

Job performance and Competency Model: A Study for Clinical Department Directors of Specialized Hospitals in Shenzhen

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Abstract:

The Grade 3A specialized hospital is a large-scale medical service institution that provides medical and health services across regions, provinces, cities and the whole country. In addition to undertaking the important task of providing high-level medical and health care and preventive health care services to the people in the areas where they are located and the surrounding radiation areas, this type of institutions also shoulder the responsibilities of medical higher education and scientific research, which is the leading force of medical and health institutions in China. The post of director of clinical department plays an important role in the management of grade a tertiary hospital. An excellent clinical director plays a very important role in clinical diagnosis and treatment, discipline development, talent echelon construction, scientific research, teaching implementation and the overall improvement of hospital medical level. This study starts from the macro environment and internal environment of the Grade 3A specialized hospital, systematically analyzes and sorts out the factors that affect the development of the Grade 3A specialized hospital, and then expounds the characteristics and attributes of the post of clinical director of the Grade 3A specialized hospital; objective to explore and analyze the quality characteristics required by the post of clinical department director. Combined with the qualitative research method, open questions were used to interview senior experts in the field of hospital management and university hospital management education, and the general competency model of clinical department director in Grade 3A specialized hospital was constructed. Secondly, behavioral event interview was used to interview the clinical director of Grade 3A specialized hospital. The interviewees were divided into the excellent group and the average group according to the peer expert evaluation method. Combined with the self-made "Grade 3A specialized hospital director competency coding dictionary", the different competency characteristics between the two groups were extracted, and the core competency model of Grade 3A specialized hospital director was established.

Keywords: *Grade 3A specialized hospital, clinical director, comprehensive competency, competency model, performance.*



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Introduction

The essence of the competition between modern enterprises and organizations is the competition of talents. The characteristics of human resources that cannot be imitated and replaced make it not only the basis of building the core competitiveness of an enterprise or organization, but also an important embodiment of a country's international competitiveness (Wang, 2018). Therefore, how to build a human resource management system in line with its own characteristics, more scientific selection and employment, relying on high-quality talent team, to win a place in the fierce market competition and stand out, has become the primary problem in the human resource development and management of various enterprises and organizations, and has also become the research focus of academia and enterprises.

Since the last century, with the continuous reform of China's economic system and medical system and the gradual embodiment of the advantages of socialist market economy, social economy has been developed rapidly, and the concept of health management is constantly updated. It makes the human resource management mode and organization structure of health and medical institutions have undergone profound changes, and promotes the development of medical and health undertakings in China to be standardized, institutionalized and scientific (Zhang, 2004). At the same time, the state attaches great importance to the construction of health talents, and creates a good policy environment for the development of health talents. In the "medium and long term talent development plan for medicine and health (2011-2020)", the Ministry of health of China clearly pointed out that "it is necessary to accelerate the implementation of the strategy of strengthening health by talents, highlight the innovation of China's medical and health talent development mechanism, improve the medical and health talent development policy, and promote the comprehensive and coordinated development of medical and health talents" (Ministry of health, 2011). At present, China's health personnel training has made great progress, the total amount of human resources continues to grow steadily, and obvious progress has been made in the optimization of the talent structure and the improvement of the overall quality of talents, which has raised the professional and technical level and medical service ability of health talents to a new stage. At the same time, it also plans to further improve the coverage rate of CME for national health technical personnel, and effectively enhance the comprehensive quality and international competitiveness of health personnel. In addition, China has also formulated a special plan to build a high-level medical and health team. While vigorously cultivating domestic high-level, innovative and compound medical talents, China has continuously strengthened international exchanges and cooperation to further enhance China's international competitiveness in the field of health.

At the same time, some infectious diseases, chronic non communicable diseases and occupational diseases still pose a serious threat to people's health. Frequent food and drug safety problems and continuous deterioration of environmental pollution are still serious obstacles to the development of public health in China. Moreover, with the accelerating process of industrialization, internationalization, marketization and urbanization in China, as well as the emergence of population aging, disease generalization and ecological environment change, the medical and health industry is facing a new round of challenges (Zhang, 2018). At the same time, with the continuous prosperity of the domestic economy and the continuous development of medical science and technology, new technologies, new methods and new equipment of the medical industry continue to emerge, the demand of the medical and health market has become more diverse and complex, and the new situation brought by this market economy has become the primary problem in front of hospital managers. At present, the competition among medical institutions at all levels is increasingly prominent, and only excellent human resources are the creative factors for a hospital to continuously increase its

value. Therefore, it is particularly important to have a sufficient number of high-quality talents to drive the medical service work of the hospital. In the 1970s, MC Clelland first put forward the concept of competence. He believed that the effect of traditional intelligence test was not ideal, and it could not effectively predict career success or other important achievements in life. What really played a decisive role was some personal conditions and behavioral characteristics that could directly affect work performance, which was the key to select high performance candidates (McClelland, 1973).

How to scientifically identify and select talents, and promote the appropriate person who can really produce high performance in the work to the post of clinical director, has become the basic problem that the human resource managers of Grade 3A specialized hospital need to face. The traditional hospital human resource management system can not make up for this deficiency, because it starts from the basis of job analysis, takes the job as the orientation, takes the job description and specification as the fulcrum, passively adapts to the complex and changeable organizational environment, and lacks the flexibility of real-time adjustment. The traditional human resource management system is more and more difficult to adapt to the fierce competition in the medical market and the frequent changes in the external environment of the hospital. The human resource management system based on competency first focuses on people. The starting point and focus of human resource management will be shifted from work to the competency of individual or organization, and the outdated job description and specification will be abandoned. The new job competency will be identified in time according to the change of environment, so as to achieve better job matching. This is conducive to the efficient coordination and integration within the whole management system, always maintain the momentum of dynamic development, and continuously promote the reform and construction of human resource management. Therefore, the way to employ people in modern hospital construction is to appoint people who are competent for their posts, cultivate people with potential, and eliminate people who are not competent. Building the competency model of Grade 3A specialized hospital clinical department director can provide more scientific guidance for the selection, employment and training of clinical department director. So that the hospital can effectively improve the discipline construction level and medical service quality of clinical departments, and inject new vitality into the talent management mechanism of the hospital, which will play an important role in continuously promoting the comprehensive construction of clinical departments and even the sustainable development of the hospital.

Current study investigates the two main research questions. (i) in China (especially in Shenzhen, Guangdong Province), what is the current situation of the comprehensive competency of the clinical director of Grade 3A specialized hospital? and (ii) what are the influencing factors of comprehensive competency performance model? The purpose of this study is to establish a comprehensive competency job performance model suitable for the current actual situation through the investigation of clinical directors of Grade 3A specialized hospitals in Shenzhen, and to prove the effectiveness of the model through a series of empirical studies. Therefore, specifically, this study has the following two research objectives: (i) to clarify the current situation of the comprehensive competency of the clinical director of Grade 3A specialized hospital in Shenzhen. and (ii) to explore the influencing factors of comprehensive competency performance model.

Grade 3A specialized The director of Clinical Department of hospital has multiple roles in his work, such as manager, teacher, expert and so on. The scope of his responsibilities is also very wide. In the specific process of department management, he needs to have different abilities and qualities in different working situations. Therefore, the director of clinical department

needs to have various qualities and abilities in order to fulfill his duties. The general competency model is the comprehensive embodiment of all the basic requirements of the clinical director position. Only with these competency characteristics, can it be possible to do its job well and achieve high performance (Lu and Lu, 2019).

Literature Review

The Concept and Connotation of Competence

The word competence comes from the English word "competence", which means "having physical and intellectual qualifications". It evolved from the Latin word *Competere*, which means "appropriate". Foreign scholars also use "competence" to express the same meaning. In China, "competence" and "competency" both express the same meaning.

Competency research was born after the industrial society. Due to the continuous specialization and professionalization of social labor development, people began to pay attention to the reasons for different performance within each occupational group. At the beginning of last century, Taylor, the father of scientific management, explored the key factors affecting workers' performance through "time action analysis", and then obtained the competency standards of a certain industry, so as to find ways to improve organizational performance. This is considered to be the earliest analysis and exploration of competency in modern times. The concept of competency began in the mid-20th century. John Flanagan first described critical incident technology (CIT) (Xue, 2007). At the same time, the application of competency also began to enter the level of practice. In 1973, psychology professor McClellan first used some methods and techniques to lay the foundation of competency research to help the US State Department design a set of diplomat selection methods. In the research, he analyzed the specific behavior characteristics of individuals in detail, trying to identify the individual conditions that can effectively distinguish the performance and predict the actual work ability. In the same year, McClellan used his research results to define the core competency of foreign intelligence officials as three characteristics: cross-cultural interpersonal sensitivity, people's positive expectations and quick access to the local political network. This selection basis is still used by the U.S. government (Zhao, 2012).

Competency Model

The definition of competency model

Competency model (CM) is the sum of competency required for a specific position, and it is a set of competency structure combined according to the performance requirements of a specific position (Fang et al., 2018). Competency model focuses on the key competencies required to be competent for a specific position, which can be used as a decision-making tool in practice and linked with future work requirements. In other words, competency model can be regarded as a success model. It reflects all the knowledge, behavior, skills and individual characteristics that affect the success of an individual when engaged in a certain job. It is the guarantee and standardized explanation of producing high performance in a specific position. The successful competency model can be used as a tool to reveal the conditions for individuals to complete specific tasks, so as to guide individuals to carry out targeted self-learning or participate in training. At the same time, it also effectively promotes the application and development of human resource management. As a practical standard, competency model can play an important role in personnel selection, evaluation and salary management (Wu, 2018;; Wang, 2018; Wang, 2018; You and Dong, 2018; Liu et al., 2018).

The development trend of competency research

The research on competency at home and abroad has been continuing, and gradually shows several development trends (Lin, 2007):

(1) From local research to overall research. Early competency research did not regard the competency system as a whole, but tended to focus on one part of the system, leading to the separation from other parts. For example, when exploring individual competency, we often ignore the influence of organizational strategy, organizational culture, environmental changes, job requirements and other factors on the model construction. Competency model is not a simple superposition of several competency features. Each competency element is not only logically related, but also dynamic and developmental. It is closely related to the work situation and will change accordingly in the face of different work situations. Competency system is a flexible form of organization. Although individual competency is stable in the short term, it has always interacted and influenced with the environment. Only in the dynamic state can competency achieve mutual coordination and truly achieve person post matching (Lei, 2005). In order to achieve this, more and more scholars regard competency system as an organic whole, and try to carry out research from multiple perspectives and levels.

From basic research to applied research. With the continuous deepening of competency research, at present, based on the basic research, it also began to pay more attention to the application research and put it into practice (Yu, 2017). As early as the end of the last century, many large and medium-sized enterprises in western developed countries have successively studied and established their own management competency model and post competency model according to their own market strategy and core advantages. As more and more enterprises recognize the value of competency model, more and more professional research institutions also participate in the research and development of competency model system in a variety of industries. At the same time, commercial consulting companies specialized in providing enterprise competency modeling services and consulting have sprung up, vigorously promoting the popularization of the concept of competency and the promotion and application of research results (Fu, 2018).

Job performance

Performance refers to the work behaviors and measurable work results that can be described by an organization or an individual. It reflects the achievements and the degree of achievement of goals in an activity. It is the efficiency and output of an activity within a specific time frame. It can be partially predicted by variables such as years of service, age, professional title and position. Because performance belongs to multi-dimensional structure, from the perspective of organization, team and individual, the results are not the same from different perspectives. Therefore, there has been a debate about the definition of performance. There are two mainstream views on the interpretation of performance, which point to the result and behavior of performance respectively.

The relationship between competence and performance

Since Mc Celland put forward the theory of competency, although researchers have not yet reached a consensus on its definition, it is generally agreed that competency is closely related to performance, and competency has a good predictability in performance. Boyatzis (1982) believes that to establish an effective performance model, it is necessary to find the potential characteristics that have causal relationship with excellent performance through competency research. Wu et al. (2003) believe that the performance evaluation based on competency pays more attention to the behavior performance, ability characteristics and result output of medical staff in the process of medical service, so as to predict the individual performance, which not only reflects the good sense of medical service, but also fully reflects the concept of hospital management. Wu (2004) pointed out through research that the key indicators of competency have a direct impact on employees' job performance. In addition, some elements

have an indirect impact on performance through the interaction with the key competency with high degree of self-correlation.

Methodology

Research design

In this study, the general competency of clinical director of Grade 3A specialized hospital was explored and constructed by consulting relevant literature and visiting senior experts. Then, BEI technology is used to build the core competency model of the clinical director of Grade 3A specialized hospital. Finally, competency theory is introduced into the performance research of clinical director, and the performance model of Grade 3A specialized hospital clinical director is constructed.

Population/Sampling/Unit of Analysis

In the section of exploring the general competency model of the clinical director of Grade 3A specialized hospital, the interviewees in this study were 15 experts from 3 teaching hospitals and 2 medical colleges, and the selection criteria were: (1) experts in the field of hospital management and education in Colleges and universities. (2) It is well-known in the industry. (3) More than 10 years working experience in hospital management or hospital management education. (4) It was unanimously nominated by two industry experts.

In the section of comprehensive competency model to determine the core of clinical directors of Grade 3A specialized hospital in Shenzhen, the researchers interviewed 20 clinical directors of Grade 3A specialized hospital in Shenzhen. All the interviewees were directors of clinical departments who had worked for more than 3 years. According to the standards, the subjects were divided into excellent performance group and average performance group, with 10 in each group. The interviewees didn't know their group in advance, but most of the high-performance group members were well-known in their professional fields and had outstanding academic status, which led to the researchers' clear judgment before the interview, so this study belongs to single blind design. The sample selection criteria of the interviewees are as follows: (1) the main person in charge of the clinical department is the technical backbone and discipline leader of the specialty. (2) The quantity and quality of published academic papers. (3) The quantity and quality of the project funds and research awards. (4) The results of the performance evaluation of the superior health authorities and hospitals for three consecutive years. (5) The overall economic benefits and annual growth rate of the Department. (6) Department talent echelon construction situation. Taking the above conditions as the standard, based on the evaluation of peer experts, this study identified 10 interviewees in the excellent group and the average group.

Finding and Discussion

Research Objective 1 : Current Situation of Comprehensive Competence

As the first objective of this study is to clarify the current situation of the comprehensive competency of the clinical director of Grade 3A specialized hospital in China, especially in Shenzhen, this objective does not involve the collection of objective first-hand data. Therefore, the data will not be stated and objectively displayed in this section. For detailed analysis and discussion, please refer to the last two sections.

(1) Macro environment analysis

The purpose of this part of the study is to analyze the macro environment of policy, economy, population, nature and society of Grade 3A specialized hospital in China, to explore the favorable and unfavorable factors in the development of Grade 3A specialized hospital, and to understand the opportunities and challenges in its development.

1) Policy environment analysis

a. National policy

In March 2009, the State Council issued the opinions of the CPC Central Committee and the State Council on deepening the reform of the medical and health system, which clearly put forward the importance of realizing the equalization of public health services in China for the first time, and planned to basically establish a basic medical and health system covering urban and rural residents by 2020. In February 2010, the Ministry of health of the people's Republic of China issued the guiding opinions on the pilot reform of public hospitals, which put forward the overall design of "one goal, three fields and nine tasks" for the pilot reform of public hospitals, and pointed out the future development direction of public hospitals in China. In December 2011, the Ministry of health of the people's Republic of China issued the implementation rules for the evaluation standards of Grade 3A specialized hospital (2011 Edition), which put forward detailed and specific requirements for the development and construction of Grade 3A specialized hospital from the aspects of hospital management, service, patient safety, medical treatment and nursing work. In October 2013, the State Council issued several opinions on promoting the development of health service industry, which proposed that the access conditions of medical market should be appropriately relaxed to give more development opportunities to non-public medical institutions and private hospitals.

Grade 3A specialized hospital is the leading force of China's medical and health service institutions. China's health administrative departments have detailed and specific requirements for its medical service and management, medical quality and safety, technical level and efficiency. Through literature analysis, this chapter carefully analyzes and combs the macro environment and internal environment of the development of Grade 3A specialized hospital, as well as the post quality characteristics of clinical department directors, in order to understand the practice environment and post work characteristics of clinical department directors of Grade 3A specialized hospital in the new era, and to sort out and summarize the objective elements of their competency. As the basis of modern hospital management, clinical department management is an important part of hospital management and plays an important role in the whole hospital management activities. In the three-level management of hospital, functional department and department, which is widely adopted in modern hospital management, clinical department is the main executive layer to implement various decisions and tasks of medicine, teaching and research, and plays an important role in Grade 3A specialized hospital. The development level of clinical departments has the most direct relationship with the Department Director.

Research Objective 2: Influencing Factors of Competency Performance Model

Interview time and interview length

The interview time and length of the clinical directors in the excellent group and the average group were compared. The former was 68.90 ± 7.38 minutes and 11322.40 ± 1222.23 words; the latter was 67.20 ± 9.01 minutes and 11092 ± 1016.143 words. As shown in the table below:

Table 4-1 Comparison of interview time and interview length between excellent group and average group

Interview record	Excellent group		Average group		T	Df.	P
	Mean	SD	Mean	SD			
Length (number of words)	11322.40	1222.23	11092.10	1016.14	0.458	18	0.652
Time (minutes)	68.90	7.385	67.20	9.01	0.461	18	0.650

Source: Author

In the research of competency, the average grade score, frequency and the highest grade score of competency are usually used for statistical processing. McLellan pointed out after relevant research that the length of interview will not affect the frequency and average score, on the contrary, the length of interview will bring better stability and discrimination, but the highest score is not good. A large number of scholars have confirmed that the average rank method is more stable and effective in removing the influence of interview words on competency (Fu, 2013). Therefore, this study conducted a difference test on the average score of the two groups of competency to verify whether the competency coding dictionary can effectively distinguish the high achievers and the low achievers.

Conclusion

The results of Bei interview showed that the interview time of the excellent group was 68.9 ± 7.38 minutes, and the interview length was 11322.4 ± 1222.23 words; the interview time of the ordinary group was 67.2 ± 9.016 minutes, and the interview length was 11092 ± 1016.143 words. There was no significant difference in the interview time and length between the two groups ($P > 0.05$). The consistency of the two coders ranged from 0.394 to 0.807, and the overall consistency was 0.561. The coding reliability coefficient ranged from 0.566 to 0.893, and the overall coding reliability coefficient was 0.719. The intra group correlation coefficient (ICC) test showed that the two coders had good rater consistency reliability.

The core competency of the clinical director of Grade 3A specialized hospital consists of four dimensions: professional competence, management skills, personal characteristics and interpersonal relationship. The influence of the four latent variables on competency from large to small is: management skills, professional ability, personal characteristics and interpersonal relationship.

Through this study, the researchers hope to establish an effective comprehensive competency job performance model, which can be used to evaluate the relationship between the competency and job performance of the clinical director of Grade 3A hospital. Through a large number of literature retrieval and qualitative data collection, researchers first form a general competency model, and through continuous testing, form a comprehensive competency performance model that can be applied in practical problems, and prove its effectiveness level. Therefore, the results of this study to a certain extent meet the expectations of previous researchers. Secondly, in the process of this study, the researchers overcame many difficulties and completed a variety of challenges, especially in the process of data collection and analysis, the coordination of each participant's time, and how to skillfully use the management theory. Moreover, in this study, researchers and mentors have high-quality interaction. The tutor's patient guidance and constructive suggestions promoted the

completion of this study. Finally, this study fills the gap of empirical research in the field of competence of clinical director of Grade 3A hospital in China, and enriches the relevant research results to a certain extent.

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