. A proof of the increasing importance of physician manager is the increasing number of formal educational opportunities for physicians to have credentials degrees in management. In USA there are 41 medical schools that offer dual MD-MBA programs. For those out of medical schools, more than 8 universities offer programs specifically for physicians. More than 40 universities offer master programs in medical management. The American collage of physician executives, has more than 9000 members<sup>17,18,19,20</sup>. Mayo clinics by identifying physicians with managerial talent early in their careers and by insisting that physician managers remain actively committed to practice arrived at a formula<sup>21</sup>.

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The knowledge and skill about financial issues is considered a priority that a manager should have<sup>22</sup>. The way that the manager thinks about quality and financial issues in the organization reflect his financial administration skills. With his ability to think of both quality and finance together, to be able to think high quality while providing low cost, would be an effective way in dealing with the rising costs in health care environment. Findings from this study indicated low levels of involvement by physicians managers in the area of finance. This may be due to physicians's inadequate knowledge of financial management. Previous international studies<sup>12,22,23,24</sup> reported that when physicians are involved in financial aspects of management, there are improvement in cost containment and quality of care. Nevertheless, physicians must attend courses or seminars in the area if they are to reach their potentials as managers. In western hospitals, physicians managers are frequently responsible for policy and program management functions, not for resources management functions. For example, most western hospitals have personnel and finance department that are responsible for many tasks considered to be a resource management functions, which explains why resource management tasks are not the responsibility of physicians managers<sup>12,22</sup>.

Regarding managerial characteristics, study results showed low factor loadings for work-oriented characteristics. This may be due to the fact that the majority of managers did not take any administrative course nor had experience in management for more than 4 years. These findings are relatively similar to those reported by others<sup>10,25,26,27,28</sup>. Integrating management principles in a medical context is the best way to provide this training. More than 40% of managers devoted half of their time to routine management and less to patient care and external relations. Thus managers' attention is directed toward routine and hoc management. It seems that managers who concentrate on internal problems and maintenance of the health organization have no choice but to adopt style of management that is oriented toward crises management, solving immediate problems as they arise. This may also explain the fact that managers spend most of their time (78.2%) in their offices. CCA results showed that older physicians moved to management as being bored with medical practice. Older physicians at a later stage in their work careers, similar to other professionals such as academics or engineers, may see management as a cap off or complement to long clinical career. More time spent as a clinician may lessen the chance of success because it is associated with decreased involvement. Our results contradicted the results of others. Timothy<sup>7</sup>, among others<sup>13,29</sup> found that younger physicians express lower commitment to their profession and half given up the practice of medicine and even they practiced medicine to a lesser extent than their older colleagues. Management needs certain abilities that may not be in every physician and not every physician is qualified in terms of knowledge and education to become a manager. Seventy percent of the respondents agreed with this fact. Being a good clinician does not automatically translate into being a successful manager. "Management is something you can learn. You can be trained". More than 50% of the participants agreed that physicians are more suitable for management positions than specialized managers<sup>3,17,25,30</sup>. Physicians who are well trained in management have a unique power base. They have an intimate knowledge of how the services work and their views are often accepted more readily than those of non-physician. Furthermore, physician managers have a clinical career to develop or return to. They can thus afford to adopt high risk strategies with far greater comfort than their non-clinical colleagues<sup>12,25</sup>. Alshweer<sup>31</sup>, stated that "Saudi physicians are needed working as clinicians in their required fields rather than moving into management positions. Specialized managers as hospital administrators are needed to deal with non-clinical issues". More than 75% of the respondents were satisfied with their transaction to management;

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but the majority reported they were still interested in medicine. This may be due to the fact that most of the respondents had only been in management for 2 – 4 years. Most of the problems that respondents had to deal with are communication with other managers<sup>10,28,32,33</sup>. This may be the result of two major issues. One is that they lack administrative experience in management and the other is due to the fact that they have not been well prepared to take an administrative position through appropriate management courses and training. They have been taught differently in dealing with issues and problems and not unless the physician who moves into a managerial position is taught the new language of management and new skills and knowledge of being an effective manager, the problems with other managers will not be resolved which would lead later on to the failure of the health organization as a whole.

The responsibilities of administrators in health care organizations require a great understanding of business affairs and skills than most physicians have after medical training or even years of medical practice. Physicians without suitable training lack the insight into the more corporate function of a manager. Proper management requires proper educated and skilled managers that are able to deal with the changing insecure environment of health care organizations. Now a variety of master training programs are available for physicians such as Master of Hospital Administration and Master of Public Health programs that may require up to two years completing. The role of the physician leader is moving beyond traditional medical staff issues. Physician leaders show a growing need for education on specific technical, leadership, and practical skills. They need training in quality issues, clinical benchmarking, decision-making, and strategic planning, more training in communication, organizational change, effective listening, and systems thinking.

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Table 1. Title and experience

	N (%)
Current position	
Hospital manager	3 (2.1)
Chief executive officer	10 (6.8)
Head administrator	22 (15.1)
Department manger	94 (64.4)
Assistant manger	17 (11.7)
Years in medicine	
Less than 2 years	5 (3.4)
2 - 4	13 (8.9)
5 - 7	31 (21.2)
More than 7 years	97 (66.4)
Age	
25 – 34	7 (4.8)
35 – 44	58 (39.7)
45 – 54	59 (40.4)
< 55	22 (15.1)
Specialty	
Consultant	93 (63.7)
Specialist	32 (21.9)
General practitioner	21 (14.3)
Years in administration	
Less than 2 years	38 (26.0)
2- 4	50 (34.2)
5- 7	26 (17.9)

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More than 7	32 (21.9)
Satisfied with position as manager	
Yes	118 (80.8)
No	28 (19.2)
Administration course	
Yes	29 (19.9)
No	117 (81.1)
Experience in management	
Yes	111 (76.3)
No	35 (23.7)
Interest in medicine is reduced	
Yes	29 (19.8)
No	117 (81.1)
Had a formal degree in management	
Yes	0
No	100 (146)
Communication with staff	
Direct	69 (47.2)
Written	77 (52.8)
Problems faced	
Communication with physicians	38 (26.0)
Communication with other managers	88 (60.3)
Other problems	20 (13.7)

Table 2. Reasons for moving to management

	N (%)
Desire for leadership	
Yes	85 (58.2)
No	61 (41.8)
Desire for income	
Yes	69 (47.2)
No	77 (52.8)
Be involved in health policy decisions	
Yes	87 (59.8)
No	59 (40.2)
Have impact on other people	
Yes	99 (68.1)
No	47 (31.9)
Attraction by management	
Yes	114 (78.4)
No	32 (21.6)
Desire for challenge	
Yes	71 (48.7)
No	75 (51.3)
Desire for additional technical skills	
Yes	50 (34.3)
No	96 (65.7)
Boredom with medical practice	
Yes	43 (29.5)
No	103 (70.5)
Improve personal position	
Yes	96 (65.8)
No	50 (34.2)
Encouragement from others	
Yes	110 (75.3)
No	36 (24.7)
Requirement for the job	

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Yes	98 (67.1)
No	46 (32.9)

Table 3. Managerial characteristics factors

Factors	loading
Self-oriented characteristics	
Ability to motivate	0.72
Ability to coordinate	0.69
Having self-confidence	0.67
Known his own limitation	0.68
Ability to keep promises	0.58
Ability to delegate	0.50
Work – oriented characteristics	
Seek optimum solution	0.68
Ability to work under stress	0.64
Ability to deal with uncertain situations	0.59
Ability to develop new solutions	0.52
Ability to take initiative	0.51
Ability to solve problems once it occurs	0.49
Ability to take risk	0.45
Ability to manage finance	0.31

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Table 4. Time spent by respondents on different activities

	Almost all	Three-fourth	half	One-fourth	No time
Management	31 (21.1)	37 (25.3)	56 (43.2)	22 (10.4)	0
Supervision	34 (23.3)	(57) 39.0	36 (24.7)	18 (12.3)	1 (0.7)
Motivating people	27 (18.5)	48 (32.9)	48 (32.9)	16 (11.0)	7 (4.8)
Patient care	20 (13.7)	36 (24.7)	51 (34.9)	36 (24.7)	3 (2.1)
External relations	23 (15.8)	31 (21.2)	49 (33.6)	34 (23.3)	9 (6.2)
Activities taken place at office	114 (78.2)	17 (11.7)	8 (5.6)	3 (3.3)	0

Table 5. Results of canonical correlation analysis

First canonical variable	
Personal characteristic set	
Age	-0.78
Speciality	
Consultant	0.01
Speciality	0.24
General practioner	0.19
Years in medicine	-0.84
Interest in medicine	-0.58
Reasons for moving set	
Desire for leadership	0.024
Improve personal position	0.583
Attraction by management	0.62
Encouragement from others	0.691
Desire for income	0.102

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Desire for additional technical skills	0.134
Boredom with medical practice	0.865

Table 6. Personal opinion on managers

	Strongly agree	agree	Strongly disagree	disagree
Every physician can be a manager	25 (17.1)	18 (12.3)	36 (24.7)	67 (45.9)
Specialized managers are more suitable for management	40 (27.4)	33 (22.6)	38 (26.0)	35 (23.9)
One manager for medical issues other for non-medical	61 (41.8)	47 (32.2)	14 (9.6)	24 16.4)