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Deanship of Graduate Studies

Al- Quds University

Assessment of Management Training Needs Among Health Managers in Governmental Hospitals

Naeem Hassan Mohamed AlGhareeb

M.P.H Thesis

Jerusalem - Palestine

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Thesis Approval

**Assessment of Management Training Needs Among Health Managers in
Governmental Hospitals**

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إهداء

أهدى هذا العمل إلى روح والدي الطاهرة الذي غرس في القيم والمبادئ وحب التعلم والتضحية من أجله وإلى والدتي الغالية وإخواني وأخواتي الأعزاء وزوجتي الحبيبة وبناتي العزيزات إيمان و ياسمين، ولا أنسى أصدقائي الأوفياء.

نعيم الغريب

Dedication

This work is dedicated to the memory of my father, for instilling in me the values of hard work, a good attitude and persistence, and for stressing the value of education. His love, concern and pride in my work were always a major source of strength to me. His encouragement, support and personal sacrifices made an everlasting impression on my life.

This work is also dedicated to my mother, wife, daughters, Iman and Yasmine and to my best friends.

Naeem H. M. AlGhareeb

Declaration

I certify that this thesis submitted for the degree of Master is the Level of my own research, except where otherwise acknowledged, and that this thesis (or any part of the same) has not been submitted for a higher degree to any other university or institution.

Signed

Naeem Hassan Mohamed AlGhareeb

Date: 05.10.2008

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Naeem H. M. AlGhareeb

Abstract

Management at any level is a complex function requiring multiple skills and specific, relevant knowledge. Many of these proficiencies are naturally developed through experience. But learning how to be an effective manager is not a destination, it's a journey, training programs play an important part in management development. The development of new skills and the retention of new knowledge can be enhanced by training programs. The purpose of this study is to understand what knowledge and skills are needed by managers in governmental hospitals in Gaza-Strip which would assist them perform better in their organizations and their departments.

Self-administered questionnaires were distributed to 180 middle line managers and first line managers in MOH governmental hospitals in Gaza-Strip governorates, were chosen from all MOH governmental hospitals in Gaza-Strip governorates by systematic random sampling method and the sample was chosen from management level (first line managers and middle line managers) . SPSS (Statistical Package for Social Science) software version 11 was used to process the data. Of these, 45 were physicians, 34 were administrator, and 88 were nurses.

The main research findings include that. It was found that 56.9 % of surveyed managers have obtained no management training courses. The remaining who has received some training, most attended courses or workshops that lasted only a few days. Overall, the extent of awareness of health managers' responsibilities is low. In particular, it is poor and very poor for 35.4% of them. Most of the survey respondents do not feel confident with planning, organizing, supervision and monitoring of health services. This lack of confidence is reflected in the poor (75%) knowledge of the planning cycle. Generally,

there is limited awareness of the importance of Health Management Information System (HMIS) and its use. This is reflected by the absence of a system aimed at evaluating 47.3 of respondents prioritized their management training needs in the area of Health Management Information System

Overall, the major training needs that emerge from the matching of the perceived and the actual needs of health managers are in the areas of planning (75%), organizing (58.1%), supervision and monitoring (56.9%), directing (50.9%), health information system (47.3%), and evaluation and quality assurance (43.7%).

Because of the important role played by the training programs to upgrade the knowledge, skills and attitudes of both employees and managers, therefore, more effort should be paid to all aspects of training programs, including training needs assessment, by implementing more research and studies concerned with this activity, for the country, organization and the employees to become more aware of the importance of this activity for them.

More attention should be paid to assessing training needs process, in terms of selecting more practical approaches, taking into account the aspects of the environment in which the employees work and selection of better-qualified managers who are responsible for such activity.

تحديد الإحتياجات التدريبية الإدارية للمدراء في مستشفيات وزارة الصحة، 2008م

ملخص

الإدارة في أي مستوى هي من الوظائف المعقدة وتحتاج إلي مهارات محددة ومتعددة وإلي المعرفة، وكثير من هذه الصفات يتم تنميتها بالخبرة، ولكن تعلم كيفية أن تكون مديراً فاعلاً ليس بالشيء الصعب وهي كالرحلة، وبرامج التدريب تلعب دوراً مهماً في التطوير الإداري، وإن تطوير مهارة جديدة وترسيخ معرفة جديدة من شأنه أن يزداد ببرامج التدريب، والهدف من هذه الدراسة هو لفهم وإدراك ما هي المعرفة والمهارات التي يحتاجها المدراء في المستشفيات الحكومية في قطاع غزة لتساعدهم في إنجاز وأداء أفضل في إدارتهم ولأقسامهم.

الإستبيانات تم توزيعها علي 180 من مدراء الإدارة الوسطى والإدارة الدنيا في مستشفيات وزارة الصحة الفلسطينية في محافظات قطاع غزة بطريقة العينة العشوائية المنتظمة وإستخدام برنامج الرزم الإحصائية للعلوم الاجتماعية (SPSS) لتحليل العينة. ومن هؤلاء كان 45 طبيباً و 34 من الإداريين و 88 من التمريض.

وكان من أهم نتائج الدراسة أن 56.9% من المدراء المبحوثين لم يتلقوا أي تدريب في المجال الإداري والبقية تلقوا بعض التدريب في دروس وفي ورشات عمل لمدة بضعة أيام فقط ، بشكل عام مدى إدراك ومعرفة المدراء بمسؤولياتهم منخفضة علي وجه الخصوص بالنسبة 35.4% منهم، ومعظم الذين إستجابوا للمسح لم يكونوا واثقين في مواضيع التخطيط و التنظيم و الإشراف والمتابعة للخدمات الصحية، عدم الثقة هذا يعكس س مدي الإنخفاض (75%) في المعرفة بدائرة التخطيط، بصفة عامة هناك معرفة محدودة بأهمية نظام المعلومات للإدارة الصحية وإستخداماتها، وهذا يعكس غياب نظام هدفه التقييم وكان 47.3% من المبحوثين أعطوا أولوية لمنطقة نظام المعلومات للإدارة الصحية من ضمن إحتياجاتهم الإدارية التدريبية.

بشكل عام القسم الأكبر والغالبية من الإحتياجات الإدارية كانت واضحة وملائمة للإحتياج الحقيقي للمدراء الصحيين في كل من التخطيط (75%) ، التنظيم (58.1%)، الإشراف والمتابعة (56.9%)، التوجيه (50.9%)، نظام المعلومات الصحية (47.3%)، التقييم ومراقبة الجودة (43.7%).

بسبب أهمية الدور الذي تلعبه برامج التدريب لتحسين والرقي بالمعرفة والمهارة والسلوك لكل من الموظفين والمدراء، لذلك يجب بذل جهد أكثر لتغطية جميع جوانب برامج التدريب ومن ضمنها تقييم

وتحديد الإحتياجات التدريبية عن طريق إجراء أبحاث ودراسات تهتم بهذا النشاط علي مستوى الدولة و علي مستوى المؤسسة وأيضاً علي مستوى الموظفين ليكونوا مدركين أكثر بأهمية هذا النشاط بالنسبة لهم.

وإهتمام أكثر يجب أن يعطى لعملية تقييم وتحديد الإحتياجات التدريبية, بمعنى أن يتم إختيار طرق عملية أكثر, أخذين بالحسبان مظاهر البيئة المحيطة بعمل الموظفين و إختيار أفضل لمدراء مؤهلين وقادرين علي تحمل مسؤولية مثل هذه النشاطات.

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List of abbreviations

Ed	Edition
GG	Gaza Governorates
HRD	Human Resources Development
HRDD	Human Resources Development Department
HRH	Human Resources for Health
HRM	Human Resource Management
MBA	Master of Business Administration
MOH	Ministry of Health
MTD	Management training and development
n.d	No date
NGOs	Non Governmental Organizations
NSHP	National Strategic Health Plan
OJT	On-the-job training
PCBS	Palestinian Centre Bureau of Statistic
PNA	Palestinian National Authority
POSDCORB	Planning, Organizing, Staffing, Directing, Coordinating, Reporting, Budgeting.
SPSS	Statistical Package for Social Sciences
TNA	Training Needs Assessment
UK	United Kingdom
USA	United States of America
WB	West Bank
WHO	World Health Organization

Definition of terms

- **Assessment:** is the process of gathering and discussing information from multiple and diverse sources in order to develop a deep understanding of what students know, understand, and can do with their knowledge as a result of their educational (Weimer, 2002).
- **Management:** is the process of getting activities completed efficiently and effectively with and through other people (U.S, 1976).
- **Manager:** An individual who, in public health and other organizations, manages the processes of the organizations. The title of manager is usually conferred on an individual by a higher authority. (U.S, 1976)
- **Management Development:** the process from which managers learn and improve their skills not only to benefit themselves but also their employing organizations (Cannell. M, 2007).
- **Training:** is a planned and systematic effort to modify or develop knowledge/ skill/ attitude through 'learning' experience, to achieve effective performance in an activity or range of activities (Pinnington and Edwards, 2000).
- **Needs:** is "a measurable discrepancy between the current and desired status for an entity (Altschuld and Witkin, 2000).
- **Needs Assessment:** Problem identification process that looks at the difference between "what is" and "what should be" for a particular situation. A systematic study that incorporates data and opinions from varied sources in order to create, install and evaluate people, products and services (Interlinktc, 2008).

- **Needs Analysis:** A method used to determine specific needs by reviewing tasks, identifying performance factors and objectives, and defining objectives and recommendations (Interlinktc, 2008).
- **Middle Line Managers:** Middle-line managers, or middle-level managers, are those in the levels below top managers. Middle managers' job titles include: General manager, Plant manager, Regional manager, and Divisional manager. Middle-level managers are responsible for carrying out the goals set by top management. They do so by setting goals for their departments and other business units. Middle managers can motivate and assist first-line managers to achieve business objectives. Middle managers may also communicate upward, by offering suggestions and feedback to top managers. Because middle managers are more involved in the day-to-day workings of a company, they may provide valuable information to top managers to help improve the organization's bottom line (Reference for business, 2008).
- **First Line Managers:** First-line managers are also called first-level managers or supervisors. These managers have job titles such as: Office manager, Shift supervisor, Department manager, Foreperson, Crew leader, Store manager. First-line managers are responsible for the daily management of line workers, the employees who actually produce the product or offer the service. There are first-line managers in every work unit in the organization. Although first-level managers typically do not set goals for the organization, they have a very strong influence on the company. These are the managers that most employees interact with on a daily basis, and if the managers perform poorly, employees may also perform poorly, may lack motivation, or may leave the company (Reference for business, 2008).

- **Competency:** A cluster of related knowledge, skills, and abilities that can be measured against standards that are necessary to produce required outcomes and that directly correlate with performance on the job (Dictionary, 2008).
- **Experiences:** the process culminates when assessment results are used to improve subsequent learning (Weimer, 2002).
- **Quality assurance:** is a process to ensure that the quality of a product or a service meets a predetermined standard. The process of quality assurance compares the quality of a product or service with a minimum standard, often set by some external authority. The aim in quality assurance is to ensure that a product or service is fit for purpose (Cole, 1998).
- **Quality improvement:** is concerned with continually raising the quality of a product or service. It is concerned with comparing the quality of the service that is about to be produced, with the quality of what has been produced in the past. Quality improvement is therefore primarily concerned with self or one's team, rather than external bodies (Inglis, 2005).
- **Human Resource Management (HRM):** consists of all the activities in an organization involving the acquisition and utilization of human resources. The most important activities of HRM are human resources planning, recruiting and selecting, training and developing, utilizing, and rewarding employees (Haksever et al, 1990).

Chapter One

Introduction

Chapter one

Introduction

1.1 Background

Management at any level is a complex function requiring multiple skills and specific, relevant knowledge. Many of these proficiencies are naturally developed through experience, but learning how to be an effective manager is not a destination, it's a journey. Experience is an on-going teacher, and so too should be the learner's desire to grow and develop in the role, adapting to changing conditions, adopting new approaches, and seeking forums in which to help make that happen (Rob M., 2000). That's where training programs play an important part in management development. The development of new skills and the retention of new knowledge can be enhanced by training programs, especially if they are targeted to give learners ideas and structure that apply to their everyday experience. Training is not a substitute for applied effort, nor is it a magic "fix-it" wand. There are many situations where training is definitely not the solution. Such problems have other causes and solutions (Rob M., 2000).

Education and training is the cornerstone of individual capacity building. Training Needs Assessment (TNA) constitutes the first and critical step of the training process. It is the backbone of the development and implementation of a harmonized training plan covering both pre-service and in-service training (Swist , 2001).

The impact of management training and development needs assessment on the success of conducting management training programs have become the dominant research issue in the field of management training. Therefore, it is important for trainers and human resource development specialists to chart the future of management training and development in the world, and to consider the themes that will dominate at this new millennium. Admittedly,

management training and development in the Arab countries in general and in Jordan in particular has been a subject of increasing interest and debate in recent years (Al-Faleh, 1990). However, few would disagree that one of the most critical challenges facing the developing countries is the training and development of their managers. In contrast, in the developed countries it appears to be an increased recognition of the efficacy of management training and development (MTD) as strategies to improve organizational effectiveness and competitiveness. This is consistent with the notion that managers can and do have significant impact on organizational effectiveness and efficiency (Atiyyah, 1993). Therefore, assessment of managers training and development need will help in making the training programs more target oriented. In doing this, all training efforts will be geared towards the same end result of increasing the organization's efficiency and effectiveness. The assessment of managers training need come at the beginning of any management training and development design program. This is important, because training need assessment is basic to exposing the gap between what is happening and what ought to be happening in terms of managerial performance. It determines whether a gap exists between the requirements of a job and the skills of the managers who perform it (Weir, 1994). As a result, an accurate needs assessment enables the limited training budget to be directed more specifically towards achieving organizational strategy. However, the distinction between organizational needs, operational needs and managers need should be taken into account in order to design acceptable management training and development programs that fit the needs of both the organization itself and its human assets (Abu- Doleh, 2000).

Assessing management training needs of hospital managers is an important step toward providing appropriate training programs. The management training needs assessment is a critical activity for the training and development function.

The needs assessment is the first step in the establishment of a training and development Program. It is used as the foundation for determining instructional objectives, the selection and design of instructional programs, the implementation of the programs and the evaluation of the training provided. These processes form a continuous cycle which always begins with a needs assessment (Lisa H., 2005).

The first step in the development of a management training program is the assessment of organizational and individual training needs. Training needs assessment (TNA) would seem to be a logical step in knowing what the organizational training needs are and providing that training for employees (Patton et al, 2002).

The management unit must give training opportunities to its employees in order to qualify them and enable them to work appropriately; this management unit must train them inside or outside the organization, according to its abilities and the availability of training opportunities outside the organization (Al-Zawie, 1991).

Training needs assessment is the vital step for the designing of any management training development programs and for evaluating these programs. Robinson (1981) described determining management training development programs needs as a gap which exists between the true requirement of a given job and the present capabilities of the incumbent. So, the assessment of training needs is to understand the gap between what is happening in the organization and what must happen in terms of managers' behavior according to their knowledge, skills and attitudes. In other words, management training development programs needs exist when an employee lacks the knowledge or skills to perform an assigned task satisfactorily. The objective of training needs assessment is to collect and evaluate information in order to determine what is currently being done and what should be done in the future (Robinson, 1981).

Management training and development programs needs assessment can happen in many cases. New employees are accepted to work in the organization, promoting some employees up the job ladder, sometimes for continuous development purposes, or to deal and work with changes (e.g. technology, business expansion). Therefore, a clear assessment of management training development programs needs enables an organization with its limited resources to achieve its strategy in a suitable time. According to (Boydell, 1997; Stanley 1987) and others, in order to design acceptable management training development programs, which satisfy both the organization and its human assets, management training development programs needs assessment should depend on organizational, operational and individual analysis, using appropriate techniques by which useful information can be collected about the organization, job and individual in order to diagnose any problem regarding these elements.

Data required for training needs assessment can be more effective if the following considerations are taken into account: getting the optimal amount of data; data collected are accurate and reliable; and collecting data in a way that contributes to creating a positive attitude to the training program (Watson, 1974). Furthermore, it is necessary for managers to have an opportunity to contribute in forming the framework that determines how management training and development programs proceed (Margerison, 1984). Therefore, the success or failure of management training and development programs is dependent on the managers' satisfaction of management training and development programs activities, which confirms the existence of the relationship between the managers and the efficiency of management training and development programs. Moreover, the satisfaction of the individual with training and development activities is an important factor for the success of management training and development programs (Margerison, 1984).

Management training and development programs' effectiveness can clearly be influenced by the success in identifying the management training and development programs needs, because of the important role that needs assessment can play in identifying individuals who must be trained, designing management training and development programs that relate to the needs of both individuals and organization, outlining the required time, determining objectives and required skills, and the required resources for management training and development programs can be identified which leads to reduced costs (Bee and Bee, 1994).

An individual's job satisfaction could have a mediating effect on the ability of a manager's environment to spur management actions or performance. While the relationship between job satisfaction and performance has been a persistent "chicken and egg" question, recent research suggests that job satisfaction and performance are moderately related and mutually influence each other (Judge, Thoresen, Bono and Patton, 2001). Several recent studies examined the viability of the job satisfaction-performance relationship. These studies support Harter, Schmidt and Hays' (2002) contention that the relationship is more complex and that the analysis suffers from poor measures of both constructs.

1.2 Statement of the problem

It has become painfully clear that many health care managers lack managerial skills. Professional employees are often promoted to management levels without adequate preparation, and their continuing education agendas lack studies of comprehensive managerial skills.

Management training needs assesement could be the base for designing training courses to raise the level of skills and abilities of managers in the governmental hospitals.

First and middle line managers are very important elements inside the organization because of their roles and interactions with top managers and with employees. As much as managers are qualified, trained and skillful to perform their role, they will save time, money and efforts.

Managers in the governmental hospitals play a fundamental role in planning and implementing the organization's activities. They use the available resources to get the best results through an efficient and productive way keeping in mind the values that the organization upholds. They also play an important part in implementing the administrative and human resources development, team building, interpersonal communication skills, leadership, project management, performance management, and supporting the change process. Hospital managers thus need to develop a diverse set of the tools, skills, knowledge, attitudes and behaviors to fulfill these multiple roles, while ensuring that management standards and practices are of the highest quality and harmonized across the organization.

1.3 Justification of the study

Managing health institutions requires special efforts, skills, and abilities. The role of the manager is widening with the complexity of modern technology. To be able to run health institutions properly, managers need to refresh their knowledge and skills from time to time to meet demands. Educational and training programs may be the solution to bridge the gap in management skills.

Decision makers and trainers should pay attention to different levels of management especially when designing training programs, and on how they choose training methods, determined needs, implemented training, and evaluated results.

Deficiencies in management skills are the problem and management training is the solution. Management training needs programs have proven to be very attractive to donors because they are relatively cheap. Provide the promise of a quick fix, produce highly visible interventions and favorable publicity, and are consistent with the interest of those consultants charged with designing the programs.

The researcher was working in governmental hospital in managerial levels for 10 years he notices that there is a strong need to study this phenomenon to identify and clarify the need for management training in the governmental hospitals in Gaza strip and To improve the performance of the manager to fill present positions, and to prepare and help the manager to fill more responsible positions in the future, to satisfy both the needs of the organization and of the individual manager.

The management development program should enhance the visibility and clarity of the managerial and leadership profile within the organization, and raise manager's awareness of their role and responsibilities.

1.4 The aim of the study

To understand what knowledge and skills are needed by managers which would assist them perform better in their organization.

1.5 Objectives

1. To identify the training needs of managers in different departments in the hospitals.
2. To determine the differences in training needs between male and female managers in governmental hospitals.
3. To investigate the relationship between training needs and years of experience.

4. To determine the differences in training needs between first line managers and middle line managers.
5. To suggest recommendations or needs priorities in this area.

1.6 Research Questions

1. Are there differences in training needs of managers and working place?
2. Are there differences in training needs between male and female managers?
3. Is there a relationship between training needs and years of experience?
4. Are there differences in training needs between first line and middle managers?
5. What are the methods of improving training programs?

1.7 Demography

Palestine is situated on the Eastern coast of the Mediterranean Sea. It is of an ancient and of strategic important location. Now, Palestine comprises two areas separated geographically: the West Bank and Gaza governorates, the total area is 6,020 sq. Km. with total population living in is 3,762,005 individuals in 2007 with capita per sq Km 625. Gaza governorates is a narrow piece of land lying on the coast of the Mediterranean sea. Its position on the crossroads from Africa to Asia made it a target for occupiers and conquerors over the centuries. The last of these was Israel who occupied the Gaza governorates from Egyptians in 1967. Gaza governorates are very crowded place with area 365 sq. Km and constitute 1.3 % of total area of Palestinian territory land (Palestine, MOH, October, 2006). In mid year 2007 The total number of population in Palestine in 2007 was 3,761,646, Gaza Strip (GS) 1,416,539 (37.7%) and West Bank (WB) 2,345,107 (62.3%) (PCBS, 2007), mainly concentrated in the cities, small village, and eight refugee camps that contain two thirds of the population of Gaza governorates. In Gaza

governorates, the population density is 3,808 inhabitants/km² that comprises the following main five governorates: North of Gaza, Gaza City, Mid -Zone, Khan-younis, Rafah. West Bank is divided into four geographical regions. The North of West Bank includes the districts of Jenin, Tulkarem, Qalqyia, Salfit and Tubas districts. The Center includes the districts of Ramallah and al-bireh, and Jerusalem. The South includes the Bethlehem and Al-Khaliel districts, and the sparsely populated Jordan valley including Jericho. The population density is 420 inhabitants/ km² and constitutes 93.9% of total area of Palestinian territory land (Palestine, MOH, October, 2006). (Annex no.1).

1.8 Health care system

In principle, the Ministry of Health (MOH) has the prime responsibility for the health of the entire population, in which human resources are a critical issue. It's main objective is to balance HRD and health personnel needs. This requires a strong leadership to assure harmony between HRH and national plans and policies. (Palestine, MOH, 2001)

The MOH is the health authority responsible for supervision, regulation, licensure, and control of the whole health services

The MOH provides both primary and secondary health services and purchases tertiary services from private providers domestically and abroad. (Palestine, MOH, 2001)

Over the past years, the Palestinian health care system has been developing side by side with the development of Palestinian society in general. Five stages of development can be identified:

1. Since the early days of Israeli Military Occupation in the West Bank and Gaza strip, the Israeli Military Occupation have continuously attempted to takeover the existing Palestinian health care structures and to make them increasingly dependent on the Israeli health care system. In the early years of occupation, little development had

taken place at most if the efforts of the Palestinian structures which were not taken over by the Israeli Military Authorities were directed towards maintaining their existence and providing needed health care services under numerous restrictions imposed by Israeli Military Authorities. The Israeli restrictions took many forms, ranging from delays in licensing of projects to the point where such activities as health education became activities requiring permission from the military occupation authorities. During the period (June 1967 to the early 1970s) few Palestinian structures were erected.

2. Starting in the early 1970s a new trend began to build as many independent health care structures as possible. Despite the many restrictions imposed by the Israeli authorities, a number of indigenous health care organizations, predominantly charitable societies were able to obtain permits to operate in the Occupied Territories. This trend, however was mainly focused on curative health care services. Little emphasis on preventive health activities and primary health care services. Although a number of significant achievements were recorded during that period, the many restrictions imposed by the Israeli Military Authorities rendered further development of that sector virtually impossible.
3. During the late 1970s and early 1980s, another trend began to develop in the Occupied Territories. It was based on a more holistic concept of health, namely that health and illness were not merely biological phenomena and that the health of the population and not just the individual was an integral part of the social, economic, even the political context within which the population lived.
4. In early 1988, with the outbreak of the Palestinian uprising, the Palestinian health structure was put in a state of emergency due to the large number of casualties, which resulted from Israeli army violence. As a result of this situation, a large number of new clinics were established in the West Bank and Gaza Strip in order to meet the

increasing need of medical services. The growth in the Palestinian health care structures during the years of the uprising was predominantly confined to the NGOs and charitable sectors.

5. Since 1992, and after Palestinian MOH had taken the responsibilities of health in Palestine, great improvement and development in term of quantity and quality of health services including policies, regulations, infrastructures and human resources development. Since then health care in Palestine is first and foremost the responsibility of the Ministry of Health. Thus, it is essentially a public and a governmental responsibility. Being so, it is regulated by mandates issued by Palestinian National Authority (Palestine, MOH, 2001).

1.8.1 Hospitals in Palestine:

MOH is the main health care provider in Palestine with other health care providers, UNRWA, Medical Services for Police and General Security, health services of national and international Non Governmental Organizations (NGOs), and private health sector. MOH is the health authority responsible for supervision, regulation, licensure and control of the whole health services (Palestine, MOH, October, 2006).

In Palestine the secondary healthcare is provided by governmental, non-governmental, UNRWA and private sectors. MOH is responsible for a significant portion of the secondary healthcare delivery system (60-70% of general and specialized hospital beds) and more than this proportion in hospital services (about 70% of hospital services). In 2005, there are 43 general hospitals with 3,726 beds, 10 specialized hospitals with 812 beds, 19 maternity hospitals with 322 beds and four rehabilitation centers with 165 beds (Palestine, MOH, October, 2006).

1.8.2 MOH Hospitals:

The MOH owns and operates 22 hospitals (10 in GS and 12 in the WB), furnished with 2,815 beds (1,499 in GS and 1,316 in the WB).

The general hospitals with 2,163 beds (1,199 in GS and 964 in WB), two psychiatric hospitals with 319 beds (280 in WB and 39 GS), one ophthalmic hospital in GS with 31 beds and two Pediatric hospitals in GS with 222 beds (Palestine, MOH, October, 2006).

1.9 Human Resources Development Department (HRDD)

In line with the rapid development of the Palestinian health system infrastructure, the national course of sustaining human resources for health services has been and still is among the major priorities in MOH national strategic for health.(Palestine, NSHP, 1999-2003)

Since taking over the responsibilities of health in 1994, the MOH has accepted the huge requirements for human resource development. Therefore, Human Resources Development Department (HRDD) was established and major projects were launched for this purpose, including investment in human resources development, which had been considered by the MOH as the most significant challenge for the Palestinian people. It contains within its organizational structure four main administrations as follow:

1. Continuing Education Administration that has four major programs to run which are:
.Medical, Nursing, Allied Medical Professions, and Administrative Programs.
2. Fellowships and Conferences Administration that focuses on upgrading the capability of health care professionals by way of further educational qualifications and post-graduates studies in different needed health specialties. In addition, to participation in regional and international health conferences.

3. Health sciences Institution Administration, which is concerned with coordination and cooperation with the local health sciences institutions aiming to standardize and develop on- going and future HRD programs.
4. Education Center Administration with a primary focus to facilitate all locally implemented programs providing them with the required logistics and administrative support (Palestine, MOH, 2001).

Aiming at upgrading the knowledge, skills and attitudes of health professionals, major activities are being undertaken of implement HRD programs, such as: courses; seminars, lectures in-country and abroad; upgrading and specialization programs in coordination with local and regional institutions; short training programs tailored to the local context for health; and conferences and workshops in response to the enlarging networking relationship with local, regional and international health agencies (Palestine, NSHP, 1999-2003).

From its experience, HRDD has wide scope of operations, where in spite of the lack of resources, a great deal has been accomplished. Subsequently, remarkable improvements have been already made in upgrading the professional capability of health personnel in Palestine. HRDD has adopted a long- term strategy to integrate itself in all aspects of development, including infrastructure, processes and outcomes affecting the course of national capacity building and improvement (Palestine, NSHP, 1999-2003).

Of course, there have been plans and activities that did not find their way to fruition because of barriers and obstacles, varying from lack of experts, training models, materials, physicals properties, poor managerial mechanisms and lack of systems, crossed communication lines and overlapping responsibilities, in addition to inadequate financial support (Palestine, NSHP, 1999-2003).

1.10 Overview of Coming Chapters

This section outlines the coming chapters. A review of the literature that encompasses previous research and relevant literature related to management training development programs and training needs assessment is provided in Chapter 2. The research conceptual framework outlined in Chapter 3 .The research methodology containing:

1) a description of the setting, population, and sample; 2) development of the questionnaire; 3) the survey procedure; and 4) plans for data analysis are outlined in Chapter 4. The data obtained and the findings from the analysis of the survey data are presented in Chapter 5. A summary of the study, discussions of the findings, conclusions of this research, and recommendations for further research are provided in Chapter 6.

Chapter two

Literature Review

Chapter 2

Literature Review

2.1 Introduction

Management is considered one of the oldest activities of man. The ancient civilizations and cultures recognized and practiced management. Writing on organization and management, can be traced back thousands of years (McCracken, and Watson, 2000). Management is the cornerstone of the society construction is that of knowing the fact that man is the real foundation stone because he makes and practices management, management defined as getting things done by people, done properly within the available time and resources (McCracken, and Watson, 2000).

The nature of management and leadership has changed significantly and organizations are experiencing an increased number of outcome-based demands on their time and resources. Organizations also are committing to an increased number of managerial development interventions and take for granted that those interventions enhance their organization's effectiveness. But, there remains a void as to what is known about managerial development and the contribution of managerial development interventions to individual knowledge and expertise as well as organizational performance (Lynham, 2000).

Early management theorists like Fayol (1949) and Barnard (1938) criticized the lack of management education, the absence of management theory and the inadequate understanding of management practice. As with Taylor's (1911) approach, management was portrayed in terms of rational, systemic, scientific process like planning, coordination and control. The recognition of a gap between the rhetoric of academic management

thought and the reality of management practice is relatively recent (Ashton et al, 1975; Mumford, 1988). When (Mintzberg, 1989) described what managers actually do, the role was seen to be far removed from rational actions in a predictive environment.

Others, equally, have emphasized the complexities and contradictions of managerial work, and the enormous variations in the tasks, roles and contexts of management which make generalization of the management role so elusive (Hales, 1986; Hirsh and Beven, 1988; Whitely, 1989; Knights, 1992). Nevertheless, it is necessary to identify the skills and competences which are required of managers before attempting to assess skill shortages and skill gaps.

2.2 Magnitude of Management Development

According to Friedman (2000), management always matters, but in this more complex and fast paced system, management and strategic vision matter a lot more. Therefore, organizations have discovered that it is important to align the goals for management or leadership development interventions with the strategic vision of the organization, and to train managers in their new roles in strategic management.

The degree of importance of MTD depends on the management system used in the business, and depends on the organization as well. The existing literature on management education and training reveals a widely recognized need for managerial skill development as the most appropriate approach to MTD and business school education (Livingston, 1971; Mintzberg, 1973,1975; Water, 1980; Boyatzis, 1982; Peters and Waterman, 1982; Porter, 1983; Powers, 1983; water et al, 1983; Behrman and Levin, 1984; Whetten and Cameron, 1995; Hopelain, 1985; Mol and Vermeulen, 1988; kuber and Prokopenko, 1989;

Davis, 1990; Analoui, 1993, 1997; MacMahon and Murphy, 1999; Analoui and Husseini, 2001; Al-Madhoun and Analoui, 2002).

Managing people effectively is a skill that requires constant planning and development. An extension programme manager can be defined as the person who is vested with formal authority over an organization or one of its sub units. He or she has status that leads to various interpersonal relations, and from this comes access to information. Information, in turn, enables the manager to devise strategies, make decisions, and implement action (Mintzberg, 1988). Management is concerned with the optimum attainment of organizational goals and objectives with and through other people. Extension management organizations are characterized by many strategies, wide spans of control, democracy, and autonomy. Their management practices cannot be reduced to one standard set of operating guidelines that will work for all organizations continually. However, all managers of professional organizations face the same challenge: to manage one's time, objectives, and resources in order to accomplish tasks and implement ideas (Waldron, 1994a).

Today's managers recognize the impact that evaluation has on the organization, but they rarely think of evaluation as an essential part of their strategy (Bassi, Benson, and Cheney, 1996; Kaplan and Norton, 1993). Part of the problem is that few organizations utilize comprehensive evaluation strategies for management training and education (Carnevale and Schulz, 1990; Saari et al., 1988). Burke and Day (1986) indicated that many questions remained concerning the relative effectiveness of various training methods in improving learning or skill acquisition.

Outstanding practices in management development indicate that high performance organizations always evaluate the impact of their managerial leadership development processes (Collins et al., 2000; Fulmer and Wagner, 1999; Rosenbaum and Keller, 1995).

Swanson and Holton (1999) supported the human resource development worldview model of evaluation where a needs assessment is conducted, the intervention is proposed, created and implemented, and the program is evaluated.

The subject of developing management skills and competences and their potential role in contributing to organizational success have received much attention (Prahalad and Hamel 1990; Hamel, 1994). Stinchcombe (1990) contends that the foundation of an organization's capabilities is the competences of its individual members. This has led to a competence-based approach being suggested as one-way forward for developing skills in managers (Schroder, 1989; Talbot, 1997). Such competence based approaches rely heavily on the notion that a specific set of skills and knowledge, which encompass all aspects of a manager's work, can be identified.

The ability of a manager to function successfully in the workplace is then measured against these competences of what managers do rather than what managers is, as noted by skills, knowledge and understanding needed by managers. As (Day, 1988) articulates, it is related to the ability to put skills and knowledge into action. This is different from the US approach, which is more concerned with identification of competences, which differentiate superior managerial performance (Boyatzis, 1982; Schroder, 1989).

Burke and Day's (1986) study clarified the breadth of managerial training, but indicated that more empirical research was needed before conclusive statements could be made. They found that managerial training was pervasive and primarily focused on improving individual managerial skills and on the job performance.

In identifying the factors contributing to the execution of a particular management role, a distinction should be drawn skills, knowledge and understanding. Skills was defined as any

combination, useful to industry, of mental and physical qualities which require considerable training to acquire (more, 1980). Proctor and Dutta (1995), who provide an authoritative text on skill and performance, note that a defining property of skills is that it develops over time, with practice. Proctor and Dutta include perceptual and problem solving skills as well motor skills. Thus skill encompasses both manual facilities, including dexterity, and conceptual ones, including relevant knowledge and understanding. Knowledge includes underpinning theory and concepts relevant to an area of activity, as well as tactic knowledge gained as a result of the experience of performing tasks. Knowledge may therefore be gained through formal or informal learning, or, typically through both routes.

2.3 Managers and Management Development

Basically, a manager has been defined as someone who is responsible for the work of other people. Analoui (1997) defines a manager as one who recognise the need to understand the job content for what it really is and then use the resources available to him or her to support such operations. Managers needed to maximise the utilisation of resources in the most scientific and efficient ways (Analoui, 1998). Kakabadse et al, (1987) define managers as managers get things done through others. Stoner et al. (1995) mentioned that managers are professionals who practise the function of management, they are responsible for overall management of an organisation.

Managers have had to attend change conferences and formal skills training in new values, work methods, and systems. Informally, it is known that those who are most likely to survive in the organization are those able to enact the new values with commitment and responsibility (Pinnington and Edwards, 2000). While there are some opportunities for promotion in organizations, there has been a general de-layering of the management

hierarchy and downsizing, meaning that development is a required part of the job and not something done only to managers who either lack necessary skills or who are being developed for promotion (Pinnington and Edwards, 2000).

Management development is used essentially as an indication of a complex process of raising managerial ability in order to improve the effectiveness of management action. The training is one of the keys for future development. Training is the process of developing individual skills, knowledge, and abilities so as to improve present and future enterprise performance (Bedeian, 1989). Managers are the main target for this training. Managers get things done through others (Kakabadse et al, 1987). Katz (1974) defined skill as an ability which can be developed and which is manifested in performance, not merely in potential, the ability to translate knowledge into practice. Many studies (Livingston, 1971; Mintzberg, 1973; Katz, 1974; Whetten and Cameron, 1980; Albanese, 1989; Lewis and Kelly, 1989; Armstrong, 1994; Analoui and Hosseini, 2001; Burke Collins, 2001; and Al-Madhoun and Analoui, 2002) propose that all managers require management skills and those are crucial for the managers' success.

2.4 Management Functions

Management is the process by which people, technology, job tasks, and other resources are combined and coordinated so as to effectively achieve organizational objectives. A process or function is a group of related activities contributing to a larger action (Waldron, 1994b). Management functions are based on a common philosophy and approach. They centre around the following:

1. Developing and clarifying mission, policies, and objectives of the agency or organization.

2. Establishing formal and informal organizational structures as a means of delegating authority and sharing responsibilities.
3. Setting priorities and reviewing and revising objectives in terms of changing demands.
4. Maintaining effective communications within the working group, with other groups, and with the larger community.
5. Selecting, motivating, training, and appraising staff.
6. Securing funds and managing budgets; evaluating accomplishments.
7. Being accountable to staff, the larger enterprise, and to the community at large (Waldron, 1994b).

The management functions can be categorized by using the acronym POSDCORB (Bonoma and Slevin, 1978):

- Planning: outlining philosophy, policy, objectives, and resultant things to be accomplished, and the techniques for accomplishment
- Organizing: establishing structures and systems through which activities are arranged, defined, and coordinated in terms of some specific objectives
- Staffing: fulfilling the personnel function, which includes selecting and training staff and maintaining favorable work conditions
- Directing: making decisions, embodying decisions in instructions, and serving as the leader of the enterprise
- Coordinating: interrelating the various parts of the work
- Reporting: keeping those to whom you are responsible, including both staff and public, informed
- Budgeting: making financial plans, maintaining accounting and management control of revenue, and keeping costs in line with objectives.

It has been common practice to define management as the process of planning, organising, leading, and controlling. A process is a systematic method of handling activities. Management is often viewed as a process of interrelated functions which are performed to achieve organisational objectives (Stoner et al, 1995).

2.5 Management skills

The skills involved in maximizing personal effectiveness can be seen to be very important because they underpin all the other skills involved in working with people. That is if we are not able to manage ourselves, we will be in a much weaker position in terms of managing situations involving other people (Thompson, 2002).

A skill is an ability to translate knowledge into action that results in desired performance. Obviously, many skills are required to master the challenging nature of managerial work. The most important ones are those that allow managers to help others become more productive in their work. Robert. L. Katz classified the essential skills of managers into three categories: technical, human, and conceptual. Although all three skills are essential for managers, their relative importance tends to vary by level of management responsibility (Katz, 1974).

Technical skill is the ability to use a special proficiency or expertise to perform particular tasks. Accountants, engineers, market researchers, and computer scientists, for example, possess technical skills. These are initially acquired through formal education and are further developed by training and job experience, and that technical skills are most important at lower levels of management (Katz, 1974).

The ability to work well in cooperation with other persons is a human skill. It emerges in the workplace as a spirit of trust, enthusiasm, and genuine involvement in interpersonal

relationships. A manager with good human skills will have a high degree of self-awareness and a capacity to understand or empathize with the feelings of others. Given the highly interpersonal nature of managerial work, such skills are critical for all managers, that to be consistently important across the managerial levels (Katz, 1974).

All good managers ultimately have the ability to view situations broadly and to solve problems to the benefit of everyone concerned. This ability to think analytically is a conceptual skill. It involves the ability to break down problems into smaller parts, to see the relations between the parts, and to recognize the implications of any one problem for others, as managers assume ever-higher responsibilities in organizations, they must deal with more ambiguous problems having longer term consequences, that conceptual skills gain in relative importance for top managers. All levels of management need human skills in order to interact and communicate with other people successfully (Katz, 1974).

2.6 Human Resource Management

Bedeian (1989) states HRM should specify employment planning, performance appraisal, recruitment, training, selection, compensation, orientation, and discipline. He defines HRM as the process of assuring that competent employees are selected, developed, and rewarded for achieving enterprise objectives.

Managers are an input to HRM as well as an output. Nearly all the HRM processes identified as important are ones which managers need to implement through their personal skills *e.g.* high involvement of employees, performance management etc.. Managers are also important deliverers of training and development to other staff. So these positive HRM practices rely on good quality managers for their delivery. This argument is

especially important in some of the most recent research (Purcell et al., 2003) that emphasizes the quality of implementation of HRM.

According to Saltman, Brusse, and Maseralos (2002), balancing regulatory reforms and entrepreneurial behavior will require new frameworks and new orientations. Future human resource planning and workforce development requires environmental assessments, long-range financial planning, epidemiological surveys, and understanding educational capacity, and organizational design. The essential functions of management include planning, organizing, staffing, directing, and controlling (Longest, Rakich, and Darr 2000). Because the effectiveness of healthcare organizations is affected by human behavior and performance, managers must understand organizational behavior and structure. The strategic planning of healthcare human resources requires gathering and evaluating information about the past and present and making assumptions about the future on the basis of external environmental analysis and internal capacity analysis. Realistic assessments in economic, regulatory, sociocultural, demographic, technological, and political environments are needed to formulate reform strategies in the human resources sector of healthcare services and systems (Longest, Rakich, and Darr 2000).

The concept of individual and organizational development, or human resource development, is the mother concept which embraces several concepts of human resource development (Harrison, 1993), such as:

- Education, which is concerned with inducting learners into a whole way of life. For example, management education is concerned with inducting learners into a managerial form of life with distinctive values, norms and ways of doing things within an organizational context.

- Training, which is concerned with developing a particular skill, e.g. learning to operate a machine or drive a car, to a desired standard by specific instruction and practice.
- Competency, which is performing a skill effectively and successfully.
- Learning, which is the process by which skills, knowledge and attitudes are acquired and translated into habitual forms of behavior and performance, whether by design or through the natural passage of time (Harrison, 1993).

According to Harrison, development is the all important process, through which individual and organizational growth can through time achieve their fullest potential. Education is a major contributor to that development process, because it directly and continuously affects the formation not only of knowledge and abilities, but of character and of culture, aspirations and achievements. Training is the shorter-term, systematic process through which an individual is helped to master defined tasks or areas of skill and knowledge to predetermined standards (Lundy and Cowling, 1996). However, in the managerial context, individual and organizational development must be linked to the concepts of effectiveness and organizational learning in order to give it a more precise meaning and purpose.

Pinnington and Edwards (2000) argues that human resource management places more importance on management development than did traditional personnel management. Management development is designed to increase the overall effectiveness of managers in their present positions and to prepare them for greater responsibility when they are promoted (Stoner and Freeman, 1992). Management development programs have become more popular in recent years because of the increasingly complex demand being made on managers and because training managers through experience alone is a time-consuming and unreliable process. (Morgan, 1988) research study reported that emerging managerial competences were; reading the environment, proactive management, leadership and vision,

HRM, promoting creativity, learning and innovation, skills of remote management, using information technology as a transformative force, managing complexity, and developing contextual competences.

2.7 Management Development and Job Experiences

Development through job experiences, such as on the job training, job performance evaluations and feedback programs, participation in special projects or task forces, coaching or mentoring, job rotation, succession planning, and career planning have emerged as a powerful source of learning for managers (Johnson, McLaughlin, Saari, and Zimmerle, 1988; McCauley and Brutus, 1998). A common feature of developmental jobs is the degree of challenge they offer managers (Brutus et al., 2000). McCauley, Ruderman, Ohlott, and Morrow (1994) asserted that challenging experiences stimulate development by providing managers with the opportunity to learn and acting as a motivator for learning.

McCall et al. (1988) believed that experiences on the job provide the skills for successful business leaders to maximize their skill development potential. They confirmed that on the job development, while widely recognized as important, had not received the kind of research attention that allowed practitioners to understand the magnitude of the experience. On the job experiences forces managers to learn new skills on the run, learn to act when stakes are high, learn to work with trying people under trying circumstances, and learn to cope with an exhausting workload (McCall et al., 1988). In essence, McCall et al. believed that developing leadership ultimately boils down to what a person does with his or her opportunities and abilities.

Performance analysis, on the other hand, is quite effective at identifying training and non-training interventions that will improve job performance (Swanson, 1994). Traditional

training needs assessment methodologies such as job analysis, task analysis or person analysis Goldstein, (1993); Moore, and Dutton, (1978) and Sleezer, (1991) are similarly ill-suited for large-scale application. The methodologies appear to tacitly assume that assessment is being conducted within a limited domain of jobs or individuals, or that assessors have enough time to conduct needs assessments through multiple stages. Organizations behave as though they value knowledge as well as skills, especially knowledge gained through career experience of functions, industries, recurring situations (Hirsh, 2003).

2.8 Management Development and Gender Differences

The number of women in first and middle management roles remains well below that of men 12% of the female population of working age as opposed to 19-20% of the male population of working age (Williams 2001). Similarly, there are disparities between the ethnic minorities with some over-represented in management as a percentage of their numbers in the total employed population. These issues are not easy to address and more legislation is not the answer. The reasons for the differences between ethnic groups in management occupations are little understood. Much more data would be needed to identify key factors.

There are similar problems with gender. Not enough is known about the kinds of jobs held by women. It is possible that they are clustered just below senior management positions and have difficulty breaking through the glass ceiling to rise to the top. On the other hand, it may be (Nicholson, 2000) that they deliberately choose more female friendly arenas because they seek less competitive and more caring environments than that found in most management occupations. This idea is also reflected in another recent study which explores what it means to be a woman and a manager (Bryans and Mavin 2003). The study is based

on questionnaires and group discussions with women managers, and finds that women are faced with a contradiction whether to learn to fit into the dominant paradigm of management, or to play a different game.

Research undertaken among MBA graduates found that there were differences between men and women in the effect on their careers (Simpson, 2000). For men, the benefits were mainly in terms of enhanced pay and status. For women, they were in terms of personal development, increased confidence and a greater sense of self-worth. Women did progress in the middle levels of management, but less so to the most senior levels. The research suggests that this reflects differences in the values which men and women hold and the way in which they view their own development (Simpson, 2000).

Other research supports these findings. Nicholson and West (1988) found that while men valued external benefits such as salary and status, women placed more importance on working relationships and job satisfaction. Gender differences in the management population arise therefore from a complex set of issues and will not be easily resolved.

2.9 Management Development in Developed and Developing Countries

Management training and development needs assessment in public or governmental organizations has almost the same characteristics as other organizations in developing countries, especially in Arabic countries. This is in line with many Arab researchers, such as (Al-Ameer et al. 1978; Al-Khader 1980 and Al-Faleh 1985), who argued that the Arab organizations lack job descriptions, clear performance appraisal and that the approach used for assessing the development needs of employees was impressionistic rather than systematic.

Management training and development needs assessment in the developed countries have received substantial and ongoing contributions from the disciplines of education and management as a result of the most multidisciplinary field in the management training and development area. Also, the Arab states have been aware of the positive impact of management training and development on organizational effectiveness, economic and social development and, as a result, the 1980s were declared by these states as the decade of administrative development (Zoubi, 1982). Despite the Arab countries recognition of the important role of management training and development to organizational effectiveness, very little empirical research about management training and development programmes value-added has been conducted (Abdalla and Al- Hamoud, 1995; Abu-Doleh, 1996; Abu-Doleh and Weir, 1997).

As far as Gaza-Strip is concerned, management training and development has recently become an important issue in both the private and public organizations. Despite this concern, very little empirical research has been conducted on managers training and development need assessment. Therefore, assessing current management training and development need assessment practices adopted by the Palestinian health ministry. In fact, there is an acute shortage of qualified managers in Jordan (Shaikh, 1988). Arguing in a similar way, Atiyyah (1993) recognized the fact that shortage of qualified managers presents a major obstacle to the development of less advanced countries. Therefore, Atiyyah has further argued that the future of management development in Arab world largely depends on developments in their political, economic, socio-cultural and organizational systems. Many writers (such as Al-Bahussain, 2000, and Al-Athri and Zairi, 2002) suggest that the low effectiveness of training in Arab countries stems from many factors, such as management protective attitudes among Arab managers, the absence of clear training policies, the shortage of competent trainers, and inadequate facilities.

Kubr and Porkopenko (1989) have outlined different techniques that can be used to gather information about managers management training and development need assessment. These include interviews, surveys, career planning, self-assessment, performance appraisals, tests and examinations, record and report analysis and the use of assessment centers. A proper needs assessment not only lays the foundation for the application of a systems approach to management training and development, but also helps the decision makers to separate training needs from non-training needs, without which human resource training and development is often wasted. A systematic approach to training requires the assessment of training needs, the development/implementation of the program, and the evaluation and continual modification of the training process (Goldstein, 1986).

Training need assessment is a critical component of the training system (Walter, 2000; Moshe, 2000) because it provides data to determine who is to be trained, what training programs are needed, and how the results of training programs are to be evaluated. In sum, training needs assessment is considered as one of the fundamental prerequisites of an effective training programme. Undertaking systematic needs assessment before embarking on training has been recommended to organizations for almost forty years. McGehee and Thayer's (1961) model for organization, task, and person analysis has been cited and described in training and industrial/organizational psychology texts. The culmination of the management training and development needs assessment phase is a set of objectives specifying the purpose of the training and the competencies desired in trainees after they complete the programme (Fisher et al., 1999).

It is important when comparing patterns in different countries to realize that their histories of management education vary very widely. Some of these features are reported by Mabey and Gooderham (2003) on the basis of empirical work. The UK spends rather less on

management development than the European average in terms of formal training. Some countries, such as Germany, rely on in-company management and leadership development plus career experience to develop their managers. Others, such as Denmark, have strong systems of vocational education alongside academic education, and much management learning occurs in the education system. The UK emerges rather oddly as having vocational qualifications in management, but HRD professionals who ascribe little value to this way of learning management and leadership. The UK also emerges, as so often, as having a short term attitude to management and leadership development compared with some European neighbors (Mabey and Gooderham, 2003).

Steps of management training and development systematic approaches are mainly based on getting the first step the manager training needs assessment right. In other words, it is the most important step in the management training and development systems approach. On the other hand, it is equally important to evaluate those management training and development programmes. Feedback, reinforcement, and follow-up to the managers' knowledge, skills, and behavior that are taught in the management training and development programs are needed as recognition to encourage the managers to take active steps toward developing their managerial skills (Walter, 2000; Moshe, 2000).

Management training needs assessment takes effort, time and money. Unfortunately, a great many organizations undertake management training without this necessary preliminary investment. In short, it is worth noting that without managers training needs analysis it is difficult if not impossible to continue in the application of an management training and development systems approach which includes objectives setting, program design, program implementation, and program evaluation and follow-up (Taylor, 1989). In fact, all the aforementioned programs fail because they have no connection to real life in

the company (Berry, 1990; Carlisle and Henrie, 1993) or fail to add value to corporate strategy (Swanson and Holton, 1999). Traditionally management development systems are relegated to narrowly defined support roles, where individuals are trained around current job-based deficiencies or predicted knowledge and skill needs (Olian et al., 1998). Swanson and Holton believed that to have utility or payoff to the organization, the intervention must be linked with organizational goals. Collins (2001) believed that human resource development should take the lead by strategically aligning management development systems that advance and sustain the organization's competitive position in its market.

2.10 The Importance of Training

Training is not always the answer to performance problems. Training can be a great investment and training can be a waste of money (Rosner, 1999). Training is indeed a waste of money when the desired behavior does not occur. Gupta acknowledges that not all performance problems can be addressed by training. In many cases, non-training interventions are necessary (Gupta, 1999). The key is to identify what problems can be attributed to training deficiencies and, once that is accomplished, to insure that the right training is implemented. Bartram and Gibson, in their training needs analysis toolkit agree. Without the right training, employees can be biggest liability. Trained effectively, however, they can become biggest asset (Bartram and Gibson, 2000). Rosner (1999) adds another ingredient for success support after training. He states, The most effective programs train workers in new behaviors and then train managers to support employees as they apply learning daily (Rosner, 1999). Support and endorsement from management can greatly enhance training results. One can conclude that training is not always the answer, and when it is the answer, it has to be the right training.

Training means preparing, and qualifying individuals by providing them with necessary skills and knowledge, and by altering their attitudes in different activities in order to promote their productivity and to cover quantity and quality shortages which contribute towards achieving the goals of development plans (Al-Zawie,1991).

Training is an activity that changes people's behavior. Increased productivity is often said to be the most important reason for training. But it is only one of the benefits. Training is essential not only to increase productivity but also to motivate and inspire workers by letting them know how important their jobs are and giving them all the information they need to perform those jobs (Hirsh, and Carter, 2002). McNamara (2000) lists the following as general benefits from employee training:

- increased job satisfaction and morale.
- increased motivation.
- increased efficiencies in processes, resulting in financial gain.
- increased capacity to adopt new technologies and methods.
- increased innovation in strategies and products.
- reduced employee turnover.

2.11 Needs Assessment

Needs assessment is well-acknowledged to be an important step in training and human performance improvement (Rossett, 1999; Gupta, 1999; Stolovitch and Keeps, 1999). Russ-Eft and Preskill (2001) classified needs assessment as a developmental evaluation. They observed that in every way, a needs assessment is an evaluation, it is an evaluation of need. Hence, the analyst who conducts a needs assessment is evaluating. Needs assessment can also be classified as formative evaluation (Scriven, 1991) because it is usually

conducted as part of developing training or human performance improvement, the in-house staff of the program is the audience for the needs assessment, and the intent is to improve.

Laird (1985) wrote about ways that the training and development professional can identify training needs. Many of these methods are indirect in that they involve finding managers that already have the information. The training and development officer must ask questions, read reports, or be notified by a manager. This indirect information gathering process might happen if the training and development officer is involved. Many training efforts are made without the involvement of a training and development professional. Laird (1985) warned that it can be problematic to ask managers about their training needs. They will start believing that they can effectively determine these needs. Over time they will determine the needs for training before the training and development specialist will either need to talk the manager out of training or provide the ineffective training.

Rossett (1987) proposed that a key question is whether managers are using training as an appropriate solution. Rossett wrote that training can be a solution where knowledge, skill, or motivation are lacking. Training will not solve problems caused by incentives or environment. Mager and Pipe (1984) stated that if that the trainee cannot do it even with a gun pointed to their head, then skill or knowledge is lacking. Training is not the solution if they could do it when forced.

Sleezer (1993) wrote about three elements that influence the needs assessment process. These elements are (1) organization characteristics, (2) decision- maker characteristics, and (3) analyst characteristics. These elements influence the process and the product of need assessment. Sleezer (1993) described how decision- makers in the organization influence needs assessment, by saying that the decision- makers may create constraints that prevent

knowledge, skills, and attitudes from transferring to the job. The relevant decision-makers must be involved so their actions will be aligned with the needs assessment process.

Kaufman (1994) wrote that needs assessment is a powerful tool to identify what is working and what is not working in organizations. He defined needs assessment as the process for identifying needs (gaps) and prioritizing these needs. A need is the gap between a current result and the desired or required result. Prioritization is a process of ranking the net cost/benefit of filling the various gaps.

Triners et al. (1996) discussed a framework for understanding the terms and concepts associated with needs assessment. Training needs assessment is a term often used to describe a broad process that might better be described as need assessment. Training needs assessment is an oxymoron because it presupposes that training will be part of the recommended result. If there is to be an objective assessment, then solutions other than training may be the result.

Zemke (1998) wrote about the lack of time to do proper needs assessment. The customers of the training department want solutions and they do not want to wait for a lengthy research study. He quoted Rossett as saying I'm not so sure a lot of people have ever done a complete needs assessment. Even so, some needs assessment is essential in order to know how performance has gone wrong.

2.12 The Importance of Training Needs Assessment

Some organizational and individual training needs are not as clearly defined as others. Even when training needs appear to be obvious, it is still necessary to choose appropriate methods that will meet them. Many training needs are not so obvious. A training needs assessment is one of the most basic and common forms of assessment used by Human

Resource Development professionals in the workplace (Gupta, 1999). Needs assessments help determine when training is the answer and when it is not. Assessment insures that training programs have relevance to the people being trained.

A needs assessment provides the information that is usually necessary for designing training programs. The basic purpose of a training needs assessment is twofold:

- To identify the knowledge and skills that people must possess in order to perform effectively on the job, and
- To prescribe appropriate interventions that can close these gaps.

There are two main reasons to conduct a training needs assessment:

- It ensures that training programs are developed based on identified needs; and
- It is relatively easy to implement (Gupta, 1999).

Some performance problems can be addressed by training. Some problems training can't fix. Training isn't the answer to a problem when it's used to cover up the symptoms (Rosner, 1999). A needs assessment avoids misdiagnosing a non-training problem as a training problem.

Rossett (1992) suggested that the purposes for conducting needs assessment include finding and disseminating information about: 1) optimal performance, 2) actual performance, 3) how key sources feel, 4) what is causing the problem, and 5) solutions to close gaps between optimal and actual performance. A training needs assessment may address any or all of these purposes. Moseley and Heaney (1994) examined 106 published reports of needs assessments across 12 disciplines and found a wide variety of models and techniques in use. Each discipline had its own perspective on needs assessment. That is one reason Sleezer cautioned that it is important to clarify what each person involved in the

project means when they use the term "needs assessment. Sleezer (1993) she further noted that any needs assessment project is a unique interaction between the characteristics of the organization, the decision makers, and the analyst.

Kaufmann distinguished between needs assessment and needs analysis. Kaufmann et al (1993) needs assessment has three purposes: 1) to identify gaps between current results and desired ones, 2) to prioritize gaps, and 3) to select the most important ones to be addressed. Needs analysis, in contrast, is the process used to analyze the causes of the gaps. It should be noted that although many people use the terms synonymously, there are important conceptual distinctions.

Training and development is central to the success of modern organizations and in many ways bears the central role of ensuring a work-force capable of responding to the competitive needs of the increasingly global framework in which modern organizations function. Argyris (1994) argues that business and industry will find it hard to survive in the 21st century unless employees are adequately equipped with the skills needed to allow them to increase significantly their contribution to organizational goods and objectives.

Training in general has many dimensions, so training programs may be conducted to enhance skills, teach procedures or ensure security, all of which should benefit both the individual employee and organization. Training can be defined in many different ways but there is a general agreement on the vital role of training and development to achieve the optimum goals for the individual and the organization. According to (Cohen 2001), training is one of the best ways to stretch staffing resources. Alonzo (1998) states that training and development is an instrument for achievement and no organization can ignore it because it is necessary for fulfillment of most human resource objectives and to enhance performance. The main aim in training individuals is to provide well-organized and

systematic training activities to attain strategic objectives and to prepare the trainees to cope with present and future environmental changes. Wright and McMahon (1996) have indicated that training plays a central role in the development of core competencies in the firm and leads to the development of business strategy.

If a company wants training programs to be productive, there must be a serious commitment to developing a strong training function to stimulate the desired returns (Shah, 2001) however these may be defined by the organization. According to Olesen (1999) training is provided both for the company's own purpose, to make people more production and effective, and also because employees themselves have a desire to progress and to learn. Keep (1992) points out that training and development activities affect relative economic performance and competitiveness both at the level of the individual enterprise and the national economy.

Management training and development investment in its own right, divorced from the generic strategies of the organization, may simply turn out to be a waste of money. Therefore, more recently, substantial numbers of managers, management scholars, trainers, educators and consultants have been involved in a debate about the effectiveness of management training and development programs. Michael (1993) has indicated the inability of Management Training and Development programs to achieve any results either for the organization or for the managers themselves unless the management training objectives are aligned with corporate strategy.

Much investment in management training and development may not be adequately followed up and programs that result in failure are not so often reported as those that are perceived to be successful. Mirvis and Berry (1977) confirm that it is often the case that only the successful training programs are reported in the literature, and that very little is

ever said about the many that may have failed. There are still many countries and regions which have little or no experience at all concerning Management Training and Development, or which may have specific needs to be identified. Roy (1977) has questioned the value of Western management training programs in satisfying the unique requirements of the Arab culture. Weir (2000) also pointed to the need to understand the Human Resource Management aspects of Arab organisations in terms of the characteristic modes of management that prevail in Arab cultures, and that the context of these activities may be very different from that encountered in Western organisations. (Weir 2000 and Weir 2003).

2.13 Role of Managers in the Organization

Managers at all organizational levels have critical strategic roles to fulfill for the organization to be successful (Floyd and Lane, 2000; Ireland, Hitt and Vaidyanath, 2002). According to Floyd and Lane (2000), top, middle, and first level managers have distinct responsibilities with respect to each subprocess. Top level managers have ratifying, recognizing, and directing roles corresponding to the competence definition, modification, and deployment subprocesses, respectively. According to Floyd and Lane (2000), middle level managers have championing roles corresponding to the competence definition subprocess, synthesizing and facilitating roles corresponding to the competence modification subprocess, and implementing roles corresponding to the competence deployment subprocess. In examining the role of first level managers, they are often the catalysts behind autonomous entrepreneurial initiatives. In Floyd and Lane's (2000) model, first-level managers have experimenting roles corresponding to the competence definition subprocess, adjusting roles corresponding to the competence modification subprocess, and conforming roles corresponding to the competence deployment subprocess.

2.13.1 Middle line Managers:

Middle line managers, are managers occupying roles positioned above first line management and below top management (Bedeian, 1989).

Research on middle line managers (Hospital Director, Nursing Director, Administration Director, and their deputies) has a long tradition within the field of strategic management. Research has shown that middle managers assume an active role in both strategy implementation and strategy formulation. On one hand they translate organizational goals and strategy into concrete actions (Uyterhoeven, 1972), and on the other, they convert autonomous managerial action into strategic intent (Burgelman, 1983a). In addition, exerting upward, downward and sideways influence,' managers in the middle' ensure efficient allocation, transfer and sharing of resources and capabilities (Bower, 1970; Ghoshal et al., 1997; Nonaka, 1988).

Researchers have emphasized middle managers' role in fostering entrepreneurial initiative in established organizations (Hornsby et al., 2002). Middle managers are seen as vital to translate entrepreneurial initiatives developed at the front into organizational outcomes (Burgelman, 1983b). Entrepreneurial middle managers not only seek and pursue opportunities; they also bring them to life (Kanter, 1982). They actively promote ideas, build support, overcome resistance, and ensure that the innovative ideas are implemented and followed up (Howell et al., 1990).

However, we have gained a comprehensive understanding about the nature of middle managers' activities, we still know relatively little about their consequences for tangible performance. The few existing empirical studies are typically based on abstract categories of activities and assess performance implications at the organizational level. Woolridge et al. (1990), for example, relate middle managers' involvement in strategy making to

performance measured at the organizational level. Little empirical research has looked at the effect of specific managerial activities on sustained performance at the subunit level, the most appropriate level to assess middle managers' impact.

Opportunities to act entrepreneurially arise within and outside the business unit. As such, middle managers can become entrepreneurial, first, in the way they lead and guide their subordinates, second, in the way they build and organize their unit, and last but not least, in the way they meet challenges from customers and markets (Mair, 2001). It is the set of these activities that is seen as vital to induce sustainable superior performance at the subunit level.

Growth represents an organizational goal in itself, and neither is it a guarantee for value creation (Canals, 2001). Profit growth, on the other hand, integrates growth and profitability, two of the main aspects of economic performance, and provides a more adequate point of reference for superior performance. It reflects a company's ability to innovate, to stay in close touch with customers and markets, to enhance employee commitment, and attract investors (Canals, 2001), and is viewed as a viable indicator for organizational effectiveness, value creation, and sustained competitiveness. Despite its relevance, profit growth has received only limited attention in empirical studies and therefore still remains a highly elusive phenomenon. This paper builds on theoretical insights from various streams of research and attempts to empirically elucidate the sources for variation in profit growth within established organizations.

Ghoshal et al. (1999), discuss the role of managerial competence, and the importance of quality of managerial actions in eliciting growth, and Normann (1977) points to the reciprocal relations between vision and concrete managerial action as a basic condition for growth. The positive link between middle managers' entrepreneurial behavior and profit

growth, is also substantiated by state of the art economic theory. According to the new theory of economic growth, it is not capital or raw materials that trigger growth but individuals and companies that explore and implement new and better ways of doing things (Romer, 1989).

Middle Management

- Mid-level managers have a specialized understanding of certain managerial tasks.
- They are responsible for and carrying out the decisions made by top-level management.
- They are responsible for tactical decisions.

2.13.2 First line Managers:

First line managers, are managers responsible for directly managing operating (non-managerial) employees and resources. Management's first line of contact with labour (Bedeian, 1989).

First line managers (Supervisors, Head of Section, Head of Department/ Unit, Team leaders), as their name implies, are employees first point of contact with the hierarchy of an organization. Traditionally, first line managers gained this position through their experience and expertise on the job.

First line managers (Front line managers) have the most immediate impact on productivity and quality output of the work force, but the majority of them are not being prepared for the future challenges (Sheldrake and Saul, 1995).

First line managers were traditionally supervisors (Cope and Kalantzis, 1997). A supervisor was like a sergeant in the army, conveying orders about how many products were to be produced and not giving a damn about who produced them or the quality of their production (Clegg and palmer, 1996). In the new work order, a Supervisor becomes a

team leader who uses interpersonal skills to help the team achieve their goals, which include producing the best quality goods and services with no injuries.

The role of first line managers has shifted from cop to teach. The major responsibilities of today's first line managers related to planning the work of teams to satisfy its customers, adhere to corporate values, and meet qualitative and quantitative performance targets allocating tasks and motivating and training team members to give their best (Sheldrake and Saul 1995).

First line (Lower) Management

- This level of management ensures that the decisions and plans taken by the other two are carried out.
- Lower-level managers' decisions are generally short-term ones.

2.13.3 The skills and knowledge First line Managers' need to fulfill their role in the work place:

There has been a significant increase in the importance of leadership, communication, interpersonal and learning competencies as first line managers must establish, explain and win team members' commitment to objectives and priorities, more actively deal with conflict and poor performance, consult with clients and other teams and cope with a wide variety of new demands often requiring that new skills be learned quickly. They must be proactive and resourceful problem solved with the persistence to follow through to make solutions (Sheldrake and Saul 1995).

Sheldrake and Saul advocated that the development of first line managers should be an ongoing process that is integrated with the strategic planning and change of the individual organization. In other words, consistent development of first line management skills needs

to be part of the continued re-engineering process within the organization. This process could be ensured if senior management were more directly involved with the training and development of first line managers (Sheldrake and Saul 1995).

First line managers have responsibilities as outlined in section 1.3.5 of the Occupational Health Safety and Welfare Consolidated Regulations (second edition, 2000). They have to demonstrate the following:

- Make sure they know where their employees are at all times.
- Encourage employees to report workplace accident and hazards.
- Pass on information to maintenance about unsafe or damaged equipment.
- Find adequate tasks for workers returning to work in their section.
- Ensure that workers are allocated tasks that they are trained to do.

Chapter Three

Conceptual Framework

Chapter 3

Conceptual Framework

3.1 Theoretical Diagram of Conceptual Framework

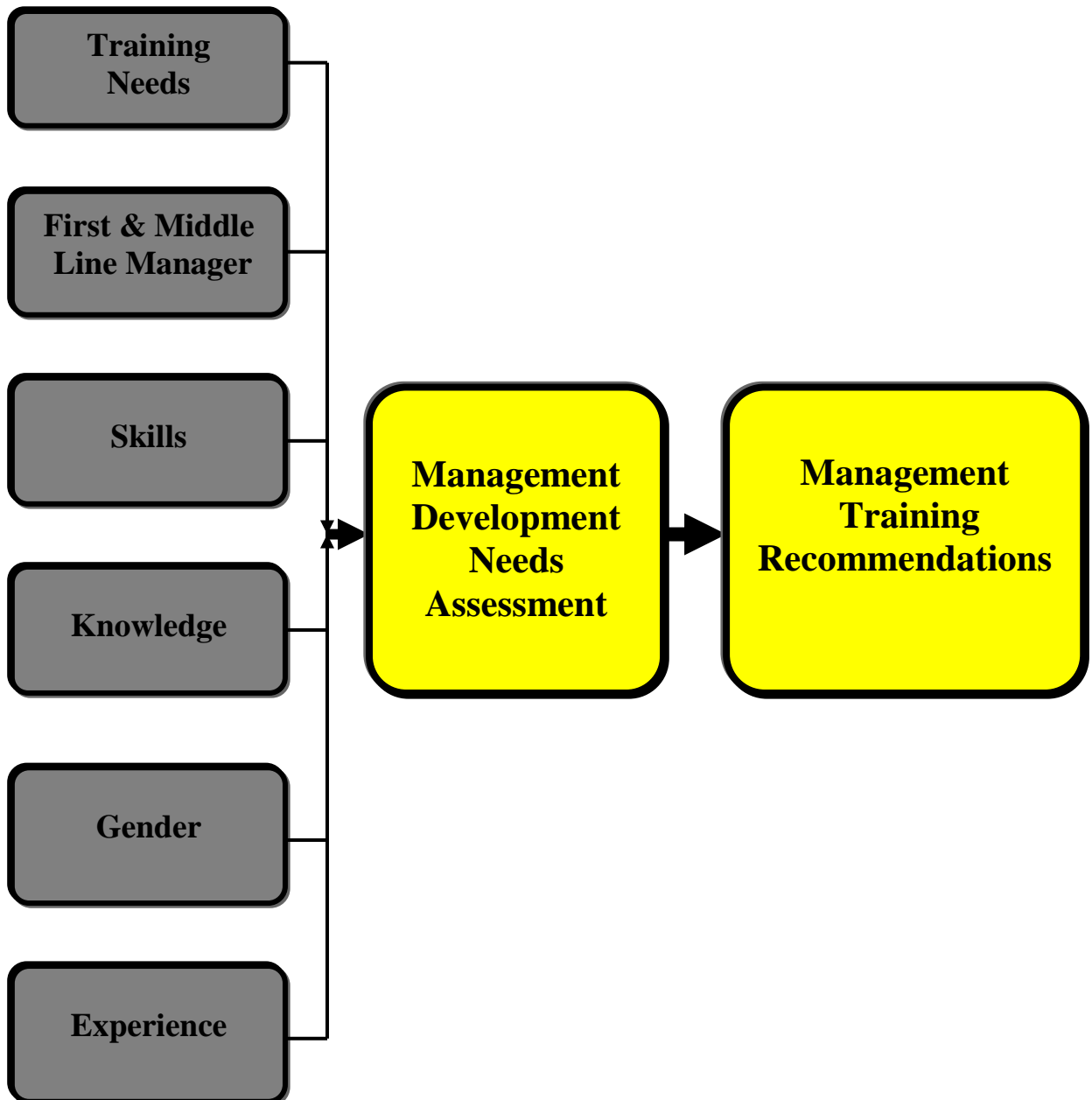


Figure No. (3.1): Management Training Needs Assessment Framework.

3.2 Overview

The world is changing very fast with new technologies resulting in the replacement of traditional work methods by new types of job and new forms of working which require a different combination of skills, both the manager and the employee have a responsibility for improving skill levels. One of the features of working life today is that whatever education and training is acquired at the start, it will almost certainly become redundant or obsolete during the same working lifetime (Boella, 1992). The need to train, to obtain new knowledge, new skills and new attitudes has become an everyday aspect of each individual's working life. In some cases this will require a complete change from one occupation to another, but in others it may merely be an updating process (Boella, 1992).

Training is one of management's most important strategies for reaching organizational goals. When used to produce or upgrade organizational skills needed to overcome gaps in performance, training can bring back savings to an organization that are many times more valuable than the cost of the training itself. To be effective, training decisions must be based on a consistent flow of reliable information about the quality of performance in various parts of an organization. Providing management with information of this kind is the reason why organizations undertake the assessment of training needs.

3.3 Management Development Needs Assessment

The process of management development is an integral part of both enterprise restructuring and ongoing corporate growth, and the economic and political situation involved for the development of the company.

Palestinian Ministry of Health today faces a significant challenges, ranging from inefficient technologies to inadequate infrastructure. Given these environmental and operational

challenges, it is not surprising that the attention focused on management development has extremely limited, and usually takes a distant place behind technological investment. Even when resources are available, there is often lack of qualified training or management development providers, which creates difficulties in ensuring the proper supply of expertise.

The challenge affecting the development of human resources in Ministry of health is therefore not only technical in nature (i.e. lack of resources, lack of training providers, etc.) but also management oriented, there is a real need for change in the way managers develop their skills and their staff.

The term management development is used to describe a planned and continuous process of development of managers' abilities, skills and attitudes designed to improve the performance of companies and assess the achievement of their strategic goals. According to Prokopenko (1998), the main features of the management development process are:

- The orientation towards the resolution of concrete problems of company activities.
- The organization of training as part of the development process of a company in general.
- The combination of training with other "non-educational" methods for increasing the managerial competence of managers.
- The adaptation of training programs to the specific needs of enterprises and the use of new training methods and techniques.

Due to internal and external change, enterprise does not remain static. Corporate managers must be able to continually adapt their skills and their abilities to changing requirements. It is the gap between today's level of managerial competences and performance and the future demands likely to be made on management that define training and development needs.

Management development is a part of the overall human resource management process. At the same time successful management development activities should constitute an entire process within their internal logic and links. Management development is not limited to training. However the training activities form an important part of it.

3.4 Training Needs

The training needs assessment process begins when a decision is made by management to authorize the use of systematic needs assessment in locating appropriate targets for training. It is customary for this to be done by the issuance of a written directive signed by the chief executive officer of the organization. The initiation of assessment activity must be preceded by detailed planning and scheduling.

This part of the analysis is identical to the more traditional approach. Here, ask for the types of management training programs supervisors and management believe they need. A value is given to each program to indicate relative importance, such as extremely critical, very critical and critical to job success.

In ministry of health, typical training needs are in problem solving, time management, employee motivation, communications, performance appraisal, interviewing and discipline. Some trainers provide a list of available training programs, and respondents check off the appropriate programs. Such a list is popular and easy to administer but it does not force line management to think about its operation or how and what type of management training can improve technical effectiveness.

3.5 First and Middle Line Manager

First line management must show training the operationally aspects of the supervisor's job. Problems or obstacles the supervisor must overcome to fulfill his or her primary function and achieve job success must also be indicated. Simply reviewing the supervisor's position description is not sufficient to gain insight because the description is too general.

During review, some technical issues lend themselves to quick and easy solution by line management, with little or no management training department assistance. However, most technical issues will be major ones that require in-depth study and analysis. Here, the management training department can help bring about profitability and productivity improvement, instead of sitting on the periphery presenting generalized training programs that discuss productivity improvement theories and concepts without applying them. Active involvement in line management technical problems is the best way management training can earn the kind of visibility, credibility and management support it needs.

3.6 Skills

The Management skills are fundamental to the success of a business. Business and managers have a shared interest in increasing skill levels. For the business, it helps with their aim to increase performance, and for the managers, now being forced to manage their own futures by taking charge of their own learning, it assists with maintaining and increasing their managerial ability, professional competence and earning potential thereby helping future job prospects.

Management skills are among the area of perceived shortages, and to review the evidence as to whether the governmental hospital managers indeed have a management skills problem. In order to illustrate the changing context and the associated new skills demanded

of managers. In particular, it was asked to consider the management levels at which there are skills deficiencies, the type of managers and organizations most affected and the skills needed.

Proctor and Dutta (1995), who provide an authoritative text on skills and performance, note that "a defining property of skill is that it develops over time, with practice." Like Renold, Proctor and Dutta include perceptual and problem solving skills as well motor skills. This skill encompasses both manual facilities, including dexterity, and conceptual ones, including relevant knowledge and understanding.

3.7 Knowledge

Knowledge results are defined as mental achievement acquired through study and experience (Swanson and Holton, 1999). Swanson and Holton believed that knowledge, an intellectual or cognitive result of learning experiences, was the basic learning result of an intervention. Measures of knowledge confirmed the level of knowledge held by individuals within a particular subject area.

Knowledge includes underpinning theory and concepts relevant to an area of activity, as well as tacit knowledge gained as a result of the experience of performing tasks. Knowledge may therefore be gained through formal or informal learning, or, typically, through both routes.

3.8 Gender

Gender is an important dimension of psychology studies. It is now widely accepted that incorporating gender perspectives in development efforts is necessary for the successful implementation of development programs. The focus on gender rather than women makes

it critical to look not only at the category women but at women in relation to men. Gender concerns the way in which relations between women and men are socially constructed. Men and women play different roles in society, with their gender differences shaped by ideological, historical, religious, ethnic, economic and cultural determinants (Moser, 1993). The ultimate objective of incorporating a gender perspective in development programs is to promote the equality of women and men in society, and to empower women to become protagonists in their own development.

3.9 Experience

Real leaders are those who have the ability to learn from their experiences and remain open to continuous learning. Actually, what's at stake is continuous improvement to achieve greater performance (Kline and Saunders, 1993).

Development through job experiences, such as on the job training, job performance evaluations and feedback programs, participation in special projects or task forces, coaching or mentoring, job rotation, succession planning, and career planning have emerged as a powerful source of learning for managers (Johnson, McLaughlin, Saari, and Zimmerle, 1988; McCauley and Brutus, 1998). A common feature of developmental jobs is the degree of challenge they offer managers (Brutus et al., 2000). McCauley, Ruderman, Ohlott, and Morrow (1994) asserted that challenging experiences stimulate development by providing managers with the opportunity to learn and acting as a motivator for learning.

McCall et al. (1988) believed that experiences on the job provide the skills for successful business leaders to maximize their skill development potential.

3.10 Management Training Recommendations

Technical problems should be addressed before training issues because of the former's impact on profitability, productivity improvement and because these problems are uppermost in the minds of line management. In addition, many technical issues hinder effective management training and must be corrected or controlled before training takes place.

It also is important to study the relationship between particular technical and training issues. On many occasions, one training program can respond to two or three different types of issues while helping to improve productivity.

Traditional training program subject matter is used as only the skeleton for the program. The guts come from the new or modified control reports provided by the supervisors to the next management level. Writing most of the subject matter is a difficult task for most management training staff personnel who have had little or no line management experience. However, it is crucial to the success of the approach.

It is a means for management training to take on its fair share of the risk in and responsibility for improving profitability, productivity and cost control. And training will no longer have to complain about the lack of top management support.

Chapter Four

Methodology

Chapter 4

Methodology

4.1 Overview

This chapter presents the study methodology which includes, study design, study population, study setting, sample size, sampling method, eligibility criteria and data collection as well as validity and reliability of the study instrument. In addition, also the method of data analysis, limitations of the study and ethical matters.

4.2 Study Design

A descriptive cross - sectional design was used to conduct this research. The design provided a means to examine facts, people's opinions, and attitudes. The strength of a descriptive research design is in the exploratory capability it provides (Merriam, Simpson, 1995). The use of a questionnaire survey in this study helps to explore results that indicate relationships among events that have already taken place. The purpose of a survey is not to give value to sets of relationships between events, but simply to draw attention to the degree two events or phenomena are related (Merriam, Simpson, 1995). A descriptive design allows for systematic description of the facts and characteristics of an area of interest and therefore is appropriate for this study's investigation into the relationship between achieving organizational intent and including organizational objectives in training design.

Meanwhile cross-sectional studies are one time studies of a defined population at specific time period. Furthermore, it is suitable in terms of time, people, money and resources and it is relatively practical and easily managed (Holms and Liewelly, 1986).

4.3 Population and sample

4.3.1 Study population:

The study population was 472 middle managers and first line managers, who work in MOH governmental hospitals in Gaza strip.

4.3.2 Sample Size:

The targeted managers were selected from all 12 governmental in Gaza-Strip governorates. The sample size was 180 middle managers and first line managers based on Epi- info representing about 35 % of the total study population (472).

**Table No. (4.1)
Distribution of Samples by Management Level and Gender**

Management Level	Male	Female	Total
First line manager	81	10	91
Middle line manager	75	14	89
Total	156	24	180

4.4 Eligibility criteria

4.4.1 Inclusion criteria:

Managers, first line managers (Supervisors, Head of Section, Head of Department/Unit, Team leaders) and middle managers (Hospital Director, Nursing Director, Administration Director, and their deputies), who works in MOH governmental hospitals in Gaza strip.

4.4.2 Exclusion criteria:

All managers or any person involved in the management of the hospital, who was at long vacation and outside the country during data collection period.

4.5 Setting of the study

This study was carried out at MOH Governmental hospitals in Gaza strip.

Gaza Strip governorates (North Gaza, Gaza, Middle Zone, Khan Younis, and Rafah)

4.6 Sampling process

The Type of sampling used was systematic random sampling method and the sample was chosen from all management levels from target population which was 472 middle managers and first line managers. In order to do a systematic random sample, the items or individuals in the population are arranged in a certain way a list by hospital. A random starting point is selected and then every 3rd individual is selected for the sample.

Twelve governmental hospitals were chosen for inclusion in the study. El Nasser hospital (Pediatric), El Nasser hospital (Ophthalmic), El Nasser hospital (Mental Health), Beit-Hanon hospital, Kamal odwan hospital, Al Dorra hospital (pediatric), Al Shifa hospital, Al-Aqusa hospital, Naser hospital, European Gaza hospital, Al Najar hospital, Tel Sultan hospital.

4.7 Ethical Consideration

- 1- An official approval (permission) was obtained from the Helsinki committee "Ethical committee in the Ministry of Health in Gaza Strip" (Annex 2) to allow the researcher to carry out the study.
- 2- An official approval (permission) was obtained from Ministry of Health in Gaza Strip to conduct the study in the governmental health settings (Annex 3).

3- The first page of the questionnaire was a cover letter (Annex 4) which included an expression of appreciation for the time and effort invested in filling out the questionnaire, assurance of respondents' anonymity, and the importance of the study.

4.8 Research Instrument

The most common techniques used for conducting needs assessment are interviews and questionnaires. Questionnaires are relatively inexpensive, can reach a large number of people in a short time, give opportunity for expression without fear of embarrassment and produce data that can be easily summarized and reported (Steadham, 1980; McClelland, 1994a; Brown, 2002). Since alignment of individuals and organizational needs is imperative and questionnaires are efficient tools for needs assessment, the undertaking of needs assessment via questionnaire in a large-scale organization

Data of the study were collected by the use of a questionnaire. Descriptive research utilizes various forms of survey (Merriam and Simpson, 1995). Based on the unique information needs, no standard instruments were found that would allow for the required data collection. The research designed and pilot tested the needed data collection instruments.

4.9 Questionnaire Design

Questionnaire was used to assess management training needs of the managers. Participation was anonymous and strictly voluntary. The questionnaire included a cover letter providing instructions for completing all the questions.

The questions were introduced in a logical sequence for each area of investigation where a combination of both open-ended and close-ended questions were used to create a balance

between obtaining specific standardized information and retaining the flexibility to surface unanticipated responses.

The questionnaire (self-administered) for middle and first line managers aims to investigate the background, attitudes and perception of the middle and first line managers in relation to the current organization practices regarding MTD.

The design philosophy of the questionnaire was based on the fact that it had to be simple, clear and understandable for the subjects, whilst on the other hand, it had to be integrated, efficient and easy for interpretation by the researcher. The aim of this questionnaire was to investigate the general aspects related to the organization, background of the managers and other relevant information related to the status of management training and development in the organization. Accordingly the questionnaire was divided into three main sections each of which treats particular area of interest in the following manner:

Section One

This section was developed to investigate the demographic profile, personal data and characteristics of the middle and first line managers including , educational background, level of education, age, gender, marital status, profession and other related characteristics.

Section Two

This section involved evaluating the job profile of the middle and first line managers including , job title, years of experience, therefore it was designed in such way to include closed- ended questions concerning obstacles facing MTD practice and progress, evaluation of the current status of MTD programs and future expectations of MTD in the organization.

Section Three

This section aimed to analyzing management training and development systems of the middle and first line managers including assessment of MTD needs, training topics, types of MTD programs and forms of training in relation to MTD horizons represented by environment adaptability for MTD, the extent and flexibility of policy and plans, organization support and commitment of the middle and first line managers for MTD efforts, appreciation of MTD value and the need to enhance MTD quality, reaction toward training environment and enforcement and follow up of the newly developed skills. The questions included in this section were based on a 5-point ranking scale (likert scale).

Following the design stage, the next task was to translate the drafts of the questionnaire into English language (Annex 6). As it is well known translation is a tedious job and can be dangerous as well, so it requires full attention in order not to alter the meanings. Thus in orders to overcome this problem and ensure validity of both the Arabic and the English versions both versions were carefully revised and compared many times to check to what extent they coincide.

Furthermore, the questionnaire versions were introduced to some experts in linguistics in order to check the language and the translation of both the Arabic and the English. The final revision stage involved asking a professional translator to go through both versions, revising and correcting the language. Questionnaire designs involving translation of terms are commonly believed to be fraught with difficulties but we believe that the research design chosen has proven to be both careful and robust.

4.10 Pilot Study

Pilot testing is a means for the researcher to ensure the development of a clear and usable instrument that provides the information necessary to answer the research questions. Pilot testing is particularly useful when personal explanation is limited. Self-administered questionnaires are heavily dependent upon clarity of language and understanding of directions (Fink and Kosecoff, 1998). A pilot study was used to address content validity and assess these elements in the survey instrument.

The purpose of the pilot study was to examine whether there were any ambiguous or poorly worded questions and to make sure that the questions were relevant. Minor revisions were made based on comments and suggestions from the managers in the hospitals who had been administered the questionnaire. The final questionnaire contained 25 items measuring the degree of the needs of the management training needs regarding the respondent's current position and future position.

Before the actual research was done; a pilot test was conducted from 23 participants (5% of total target population). The participants were selected from various governmental hospitals in Gaza strip. The pilot test was done to see whether all instructions in the given questionnaires could be understood, details of questionnaires were homogeneous, the instructions were explicit and concise and to ensure that all participants understand the research objectives. In the pilot test session, the participants were given enough time to answer the distributed questionnaires.

Pilot study participants allow the instrument to be tested for directions, language, response choices, and content. In addition, it examine the instrument layout to assess ease of use and understandability.

Based on the feedback, it was found that some questions need to be modified in wording to increase understanding. The reliability of questionnaire used in the pilot test were tested using Statistical Package for Social Science (SPSS) was 0.935, and that fulfilled the standard reliability coefficient. The questionnaire was distributed anonymously in Arabic language directly to the hospital managers, deputies, supervisors, and head of departments. The first page of the questionnaire was a cover letter (Annex 5) which included an expression of appreciation for the time and effort invested in filling out the questionnaire, assurance of respondents' anonymity, and the importance of the study.

4.11 Response Rate

The number of respondents was 167 subjects returned the questionnaire from the total number of sample size 180 for an overall response rate of 92.7%.

4.12 Validity of the Instrument

4.12.1 Content Validity:

The validity of an instrument is the degree to which a test or a tool measures what it is supposed to measure (Gay, 1998). In carrying out the research, the researcher paid close attention to the issue of validity of the research instrument

Validity refers to the extent to which the test we're using actually measures the characteristic or dimension we intend to measure (Walsh and Betz, 2001).

The content validity of the tool was established through expert judgment and panel of expert to review the questionnaire, which consisted of various phases. The researcher, at the time of designing the tool worked closely with supervisor who went through the tools, made her suggestions and ultimately certified them for valid exercise. Second, the

researcher during the piloting of the tools took time to explain the research problem and its objectives to the respective participants and encouraged them to freely give their input from their perspective as far as the research tools were concerned.

4.12.2 Construct Validity:

Construct validity examine the link between the conceptual definitions and operational definitions of variables and determines if the instrument actually measures the theoretical construct that it purpose to measure (Burns and Groves, 1997). Construct validity assesses whether the instrument adequately measures the domain of interest or universe of concern (Nunnally, 1978). Also construct validity express validity of the definition of construct (Holms and Liewelly, 1986). The researcher considered using factor analysis method to evaluate the construct validity of the study. Factor analysis examines interrelationships among large numbers of variables and disentangles those relationships to identify clusters of variables that are most closely linked together (Burns and Groves, 1997).

4.13 Reliability of the Instrument

Reliability has to do with the accuracy and precision of the research instruments (Thorndike et al. 1977). An instrument's reliability gives an indication of the extent to which a particular instrument is replicable. The tool was considered reliable and was adopted for use in gathering information for the current study.

Reliability refers to “the extent to which other researchers would arrive at similar results if they studied the same case using exactly the same procedures as the first researcher (Gall, Borg and Gall, 2002). Internal consistency reliability is one of the types of reliability. It refers to the extent to which the test items reflect one dimension rather than several dimensions (Walsh and Betz, 2001). An internal consistency reliability is calculated from a

single administration of one test. The scale was appropriately examined for reliability by using internal consistency. Since Cronbach's Alpha, one of the formulas used to compute inter-item consistency, is appropriate for use with non-dichotomous item (e.g. items scored using five-point scales) (Walsh and Betz, 2001)

In this study statistical test for the internal consistency was Cronbach's Alpha coefficient. The reliability coefficient for the study instrument was 0.935 at significance level 0.01.

Table No. (4.2)
The Correlation Between Each Statement of the Questionnaire and Its Total Score

No.	Correlation coefficient	Significance	No.	Correlation coefficient	Significance
1	0.824	**	14	0.689	**
2	0.732	**	15	0.609	**
3	0.601	**	16	0.672	**
4	0.825	**	17	0.822	**
5	0.81	**	18	0.767	**
6	0.541	*	19	0.777	**
7	0.745	**	20	0.724	**
8	0.815	**	21	0.723	**
9	0.869	**	22	0.621	**
10	0.750	**	23	0.918	**
11	0.458	*	24	0.73	**
12	0.74	**	25	0.757	**
13	0.847	**			

* Significant at level 0.05

** Significant at level 0.01

4.14 Data Collection

The researcher distributed the questionnaires (self administered questionnaire). Instructions and brief explanations were given about the purpose, objectives and how to collect questionnaires with respect to confidentiality and anonymity of the subject for administering the questionnaires and copies of the questionnaires were distributed to each

of the twelve governmental hospitals. Questionnaires were collected and the researcher looked over the completed questionnaires to ensure completion of all information needed.

4.15 Data entry and analysis

Data from the questionnaire were coded and analyzed with the help of computer. The Statistical Package for Social Sciences (SPSS) version 11.0 software was used for the purpose of analyzing the data obtained. Data were checked for entry errors using a frequencies and logical checks on all variables. Data analysis was first analyzed according to descriptive information following the research questions. Data were scored by calculating the percentages and means.

Descriptive cross-sectional design was used to examine the distribution of different factors among the study population. The major independent variables of the study were demographic variables including: gender, experience, training needs, skills, knowledge , first and second line manager. The dependent variable of the study was management development needs assessment.

Data analysis included frequency tables of the study variables, computing means, percent rates, cross tabulations and standard deviation for the continuous numeric variables, and testing the reliability and validity of the instrument. T-test , Contingency Coefficient and one way ANOVA statistical test were used in order to investigate the relationship between experience interval years and the need of training and other independent variables.

4.16 Limitations of the Study

The study faced some limitations due to:

- In today's fast paced environment, training requirements can change so rapidly that data collected during a needs assessment, especially if the assessment spans an extended time frame, can become outdated fairly quickly (Gupta, 1999).
- Limited resources specially Litreture in relevant to the studied topic.
- The study was self-funded of all expenditures needed.
- High structured quntitative study does not allow for the probing of rich qualitative information.

4.17 Summary

This chapter aimed to describe the methodology for carrying out the present study. A general description of the setting, population, and sample was presented, along with information regarding the manager groups utilized for the survey. The instrument utilized and the data collection processes were discussed as to their development and validity. Lastly, the statistical processes selected for analyzing the data were presented.

Chapter Five

Results & Discussion

Chapter 5

Results & Discussion

5.1 Introduction

This chapter presents the results of the descriptive statistical analysis of the data including the characteristics of the study sample, and the results of relevant inferential statistical tests to explore and identify the relationships between different variables.

Information was gathered from the governmental hospitals managers at two levels, first line management level and middle line management level. A questionnaire was used to gather input from the managers.

Information was gathered from 167 of the 180 managers, a response rate of 92.7%. Their age ranged between 24 and 58 years with mean age of 43.38. One hundred and forty three are males, and twenty four are females. The following pages discuss the response of managers to the questions related to the assessment of management training needs:

5.2 Distribution of Demographical Data

5.2.1 Distribution of Target Samples:

The researcher will study the distribution of target samples at governmental hospitals, Gaza Governorates.

5.2.2 Distribution of Samples by Hospitals:

Figure No. (5.1) show the Sample Distribution by Hospital as follows:

Beit Hanon hospital (5.0%), Naser (Khan younis) hospital (13.3%), European Gaza hospital (13.3%), Tel Sultan hospital (5.0%), Al Najar hospital (5.0%), Kamal odwan hospital (7.2%), Al Dorra (pediatric) hospital (5.0%), El Nasser (Ophthalmic) hospital (1.6%), El Nasser (Mental Health) hospital (1.1%), Al Aqusa hospital (5.0%), El Nasser (Pediatric) hospital (13.3%), and Al Shifa hospital (25.0%).

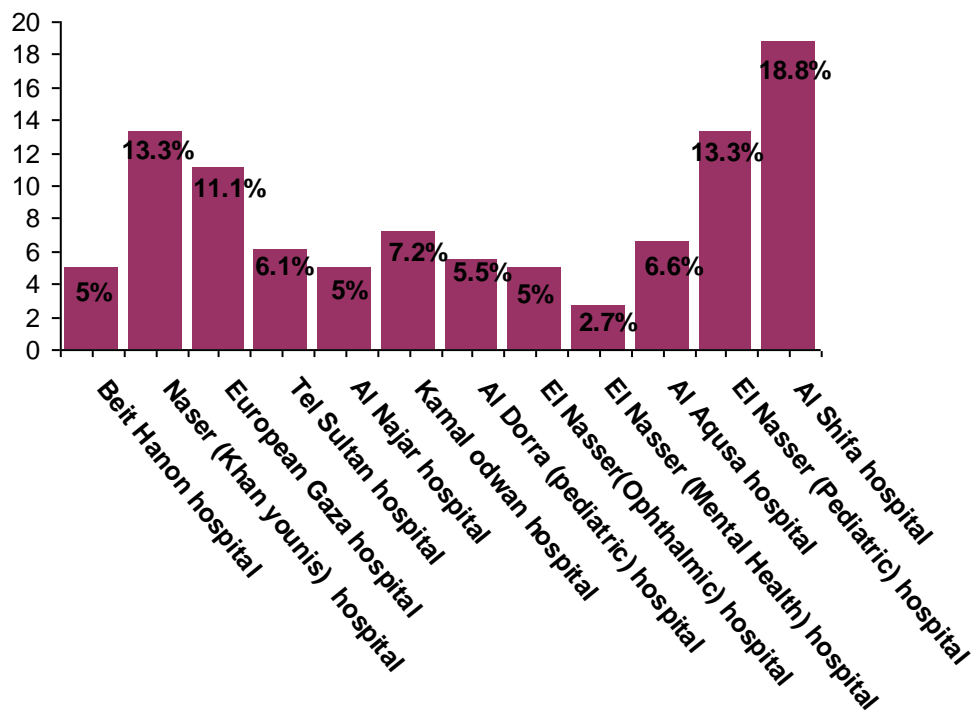


Figure No. (5.1): Distribution of Samples by Hospitals

5.2.3 Distribution of Samples by Professions:

In total, 167 managers from governmental hospitals were surveyed (Table 5.1). Of these, 45 were physicians, 34 were administrators, and 88 were nurses. The title of these professionals reflects our target group. Yet, it is not necessarily the actual job title of all

professionals surveyed. For instance the physicians has in the hospitals the title of director, general director, hospital director, medical director. The administrators has as well the title chief of administration. As for the director of nursing, the title of chief nurse and matron is also given.

Table No. (5.1)
Distribution of Sample by Profession

Profession	Frequency	Percent
Physician	45	26.9
Administrator	34	20.4
Nurse	88	52.7
Total	167	100.0

5.2.4 Distribution of Samples by Gender:

Classification by gender reflects a 85.63% males and 14.37% females (Figure 5.2). Except in few cases, medical directors and administrators are males, and most females come from the nursing profession.

In relation to the biographical data of the respondents, (85.63%) were male and (14.37%) were female managers, which indicated that there was under- representation of female managers. The average age of the male respondents was 43.5 years, whilst the females average age was 39.3 years, there was quiet an even distribution across the age categories but over one- third (34.8%) of the respondents were aged between 39-46 years. These findings agree with (Williams 2001), he found the number of women in first and middle management remains well below that of men (12% of the female population of working age as opposed to 19-20% of the male population of working age). The large proportion of the managers were male, this is due to a general trend of male occupancy of managerial

positions. Palestine, like most countries in the East, is male dominated society where men are more likely to occupy managerial positions. Similarly, this is consistent with some studies from Palestine, Jordan, Iran, Malaysia, Kuwait, and Saudi Arabia (Ashi, 1987; Abu Doleh, 1996; Al-Ali, 1999; Hameed, 1999; Al-Bahussain, 2000; Analoui et al, 2000; Al-Rashidi, 2000; Analoui and Husseini, 2001; Al-Athri and Zairi, 2002; Al-Falah, 2002; Al-Madhoun and Analoui, 2002).

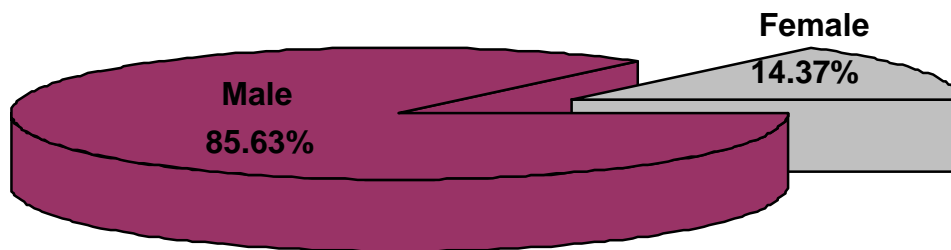


Figure No. (5.2): Distribution of Samples by Gender

5.2.5 Distribution of Samples Regarding Gender and Academic Degree:

The question on academic attainment (Table 5.2) reveals that those working in hospitals have higher academic qualifications. Of the total, 20 managers or 11.9% have Ph.D, 11.9% of them were male, and no one of the female have Ph.D that is relatively high percentage because physicians who have Palestinian and arabian board, it considered as Ph.D. degree, 16.8% with Masters, 15.56% of them were male, and small proportion of the female 1.19% have master degree, 15.6% (male 10.77 %, female 4.79 %) with Postgraduate diploma, and 49.1% (male 41.31%, female 4.79 %) with Bachelor degree. The remaining 6.6% (male 5.98 %, female 0.59 %) have degrees below the level of Bachelor.

In terms of qualifications, 70.1 per cent of the samples have a university degree and 28.7 per cent are holders of higher education degrees (Masters and Ph.D). These findings agree

with Campbell et al (2001), they found that fewer managers than professionals and technical occupations are educated to degree level. Other studies show similar disparities, although actual estimates do vary. Also, agree with Bosworth and Massini (2000) report that 24% of managers and administrators are educated to degree level, compared to 65% for the professions. Al-Madhoun (2003) in his study found that female managers who have had a school certificate (11.3%) and those with a university degree (7.5%).

Table No. (5.2)
Distribution of Samples Regarding Gender and Academic Degree

Certificate	Gender				Total	
	Male		Female			
	Frequency	%	frequency	%	frequency	%
Tawjehi	2	1.197	0	00.00	2	1.2
Under.Diploma	8	4.790	1	0.598	9	5.4
Bachelor (Bsc)	69	41.317	13	7.784	82	49.1
Post. diploma	18	10.778	8	4.790	26	15.6
Msc	26	15.568	2	1.197	28	16.8
PhD	20	11.976	0	00.00	20	11.9
Total	143	85.63	24	14.37	167	100.00

5.2.6 Distribution of Samples Regarding Gender and Experience:

The following table (5.3) show respectively the health management experience of the surveyed managers, regarding the gender. Result of career pathway questions reflect an experienced target group. Forty eight percent (male 39 %, female 9%) have more that fifteen years of health management experience, the ration drops to about 50% with more than 15 years of experience (male 21%, female 3%). Approximately, 29 % (male 25%, female 4.0%) have been in their present job with their present facility for less than 5 years, about one third of persons who is young manager have alittle experience and need traing in

management to fulfil the roles and responsibilities of management position on scientific base and right application.

Not everything can be taught, however. These findings agree with Mabey and Thomson (2000), who found that experience, personality and inherent ability were the most important factors in making an effective manager. Also, agree with Beech (2003), who provides strong evidence for the importance of innate factors. He found that intelligence is the single most important predictor of management performance.

Table No. (5.3)
Distribution of Samples Regarding Gender and Experience

Experience	Gender				Total	
	Male		Female			
	frequency	%	frequency	%	frequency	%
Less than 5 years	42	25.15	6	3.59	48	28.74
5 – 10 years	40	23.95	6	3.59	46	27.54
11-15 years	27	16.17	8	4.79	35	20.96
16-20 years	12	7.19	1	0.6	13	7.79
21-25 years	11	6.59	1	0.6	12	7.19
26 years and more	11	6.58	2	1.2	13	7.78
Total	143	85.63	24	14.37	167	100

5.3 Distribution of Management Training Courses

5.3.1 Number of Persons Attended Management Training Courses and Duration :

Ninety five professionals out of a total 167 or (56.9 %) didn't participate in any management training course (Table 5.4). Seventy one professionals out of a total 167 or (42.5 %) participated in management training courses in the past, of whom (17.3%) participated in one course, about (7.8 %) participated in two courses and (18 %)

participated in three and four course. These findings are consistent with Lynch and Black's (1996) findings on which employees most often receive training, better educated employees more than managers and professionals. It is important to note, however, that within this sample, the amount of training varied widely among population group. In addition, these finding agree with Atiyah (1993), who recognized the fact that shortage of qualified managers presents a major obstacle to the development. Therefore, it is aimed that this study will help to better train and develop hospital managers by investigating their actual training and development need.

Table No. (5.4)
Number of Samples Attended Management Training Courses and Duration

Management Training Courses					
Attended	Frequency	Percent	Duration	Frequency	Percent
No training course	95	56.9	Less than a week	11	6.6
One training course	29	17.3	1 – 2 weeks	49	29.3
Two training course	13	7.8	more than 2 weeks	107	64.1
Three training course	15	9.0			
Four training course	15	9.0			
Total	167	100.0	Total	167	100.0

At least some of the difference in the apparently large differences in the amount of training received is explained by differences in training activities among the three major components (Physician, Administrator and Nurse).

As for period of management training courses, (42.5 %) of the surveyed managers participated in management training activities of whom (6.6 %) participate Less than a week, (29.3 %) participate one to two weeks, and (64.1%) participate more than 2 weeks.

5.3.2 Distribution of Samples Response about Management Training Courses were Enough and Benefit :

Respondents in the survey were asked to indicate management-training courses they had received were enough. As Table 5.5 shows, about (35.3%) of them have pointed that management training course they had received were not enough , (9.0%) have pointed that management training course they had received were enough. These findings agree with studies which highlight the differences in attitudes to training have showed that many UK managers believe that the tasks undertaken by workers require only minimal skills and therefore little need for training. This contrasts with German managers who accept a three-year period of structured training as an essential foundation for the vast majority of workers (Keep and Mayhew, 1999). Additionally, as studies have found, as many UK managers are poorly educated and trained, they may perceive improvements in the education and training of their workforce as a threat to their position (Keep and Mayhew, 1999).

Table No. (5.5)
Distribution of Samples Response about Management Training Courses were Enough and Benefit

Response	Management Training Courses were Enough		Management Training Courses Benefit	
	Frequency	Percent	Frequency	Percent
Yes	15	9.0	64	38.3
No	59	35.3	12	7.2
Total	74	44.9	77	46.1

As for benefit of management training courses, (42.5 %) of the surveyed managers participated in management training activities of whom (38.3 %) of participants benefit from management courses attended, (7.2 %) of participants not benefit from management courses.

5.3.3 Distribution of Samples Response Regarding Their Managerial Responsibilities:

Governmental hospital managers have more or less managerial responsibilities, surveyed managers set their managerial responsibilities on organizing (18.0 %), coordination (15.6 %), follow up (11.4 %), and supervision (10.2 %), but the surprising issue that (35.4 %) of participants have no answer about their managerial responsibilities (Table 5.6). This means that there is an urgent need for interference to detect the reason for this and find the suitable intervention for these managers to teach them their managerial responsibilities.

Table No. (5.6)

Distribution of Sample Response Regarding Their Managerial Responsibilities

Managerial Responsibilities	Frequency	Percent
No answer	59	35.4
Organizing	30	18.0
Coordination	26	15.6
Follow up	19	11.4
Supervision	17	10.2
Head of department's role	6	3.6
Equipment & supplies	4	2.4
Quality assurance	3	1.8
Team building	2	1.2
Team motivating	1	0.6
Total	167	100.0

5.4 Distribution of Perceived Management Training Needs Assessment

5.4.1 Distribution of Samples response Regarding Perceived Management Problems:

"Lack of internal rules and regulations" (50.9 %) and "Lack of clear job description" (28.7 %), have been identified as the two most common problems faced by hospital managers (Table 5.7). These problems are as well, the most common ones for each type of managers

in the target group. These findings agree with Abdalla and Al-Homoud (1995), whom considered the difficulties originating from the absence of information in Kuwaiti organizations about the reservoir of basic skills, job descriptions and career planning as a serious obstacle for conducting systematic training needs assessment. These findings tend to confirm Al-Rasheed's (1994) report that referred to the absence of administrative policies majority related to the personnel in the of the Jordanian banks. Also agree with Argyris (1994), who draws attention to the informal rules and assumptions, which operate in the workplace and the ways in which these affect behaviors. The effectiveness of management development will be facilitated or inhibited according to the context within which it is to be used. According to Al-Ali (1999) and Al-Athai and Zairi (2002) there are some different reasons which face them, such as organization culture, the absence of management support, and lack of suitable and written procedure.

Table No. (5.7)
Distribution of Samples Response Regarding Perceived Management Problems

Management Problems	Frequency	Percent
1. Lack of internal rules and regulations	85	50.9
2. Lack of clear job description	48	28.7
3. No clear lines of decision making	7	4.2
4. Lack of trained managers	9	5.4
5. Lack or unclear organizational structure	7	4.2
6. Deficiency of Health Information System	3	1.8
7. Maldistribution of human resources	2	1.2
8. Communication problems	3	1.8
9. Deficiency in equipment maintenance	1	0.6
10. Other	2	1.2
Total	167	100.0

5.4.2 Distribution of Samples Response Regarding Perceived Training Needs:

As shown in (Table 5.8), managers prioritized their management training needs in the area of planning (75%), organizing (58.1%), supervision and monitoring (56.9%), directing (50.9%), health information system (47.3%), and evaluation and quality assurance (43.7%).

In the other hand (14.4%) managers in governmental hospitals believe that human resource management and supply and storage management don't need more training. These findings agree with Abdalla and Al-Homoud's (1995) survey results, show that all government organizations have no specific practices or procedures for determining training and educational needs of their managerial personnel, and went on to say that the absence of systematic needs assessment is a serious drawback on the organization's management development efforts. This finding supports those of other researchers, who exposed an emphasis on operational types skills (Guerrier and Lockwood, 1989). Also, agree with Mabey and Thomson (2000), who highlighted some management skills in high demand: managing people, leadership, team working and customer focus.

Table No. (5.8)
Distribution of Samples Response Regarding Perceived Training Needs

No.	Management Training Needs	Need much	No Need	Not necessary	Total
1-	Planning	75.4%	8.4%	1.2%	100%
2-	Organizing	58.1%	10.2%	3.6%	100%
3-	Supervision and Monitoring	56.9%	10.2%	3.6%	100%
4-	Directing	50.9%	15.0%	1.8%	100%
5-	Health Information System	47.3%	7.2%	5.4%	100%
6-	Evaluation	43.7%	14.4%	2.4%	100%
7-	Quality assurance	43.7%	12.6%	4.8%	100%
8-	Technology Assessment	42.5%	6.0%	9.0%	100%
9-	Transport and Logistic Management	25.1%	12.6%	11.4%	100%
10-	Human Resource Management	24.0%	14.4%	2.4%	100%
11-	Financial Management	22.8%	9.0%	16.2%	100%
12-	Supply and Storage Management	20.4%	14.4%	12.6%	100%

5.4.3 Distribution of Samples Response Regarding Perceived Skills Development Needs:

Managers in governmental hospitals perceived skill development needs (Table 5.9) are mostly concentrated in the areas of technical training in computer skills (69.5%), communication skills and motivating others (56.3%), decision making (54.5%), problem solving (53.3%), and writing proposals (49.7%). The three most frequent skill development needs in hospitals are the same among the different types of managers surveyed. There is much controversy and even disagreement with (Alfaouri, 2001) were developing interpersonal skills, human resource management, leadership, organization change and development, time management and strategic planning and forecasting were cited by more than half of the respondents. On the other hand, the topics of motivation and communication, crisis management, general managerial skills, stress management and total quality management were cited by less than half of the respondents. Winterton et al (2000) highlight the importance of certain personal competences for managers as effective communications and commitment. Mabey and Thomson (2000) found that the skills most in demand were managing people, leadership, team working and customer focus. Functional and technical skills are not unimportant, but it is these softer skills that will define the successful managers and leaders of tomorrow. In the study of Burke and Collins (2000) was conducted to assess whether there were gender differences in perceived effectiveness of management skills. Gender differences were found for three management skills: communicating, coaching and developing, and time management. It is not surprising that females reported higher perceived effectiveness in the management skills of communicating, coaching and developing. To be effective manager, one must be proficient in the skills: communicating, delegating, conflict management, time management, personal adaptability, analysis and decision making, and coaching and developing.

Table No. (5.9)

Distribution of Sample Response Regarding Perceived Skills Development Needs

No.	Skills Development Needs	Need much	No Need	Not necessary	Total
1-	Computer Skills	69.5%	28.7%	1.8%	100%
2-	Communication Skills	56.3%	39.5%	0.3%	100%
3-	Motivating Others	56.3%	41.3%	2.4%	100%
4-	Decision Making	54.5%	41.9%	2.4%	100%
5-	Problem solving	53.3%	43.7%	2.4%	100%
6-	Writing Proposals	49.7%	40.1%	10.2%	100%
7-	Time Management	46.7%	38.9%	12.6%	100%
8-	Team Building	40.7%	55.1%	0.3%	100%
9-	Conducting Meetings	40.7%	51.5%	6.6%	100%
10-	Writing reports and letters	40.1%	57.5%	1.8%	100%
11-	Delegating	31.1%	56.3%	12%	100%

5.4.4 Distribution of Samples Response Regarding Perceived Management Abilities:

Respondents were asked to respond to 25 statements concerning their perceptions about the perceived management abilities. The responses to perceived management ability statements which attained (Annex 7). The ability statements that had the highest percentage (62.9%) rating and topped the essential scale across the sample was the statement, " ability to put the right person in the right place ". The respondents also rated as essential the ability to " ability to strategic and right planning" (58.7%) and " ability to realize authority and responsibility and role and regulations" (57.5%). Amongst the ability statements that were rated as being of considerable importance, " ability to manage crisis and emergencies" (55.1%), " ability to supervise and evaluate employees performance" (52.7%) , and" ability to diagnose the problems and solve them" (51.5%). The ability was rated as moderately important," ability to encourage and motivate employees" (49.7%)," ability to organize and distribute job duties" (49.7%)," ability to

manage human resources" (47.9%), and " ability to influence on the employees and cooperate with others" (47.3%). These findings disagree with Winterton et al, 2000; Keep and Mayhew, 1999) were "the ability to use Information Technology" was emphasised as being a critical skills needed.

5.4.5 Distribution of the Most Four Management Training Courses Needed for

Middle Line Management :

As was mentioned previously, the respondents were also asked to comment on the most four management training and development , which the middle line managers need for their present positions. (Table 5.10) lists the varrious management training and development activities which these managers need as well as the types of training that they felt they were most lacking. Categorized according to the specific skill sections as we presented in the main body of the questionnaires. This tables illustrates that the most popular types of training and development were planning (17.0%), supervision (11.0%), evaluation (9.0%), and decision making (7.8%). These findings agree with McDonald (1989), who emphasized that one major contribution to success or failure of development programs is the manager. Commitment and support is another dimension to be added to those positive aspects of human factors besides motivation and incentives in such way that commitment and support of senior manager in terms of how far they themselves are satisfied , see the need for change and the explicit ways to achieve it.

Table No. (5.10)
Distribution of the Most Four Management Training Courses Needed for
Middle Line Management

Management Training Courses	Frequency	Percent
Planning	28	17.0
Supervision	19	11.0
Evaluation	15	9.0
Decision Making	13	7.8

5.4.6 Distribution of the Most Four Management Training Courses needed for First Line Management:

On the other hand, the respondents were also asked to comment on the most forur management training and development , which the first Line managers need for their present positions. (Table 5.11) lists the varrious management training and development activities which these managers need as well as the types of training that they felt they were most lacking. Categorized according to the specific skill sections as we presented in the main body of the questionnaires. This tables illustrates that the most popular types of training and development were communication skills (25.0%), implementation (17.0%), planning (15.0%), and human resources (15.0%).

**Table No. (5.11)
Distribution of the Most Four Management Training Courses needed for First Line Management**

Management Training Courses	Frequency	Percent
Communication skills	14.97	25.0
Implementation	10.17	17.0
Planning	8.98	15.0
Human Resources	8.98	15.0

5.5 Distribution of Samples Response Regarding Management Functions and Professions

5.5.1 Distribution of Samples Response Regarding Planning and Professions:

As shown in (Table 5.12), the number of surveyed managers' responses to each item in the scale were calculated regarding planning and professions, especially the ratings of strongly agree and agree for each profession for the need for planning were 18 out of 45 physician rating of strongly agree, 19 out of 34 adminstator rating of strongly agree, and 38 out of 88

nurses rating of strongly agree . while 21 out of 45 physician rating of agree, 12 out of 34 adminstator rating of agree, and 43 out of 88 nurses rating of agree . These findings agree with Molander (1996), who argues that the more individuals have the responsibility for planning their development, the more they will learn, and the more they will be committed to undertake training and other development experiences.

Table No. (5.12)
Distribution of Samples Response Regarding Planning and Profession

Degree		profession			Total
		Physician	Admin	Nurse	
Planning	Disagree	1	1	1	3
	Neither nor	5	2	6	13
	Agree	21	12	43	76
	Strongly agree	18	19	38	75
Total		45	34	88	167

5.5.2 Distribution of Samples Response Regarding Organizing and Professions:

As shown in (Table 5.13), the number of surveyed managers' responses to each item in the scale were calculated regarding organizing and professions, especially the ratings of strongly agree and agree for each profession for the need for planning were 13 out of 45 physician rating of strongly agree, 11 out of 34 adminstator rating of strongly agree, and 23 out of 88 nurses rating of strongly agree . while 22 out of 45 physician rating of agree, 17 out of 34 adminstator rating of agree, and 58 out of 88 nurses rating of agree .

Table No. (5.13)
Distribution of Sample Response Regarding Organizing and Professions

Degree		profession			Total
		Physician	Admin	Nurse	
Organizing	Disagree	2	1	2	5
	Neither nor	8	5	5	18
	Agree	22	17	58	97
	Strongly agree	13	11	23	47
Total		45	34	88	167

5.5.3 Distribution of Samples Response Regarding Human Resources and Professions:

As shown in (Table 5.14), the number of surveyed managers' responses to each item in the scale were calculated regarding human resources and professions, especially the ratings of strongly agree and agree for each profession for the need for planning were 22 out of 45 physician rating of strongly agree, 15 out of 34 adminstator rating of strongly agree, and 40 out of 88 nurses rating of strongly agree . while 18 out of 45 physician rating of agree, 14 out of 34 adminstator rating of agree, and 43 out of 88 nurses rating of agree .

Table No. (5.14)
Distribution of Samples Response Regarding Human Resources and Professions

Degree		profession			Total
		Physician	Admin	Nurse	
Human Resources	Disagree	2	1	1	4
	Neither nor	3	4	4	11
	Agree	18	14	43	75
	Strongly agree	22	15	40	77
Total		45	34	88	167

5.5.4 Distribution of Samples Response Regarding Supervision and Professions:

As shown in (Table 5.15), the number of surveyed managers' responses to each item in the scale were calculated regarding supervision and professions, especially the ratings of strongly agree and agree for each profession for the need for planning were 19 out of 45 physician rating of strongly agree, 15 out of 34 adminstator rating of strongly agree, and 33 out of 88 nurses rating of strongly agree . while 22 out of 45 physician rating of agree, 15 out of 34 adminstator rating of agree, and 51 out of 88 nurses rating of agree.

Table No. (5.15)
Distribution of Samples Response Regarding Supervision and Professions

Degree		profession			Total
		Physician	Admin	Nurse	
Supervision	Disagree	3	1	2	6
	Neither nor	1	3	2	6
	Agree	22	15	51	88
	Strongly agree	19	15	33	67
Total		45	34	88	167

5.5.5 Distribution of Samples Response Regarding Quality Assurance and Professions:

As shown in (Table 5.16), the number of surveyed managers' responses to each item in the scale were calculated regarding quality assurance and professions, especially the ratings of strongly agree and agree for each profession for the need for planning were 23 out of 45 physician rating of strongly agree, 17 out of 34 adminstator rating of strongly agree, and 43 out of 88 nurses rating of strongly agree . while 17 out of 45 physician rating of agree, 14 out of 34 adminstator rating of agree, and 38out of 88 nurses rating of agree .

Table No. (5.16)
Distribution of Samples Response Regarding Quality Assurance and Professions

Degree		profession			Total
		Physician	Admin	Nurse	
Quality assurance	Disagree	1	2	2	5
	Neither nor	4	1	5	10
	Agree	17	14	38	69
	Strongly agree	23	17	43	83
Total		45	34	88	167

5.6 Distribution of Samples Response Regarding Differences in Training Needs between Male and Female

In this study t test with 0.05 significant level was used to explore the differences in means between male and female managers, the results are presented in (Table 5.17). The results show that differences in planning is not statistically significant P value was (0.71), the mean for male managers ($m = 4.2325$) and the means for female managers ($m = 4.2813$), and (t) value was (-0.374) and it is not significant. The results show organizing that there is not statistically significant differences at P value was (0.45) between the means for male managers ($m = 4.1231$) and the means for female managers ($m = 4.2250$), and (t) value was (-0.752) and it is not significant. The results show human resources that there is not statistically significant differences at P value was (0.54) between the means for male managers ($m = 4.2972$) and the means for female managers ($m = 4.2153$), and (t) value was (0.62) and it is not significant. The results show supervision that there is not statistically significant differences at P value was (0.74) between the means for male managers ($m = 4.2531$) and the means for female managers ($m = 4.2083$), and (t) value was (0.34) and it is not significant. The results show quality assurance that there is not statistically significant differences at P value was (0.87) between the means for male managers ($m = 4.2535$) and the means for female managers ($m = 4.2292$), and (t) value was (0.34) and it is not significant. There is no significant difference between male and female responses in all management training needs.

Table No. (5.17)
Distribution of Samples Response Regarding Differences in Training Needs between Male and Female

Management Training Needs	Gender	N	Mean	Std. Deviation	t	Significant level
Planning	Male	143	4.2325	.58641	-0.374	0.71
	Female	24	4.2813	.61376		
Organizing	Male	143	4.1231	.59761	-0.752	0.45
	female	24	4.2250	.71094		
Human Resources	male	143	4.2972	.59112	0.62	0.54
	female	24	4.2153	.64733		
Supervision	male	143	4.2531	.60837	0.34	0.74
	female	24	4.2083	.56408		
Quality assurance	male	143	4.2535	.61523	0.17	0.87
	female	24	4.2292	.84351		

5.7 Distribution of Samples Response Regarding Differences in Training Needs and Years of Experience

One-Way ANOVA test was used to examine the differences in means between groups (Experience and planning, organizing, human resource, supervision, quality assurance). The results are presented in (Table 5.18). The results revealed that there are no significant differences in mean square between groups (Experience and planning, organizing, human resource, supervision, quality assurance). The mean square between Experience and planning was between groups (1.889) and within groups was (55.655), ($f = 1.375$) and significance value was ($P \text{ value} = 0.245$) which is not significant. The mean square between Experience and organizing was between groups (0.702) and within groups was (61.850), ($f = 0.460$) and significance value was ($P \text{ value} = 0.765$) which is not significant. The mean square between Experience and human resource was between groups (1.480) and within groups was (57.915), ($f = 1.035$) and significance value was ($P \text{ value} = 1.480$) which is not significant. The mean square between Experience and supervision was between groups

(1.180) and within groups was (58.736), ($f = 0.814$) and significance value was (P value = 0.518) which is not significant The mean square between Experience and quality assurance was between groups (1.010) and within groups was (69.115), ($f = 0.592$) and significance value was (P value = 0.669) which is not significant.

This means those different years of experience affect the responses regarding training needs (planning, organizing, human resource, supervision, quality assurance) and importance to those responses regarding training needs to the work and to the organization.

Table No. (5.18)
Distribution of Samples Response Regarding Differences in
Years of Experience and Training Needs

Category	Groups	Sum of squares	df	Mean square	f	P-value
Planning	Between Groups	1.889	4	0.472	1.375	0.245
	Within Groups	55.655	162	0.344		
	Total	57.544	166			
Organizing	Between Groups	0.702	4	0.176	0.460	0.765
	Within Groups	61.850	162	0.382		
	Total	62.552	166			
Human Resource	Between Groups	1.480	4	0.370	1.035	1.480
	Within Groups	57.915	162	0.357		
	Total	59.395	166			
Supervision	Between Groups	1.180	4	0.295	0.814	0.518
	Within Groups	58.736	162	0.363		
	Total	59.916	166			
Quality assurance	Between Groups	1.010	4	0.252	0.592	0.669
	Within Groups	69.115	162	0.427		
	Total	70.125	166			

5.8 Distribution of Samples Response Regarding Differences in Training Needs Between First line managers and Middle Line Managers

The researcher use the crostabes to determine the differences in training needs between first line mangers and second line managers. As shown in (Table 5.19), the number of

surveyed managers' responses to each item in the scale were calculated regarding training needs and level of management, especially the ratings of strongly agree for each training for the need for planning were 36 first line managers rating of strongly agree, and 39 second line managers rating of strongly agree, for organizing were 21 first line managers rating of strongly agree, and 26 second line managers rating of strongly agree, for human resource were 41 first line managers rating of strongly agree, and 36 second line managers rating of strongly agree, for supervision were 36 first line managers rating of strongly agree, and 31 second line managers rating of strongly agree, and for quality assurance were 41 first line managers rating of strongly agree, and 42 second line managers rating of strongly agree.

Table No. (5.19)
Distribution of Samples Response Regarding Differences in Training Needs Between First line managers and Middle Line Managers

Training Needs	Response	First Line	Middle Line
Planning	Disagree	1	1
	Neither nor	8	6
	Agree	33	43
	Strongly agree	36	39
Organizing	Disagree	3	2
	Neither nor	12	10
	Agree	47	53
	Strongly agree	21	26
Human Resource	Disagree	3	1
	Neither nor	4	7
	Agree	30	45
	Strongly agree	41	36
Supervision	Disagree	4	2
	Neither nor	2	4
	Agree	36	52
	Strongly agree	36	31
Quality assurance	Disagree	1	4
	Neither nor	5	4
	Agree	30	39
	Strongly agree	41	42

5.9 Distribution of Samples Response Regarding the Significant Differences in Training Needs Between First Line Managers and Middle Line Managers

The researcher use the crostabes and T test to compare the training needs of the first and second lines and to determine the significance of the differences, the results are presented in (Table 5.20). The results show planning that there is not statistically significant differences at (P value = 0.96) between the means for first line managers (m = 4.2372) and the means for second line managers (m = 4.2416), and (t) value was (-0.04) and it is not significant. The results show organizing that there is not statistically significant differences at (P value = 0.63) between the means for first line managers (m = 4.1128) and the means for second line managers (m = 4.1596), and (t) value was (-0.49) and it is not significant. The results show human resource that there is not statistically significant differences at (P value = 0.56) between the means for first line managers (m = 4.3141) and the means for second line managers (m = 4.2603), and (t) value was (0.579) and it is not significant. The results show supervision that there is not statistically significant differences at (P value = 0.64) between the means for first line managers (m = 4.2769) and the means for second line managers (m = 4.2202), and (t) value was (0.607) and it is not significant. The results show quality assurance that there is not statistically significant differences at (P value = 0.72) between the means for first line managers (m = 4.2692) and the means for second line managers (m = 4.2331), and (t) value was (0.357) and it is not significant. There is no significant difference between the first and middle line in the needs of training coursing with ($\alpha = 0.05$).

Table No. (5.20)

Distribution of Samples Response Regarding the Significant Differences in Training Needs Between First Line Managers and Middle Line Managers

Training Needs	Line	N	Mean	T	Sig.
Planning	First line	78	4.2372	-0.04	0.96
	Middle line	89	4.2416		
Organizing	First line	78	4.1128	-.049	0.63
	Middle line	89	4.1596		
Human Resource	First line	78	4.3141	0.579	0.56
	Middle line	89	4.2603		
Supervision	First line	78	4.2769	0.607	0.64
	Middle line	89	4.2202		
Quality assurance	First line	78	4.2692	0.357	0.72
	Middle line	89	4.2331		

These findings disagree with other research results such as (Sarri, et al., 1988; Abu-Doleh and Weir, 1997), the results indicate that there is a statistical significant difference at the (0.05) level between the training needs and line management in terms of assessing first and middle management training needs.

Generally

As might be expected, the results revealed serious managerial deficiencies within the governmental hospitals. Most surveyed managers do not seem to have the right training in the role they are to play in the critical transformational change expected.

Updated and relevant job descriptions that ought to serve as a guide and criteria for performance are not commonly used, even for high ranking officials within the Ministry of Health. The fact that 48 out of 167 of the surveyed managers have Masters and PhD degrees and no one of them have Master degree in health management signifies that the field is not yet developed as a profession in the Ministry of Health. These leads to health care facilities were solely run by medical people, and specifically by physicians.

Although, number one problem for managers is "Lack of internal rules and regulations" (50.9 %) and "Lack of clear job description" (28.7 %).

Obviously, the problems presented in the results are intense and complex. Nevertheless, there are some positive signs that can be extracted from these same results. To recall, the problems presented are those perceived and identified by the respondents themselves and not by any management consultant or the like. This is very crucial because the recognition of the problem is the first step in the progress of solving it. It also signifies the managers' willingness and commitment to change, factors that are essential for the success of any change process.

It is rather easy to criticize the ineffective performance of many health care managers; however, it is more difficult to offer constructive suggestions.

Management activity which involves the continuing analysis of the need for services. Data from this kind of needs assessment are used by decision makers to develop programs that meet the identified need of the population in an effective and efficient way, and to correct deficiencies in ongoing programs. They can also be used to resolve different points of view about service needs, and to encourage the coordination.

One of the commonly cited problems with needs assessment studies is that, they are rarely used to assist in making decisions about program objectives and the allocation of resources.

Planning and evaluation are part of a recurrent management process. Needs assessment is a monitoring system for the external environment which provides inputs into the development of program objectives and the allocation of resources needed to carry out these objectives.

It can be seen that although constrained due to the small sample size, the above data has produced some interesting findings. Generally the mean importance rating given to all the skill statements were relatively high. This portrays a high degree of homogeneity in the sample, with few skills identified as unimportant, either currently or in the future.

In examining the training and development that these respondents had received, it can be seen that the managers appeared to want more courses and activities that were essentially operational in nature. Given the high degree of importance that the managers associated to possessing these types of skills this findings was not surprising. This finding also reflects what has been written by various authors who have argued about courses designed to enhance the skills and competence of managers. For commentators like (Ladkin,2000) and (Swarbrooke, 1995) educators should focus in the future on providing skills related to skills training. But also they stress the need for more strategic training and development for these types of managers. Also significant here was the respondents views that management training and development was needed.

An increasingly competitive environment is focusing attention on the managerial skill requirements for managers in governmental hospitals. The purpose of this research was to understand what knowledge and skills are needed by managers which would assist them perform better in their organization.

The most illuminating findings was the importance given to operational level skills by the managers. Little credence was given to strategic/general, technological and self management skills, which were emphasised in earlier studies as being the very skills managers will require to deal with rapid change. This accentuates the need for training and development to equip managers with skills needed to cope with the evolving business environment.

The survey revealed that some management skills were felt to be vital by managers and that training/development had taken place in many of the establishments. However, this was by no means universally supported and often there was a perceived lack of management skills, planning , organizing , supervision and monitoring, above all others. This is obviously an area where further training and development is required, the study highlights the need for further research across the management levels as a whole. This would enable policy and decision makers at the macro level in MOH to address appropriate training and development issues.

A review of trends in management development (Hirsh and Carter, 2002) included the following findings:

- Management training still needs to provide a coherent view of what managers need to learn, but delivery needs to be more flexible and to fit into the busy working lives of managers, for example through shorter or more modular training courses.
- The development of inter-personal and leadership skills is a high priority and not easily achieved through conventional formal training.
- There has been a huge growth of interest in more personal forms of development support such as coaching and mentoring.
- Most managers are now told to manage their own careers, but do so with little effective support or information.
- Line managers have been given a number of important roles in the development of their subordinates, but they may not yet be equipped to carry these out, or really be encouraged to develop others.

- High attention is often given to senior managers and high potential staff both in their skill development and in career planning. These approaches are labor intensive and not easy to extend to the majority of the management workforce.
- Career development is a vital form of management and leadership development. Proactive career management is mainly used for very senior managers or populations of special interest (such as high potential managers or graduate trainees).

This commonly accepted view may be expressed in terms of a formula for success, which can be summarized in a set of four statements:

- Effective management education, training and development results in good managerial performance;
- Effective organizational management is the aggregate of the good performance of individual managers;
- Effective management results in organizational success;
- Successful organizations result in national economic success.

Chapter Six

Conclusion and Recommendation

Chapter Six

Conclusion and Recommendation

6.1 Conclusion

In an attempt to study the assessment of management training needs among managers in governmental hospitals, the current study was conducted as a part of my study at school of public health.

The study findings might help in understanding what knowledge and skills are needed by managers which would assist them perform better in their organization.

The main characteristics of the surveyed managers by the questionnaire are as follows. Most the managers 85.63 percent were male, males are predominate in management positions; females were 14.37 percent. The limited participation of women in work generally, and in management positions in particular, was due to religious principles and social values. Of these, 45 were physicians, 34 were administrator, and 88 were nurses. Their age ranged between 24 and 58 years. Of the managers, 70.1 percent have a university degree and 28.7 percent are holders of higher education degrees. Fifty - six percent of managers have more than ten years' experience, and fifty- five percent of them have more than 10 years' experience. Most 49.4 percent surveyed managers are employed in middle management level, and about 50.5 percent are employed in junior management level.

Ninety five professionals or (56.9 %) not participated in any management training course, and about (43 %) of them have attended from one to four management training course. From those attended management training course (35.3%) have pointed that the courses

they had received were not enough, in the other hand, (9.0 %) have pointed that management training course they had received were enough. (38.3 %) of participants benefit from management courses attended, (7.2 %) of participants not benefit from management courses.

One third of the surveyed managers (35.4 %) have no answer about their managerial responsibilities and that was so surprising issue where the manager have to be well known of his managerial responsibilities, the others set their managerial responsibilities on organizing (18.0 %), coordination (15.6 %), follow up (11.4 %), and supervision (10.2 %).

"Lack of internal rules and regulations" (50.9 %) and "Lack of clear job description" (28.7 %), have been identified as the two most common problems faced by hospital managers. Managers prioritized their management training needs in the area of planning (75 %), organizing (58.1%), supervision and monitoring (56.9%), directing (50.9%), health information system (47.3%), and evaluation and quality assurance (43.7%).

Hospital managers' perceived skill development needs are mostly concentrated in the areas of technical training in computer skills (69.5%), communication skills and motivating others (56.3%), decision making (54.5%), problem solving (53.3%), and writing proposals (49.7%).

The ability statements that had the highest percentage (62.9%) rating and topped the essential scale across the sample was the statement, " ability to put the right person in the right place ". The respondents also rated as essential the ability to " ability to strategic and right planning" (58.7%) and " ability to realize authority and responsibility and role and regulations" (57.5%).

The most four management training and development , which the middle Line managers need for their present positions and they were most lacking were planning (17%), supervision (11%), evaluation (9 %), and decision making (7.8%).

In the other hand, the most forur management training and development , which the first Line managers need for their present positions and they were most lacking were Communication skills (25%), implementation (17%), planning (15%), and resource management (15%).

Sample response regarding planning and professions, were 18 out of 45 physician rating of strongly agree, 19 out of 34 adminstator rating of strongly agree, and 38 out of 88 nurses rating of strongly agree.

Sample response regarding organizing and professions were 13 out of 45 physician rating of strongly agree, 11 out of 34 adminstator rating of strongly agree, and 23 out of 88 nurses rating of strongly agree .

Sample response regarding human resource management and professions were 22 out of 45 physician rating of strongly agree, 15 out of 34 adminstator rating of strongly agree, and 40 out of 88 nurses rating of strongly agree .

Sample response regarding supervision and professions were 19 out of 45 physician rating of strongly agree, 15 out of 34 adminstator rating of strongly agree, and 33 out of 88 nurses rating of strongly agree .

Sample response regarding quality assurance and professions were 23 out of 45 physician rating of strongly agree, 17 out of 34 adminstator rating of strongly agree, and 43 out of 88 nurses rating of strongly agree .

The need for planning were 36 first line managers rating of strongly agree, and 39 middle line managers rating of strongly agree, for organizing were 21 first line managers rating of strongly agree, and 26 middle line managers rating of strongly agree, for human resource were 41 first line managers rating of strongly agree, and 36 middle line managers rating of strongly agree, for supervision were 36 first line managers rating of strongly agree, and 31 middle line managers rating of strongly agree, and for quality assurance were 41 first line managers rating of strongly agree, and 42 middle line managers rating of strongly agree.

On the basis of the study findings, it is worth highlighting the following points:

- Overall, the extent of awareness of health managers' responsibilities is low. In particular, it is poor and very poor for 35.4% of them.
- Most of the study respondents do not feel confident with planning, organizing, supervision and monitoring of health services. This lack of confidence is reflected in the poor (75%) knowledge of the planning cycle.
- Generally, there is limited awareness of the importance of health management information system (HMIS) and its use. This is reflected by the absence of a system aimed at evaluating (47.3%) of respondents prioritized their management training needs in the area of health management information system
- All the study respondents meanly rated the proposed training modules concerning management; probably this is due to low knowledge of the management language, computing scored first
- Overall, the major training needs that emerge from the matching of the perceived and the actual needs of health managers are in the areas of planning (75%), organizing (58.1%), supervision and monitoring (56.9%), directing (50.9%), health information system (47.3%), and evaluation and quality assurance (43.7%).

6.2 Recommendation

The study provided the researcher the opportunity to make a number of recommendations based on the study findings and can be achieved within the MOH.

All the suggestions are complex set of problems and related opportunities available to the field of health management. Like it or not, change is in the air. To bring about that change successfully, there needs to be an infusion of large doses of management expertise. Yes indeed, our problems are only amenable to a management solution. Within what may be considered as an emerging profession, health managers can become a major force in solving many of the problems facing our health care system.

One of the most promising ways is to use an adaptive approach that is innovative and responsive to our situation here, for, those who believe that strengthening the administrative capacity of the health care system would occur by merely transferring procedures and techniques from industrial nations, are doomed to fail.

Accordingly, we see our strategies as propositions that can provide guides to action, but not a solution to our problems. Planning in more detailed and precise fashion should proceed incrementally and on a continuous basis as more is learned about the new and changing circumstances.

It is however clear that management development initiatives need to be better focused and provided to a broader group of management, particularly ensuring that first and middle managers are prepared to take on further responsibilities in the future. Indeed, management development should be conceived of and designed as an on-going process throughout the career.

Furthermore, development programs should focus more closely on the acquisition and utilization of specific management skills and techniques and give managers insight into

and expertise in implementing internal policies and procedures. A stronger focus on leadership and related skills and on change management techniques for managers at all levels is also crucial. Finally, management development initiatives should aim to create and transmit coherent management approaches and a common managerial “language” throughout the organization, and particularly at the senior level.

1. Assessing training needs affects setting the objectives, designing the curricula, selecting the trainers, adopting certain training methods and evaluating the training programs. Therefore, more attention should be paid to this process, in terms of selecting more practical approaches, taking into account the aspects of the environment in which the employees work and selection of better-qualified managers who are responsible for such activity.
2. There is a necessity for the companies to establish effective relationships with organizations specializing in management training and development in order to benefit from their experience and facilities.
3. Because of the important role played by the training programs to upgrade the knowledge, skills and attitudes of both employees and managers, therefore, more effort should be paid to all aspects of training programs, including training needs assessment, by implementing more research and studies concerned with this activity, for the country, organization and the employees to become more aware of the importance of this activity for them.

6.3 Future Research Recommendation

- Because training needs change with time, this study should be replicated every 2-4 years to detect emerging patterns.

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Annexes

Annex No. (1)

Palestine (فلسطين التاريخية)



Annex No. (2)

Agreement of Helsinki committee

**Palestinian National Authority
Ministry of Health
Helsinki Committee**



السلطة الوطنية الفلسطينية
وزارة الصحة
لجنة هلسنكي

Date: 25 / 6 /2006

التاريخ: 2006/6 / 25

Mr./ Nacem Ghareeb

السيد: نعيم غريب

I would like to inform you that the committee
has discussed your application about:

نفيدكم علماً بأن اللجنة قد ناقشت مقترح دراستكم
حول:-

**Assessment of Management Training Needs
Among Health Managers In governmental
Hospitals.**

In its meeting on June 2006
and decided the Following:-

To approve the above mention research study.

و ذلك في جلستها المنعقدة لشهر يونيو 2006


و قد قررت ما يلي:-

الموافقة على البحث المذكور عاليه.

Signature

توقيع


Member
عضو


Member
عضو


Chairperson


Conditions:-

- ❖ Valid for 2 years from the date of approval to start.
- ❖ It is necessary to notify the committee in any change in the admitted study protocol.
- ❖ The committee appreciate receiving one copy of your final research when it is completed.

Annex No. (3)

Agreement of Ministry of Health

جامعة القدس



2007/6/2

كلية الصحة العامة

School of Public Health

القدس - فلسطين

وزارة الصحة



عظوفة/ د. عماد طروية المحترم
وكيل وزارة الصحة المساعد
تحية طيبة وبعد،،،


الموضوع: مساعدة الطالب نعيم غريب

يقوم الطالب المذكور أعلاه بإجراء بحث بعنوان:

"Assessment of management training needs among health managers in governmental hospitals"

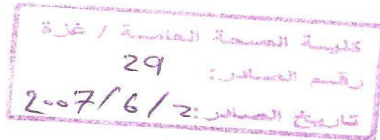
كمتطلب للحصول على درجة الماجستير في الصحة العامة-مسار إدارة صحية علماً بأن الطالب قد حصل على موافقة لجنة هلسنكي لأخلاقيات البحوث و ستكون المعلومات متوفرة لدى الباحث فقط. و عليه نرجو التكرم للإيعاز لمن ترونه مناسب لتسهيل مهمة الطالب في جمع البيانات الخاصة.

موافقتكم دعماً للمسيرة الأكاديمية
و تفضلوا بقبول فائق الاحترام ،،،



د. سوزان شوشاعه

عميد كلية الصحة العامة المساعد



نسخة: الملف

Annex No. (5)

Questionnaire in Arabic language

البيانات الشخصية:

- الجنس : ذكر أنثى
- العمر : سنة
- الحالة الإجتماعية : أعزب/ عزباء متزوج/ة مطلق/ة أرمل/ة
- المؤهل العلمي : دكتورة ماجستير دبلوم عالي بكالوريوس
- دبلوم متوسط ثانوية عامة غيرها _____
- سنة الحصول على آخر مؤهل علمي :
- المهنة : طبيب إداري ممرض غيرها (الرجاء التحديد) _____
- مكان العمل : _____

البيانات الوظيفية:

- المسمى الوظيفي الحالي : _____
- عدد سنوات العمل في الوظيفة الحالية : سنة
- المراكز الوظيفية السابقة: 1. _____ 2. _____ 3. _____
- هل شاركت في دورات تدريبية إدارية في السابق: نعم لا
- إذا كانت الإجابة على السؤال السابق نعم، أذكر عناوينها، ومدتها، ومكانها وصفة مشاركتك فيها (كمدرّب، كمشارك، كمراقب، كميسر..... إلخ):

عنوان الدورة	المدة	المكان	صفة المشاركة

- هل تعتقد أن هذه الدورات كانت كافية: نعم لا
- هل إستفدت من هذه الدورات في مجال عملك: نعم لا

- بين أهم واجباتك الإدارية:

تحديد الاحتياجات الإدارية:

- ما هي المشاكل الإدارية التي تواجهك في عملك اليومي؟ (بإمكانك الإشارة لمشكلة أو أكثر)

- 1- نقص في القوانين والنظم الداخلية
- 2- عدم وجود وصف وظيفي واضح
- 3- عدم الرضوخ في تحديد الخطوات الفاصلة لإتخاذ القرارات
- 4- نقص في وجود إداريين مدربين
- 5- غياب أو عدم وضوح الهيكل التنظيمي للمؤسسة
- 6- ضعف نظام المعلومات الصحي
- 7- سوء توزيع الموارد البشرية
- 8- مشاكل (طرق) الإتصال بين العاملين داخل المؤسسة
- 9- نقص في صيانة الأجهزة الطبية
- 10- غيرها / الرجاء التوضيح

أ

ب

ج

- إستناداً إلى المنصب الذي تشغله, في أي من المجالات التالية تحتاج إلى المزيد من التدريب الرجاء تحديد خمسة خيارات على الأكثر حسب الأولوية التي تحددتها)

الرقم	المجال	بحاجة ماسة	لا حاجة	عملي لا يتطلب ذلك
1-	التخطيط			
2-	التنظيم			
3-	إدارة الموارد البشرية			
4-	التوجيه			
5-	الإشراف والرقابة			
6-	التقييم			
7-	ضمان الجودة (النوعية)			
8-	الإدارة المالية			
9-	نظم المعلومات الصحية			
10-	التكنولوجيا الطبية			
11-	إدارة وتدبير الخدمات			
12-	إدارة اللوازم والمخازن			

- إبتناءً إلى المنصب الذي تشغله في أي من المهارات التالية تحتاج لمزيد من التدريب:

الرقم	المهارة	بحاجة ماسة	لا حاجة	عملي لا يتطلب ذلك
-1	إدارة الوقت			
-2	التفويض			
-3	عقد الإجتماعات			
-4	كتابة التقارير والرسائل			
-5	كتابة مقترحات للمشاريع			
-6	إتخاذ القرارات			
-7	إيجاد الحلول			
-8	تحفيز الآخرين			
-9	بناء الفريق			
-10	مهارات الكمبيوتر			
-11	مهارات الإتصال			

الفترة الزمنية للدورات التعليمية :

- إذا أعطيت الفرصة للمشاركة في دورات تدريبية في الإدارة الصحية, ما هي الفترة الزمنية التي تفضل أن تستغرقها الدورة ؟

أقل من أسبوع 1 - 2 أسبوع أكثر من أسبوعين

غيرها / الرجاء التحديد _____

فيما يلي قائمة ببعض مجالات القدرة والكفاءة اللازمة للعمل الإداري، إذ أن عدم توفرها يؤدي إلى مجموعة من المعوقات والإشكاليات لتحقيق أهداف وزارة الصحة الفلسطينية. يرجى منك وضع إشارة (✓) في المربعات تحت أي من الأرقام 1 - 5 لتعكس مدى الحاجة إلى التدريب في المجال المحدد لكل من الإدارتين الوسطي (المدراء، رؤساء الدوائر) والدنيا (رؤساء الأقسام والشعب)، بحيث يعنى رقم 5 موافقة شديدة للحاجة الملحة والماسة للتدريب في المجال المحدد ورقم 1 عدم الموافقة بشدة والذي يعنى أن لا حاجة للتدريب في المحدد المقابل له.

م.	مجال القدرة والكفاءة	أوافق بشدة 5	أوافق 4	لا رأي 3	لا أوافق 2	لا أوافق بشدة 1
1.	المعرفة بخطوات تنفيذ العمل					
2.	القدرة على ترتيب وتنظيم المهمات الوظيفية وتوزيعها					
3.	إدراك حدود السلطة والصلاحيات واللوائح والقوانين					
4.	المعرفة بمهام وعلاقة الدوائر المختلفة مع بعضها					
5.	القدرة على إتخاذ القرارات من بين البدائل المتاحة					
6.	القدرة على التفاوض					
7.	القدرة على معالجة الرسائل للطلبات الواردة					
8.	القدرة على التحدث مع الآخرين وإظهار وجهات النظر					
9.	القدرة على توضيح السلطات والمسؤوليات					
10.	الربط بين أولوية العمل وأهميته					
11.	القدرة على تنظيم الاجتماعات بفاعلية					
12.	القدرة على تصنيف المعلومات الإدارية وتحليلها					
13.	القدرة على تشخيص المشاكل وحلها					
14.	القدرة على حل النزاعات " الخلافات "					
15.	القدرة على وضع الرجل المناسب في المكان المناسب					
16.	القدرة على التنبؤ					
17.	القدرة على إدراك وتقدير الموقف الإداري					
18.	القدرة على التأثير في الموظفين والتعاون معهم					
19.	القدرة على الإنتماء للعمل والالتزام به					

I. personal data:

- Sex: Male Female
- Age: years
- Marital status: single married divorce widow
- Education level:
 - 1) PhD
 - 2) Masters
 - 3) Postgraduate Diploma
 - 4) Bachelor
 - 5) Undergraduate Diploma
 - 6) Secondary school
 - 7) Others (Please specify) _____
- Year of your last certificate:
- Your profession is:
 - Physician Administrator
 - Nurse Midwife
 - Others (specify) _____
- Place of work: _____.

II. Job Profile:

- What is your current job title?
- How many years have you been working in your current job ?
 years
- Previous jobs title: 1. _____
2. _____
3. _____
- Have you ever attended management training courses?
 - Yes No

- If, yes please mention the training courses you have attended (please mention title, period ,place and participation as trainer, participant, facilitator, other):

Course	Period	Place	participation

- Do you think the training courses were enough?
 - Yes
 - No
- Did you benefit these training courses in your work?
 - Yes
 - No
- What are the most important managerial responsibilities?

III. Needs Assessment in Management:

- Which of the following managerial problems do you face in your day to day work?
(You can indicate more than one)
 - Lack of internal rules and regulations
 - Lack of clear job description
 - No clear lines of decision making
 - Lack of trained managers
 - Lack or unclear organizational structure
 - Deficiency of Health Information System
 - Maldistribution of human resources
 - Communication problems

Deficiency in equipment maintenance

Others (Please Specify)

a) _____

b) _____

- With reference to your present position, in which of the following areas do you require further training (please choose only five according to your priority)

NO.		Need much	No Need	Not necessary
1-	Planning			
2-	Organizing			
3-	Human Resource Management			
4-	Directing			
5-	Supervision and Monitoring			
6-	Evaluation			
7-	Quality assurance			
8-	Financial Management			
9-	Health Information System			
10	Technology Assessment			
11-	Transport and Logistic Management			
12-	Supply and Storage Management			

- With reference to your present position, in which of the following skills do you require further training (please choose only five according to your priority)

NO.	Skills	Need much	No Need	Not necessary
1-	Managing Time			
2-	Delegating			
3-	Conducting Meetings			
4-	Writing reports and letters			
5-	Writing Proposals			
6-	Decision Making			
7-	Problem solving			
8-	Motivating Others			
9-	Team Building			
10-	Computer Skills			
11-	Communication Skills			

▪ If you are given opportunity to take a training course in health management, how long would you like the course to be?

Less than a week

One to two weeks

More than two weeks

Others (Please Specify) _____

No.	Abilities	Strongly disagree	Dis-agree	Neither nor	Agree	Strongly agree
------------	------------------	--------------------------	------------------	--------------------	--------------	-----------------------

		1	2	3	4	5
1.	The knowledge of working steps					
2.	ability to organize and distribute job duties					
3.	Ability to realize authority and responsibility and role and regulations					
4.	The knowledge of the duties and the relationship between different depts.					
5.	Ability to make decisions from available alternatives					
6.	Ability to negotiate					
7.	Ability to manage the coming requirements					
8.	Ability to communicate with others					
9.	Ability to clarify the authority and responsibility					
10.	Link between the priority and the importance of work					
11.	Ability to organize the meetings effectively					
12.	Ability to classify, analyze the managerial information					
13.	Ability to diagnose the problems and solve them					
14.	Ability to resolve conflicts					
15.	Ability to put the right person in the right place					
16.	Ability to prediction					
17.	Ability to evaluate the managerial situation					
18.	Ability to influence on the employees and cooperate with others					
19.	Ability to be committed and obligated to work					
20.	Ability to supervise and evaluate employees performance					
21.	Ability to encourage and motivate employees					
22.	The knowledge of the value and ethics of the work					
No.	Abilities	Strongly disagree	Disagree	Neither nor	Agree	Strongly agree

		1	2	3	4	5
23.	Ability to manage crisis and emergencies					
24.	Ability to manage human resources					
25.	Ability to strategic and right planning					

- What are the most four training courses you see that middle managers (Hospital director, unit, division director) in the ministry of health needed?

1-

2-

3-

4-

- What are the most four training courses you see that first line managers (Head of department, sub department) in the ministry of health needed?

1-

2-

3-

4-

““““““Thank you for your cooperation““““““

Distribution of Samples Response Regarding Perceived Management Abilities

No.	Abilities	Strongly agree	☹☹☹Agree	Neither nor	Dis-agree	Strongly disagree
1.	The knowledge of working steps	44.9%	46.1%	3.0%	3.0%	3.0%
2.	ability to organize and distribute job duties	49.7%	42.5%	1.8%	3.6%	2.4%
3.	Ability to realize authority and responsibility and role and regulations	57.5%	34.1%	4.2%	4.2%	0.0%
4.	The knowledge of the duties and the relationship between different depts.	39.5%	53.3%	4.8%	1.8%	6.0%
5.	Ability to make decisions from available alternatives	43.7%	41.3%	7.8%	4.2%	3.0%
6.	Ability to negotiate	32.9%	52.7%	6.0%	6.0%	2.4%
7.	Ability to manage the coming requirements	23.4%	50.9%	15.6%	9.0%	1.2%
8.	Ability to communicate with others	34.7%	50.9%	4.2%	6.6%	3.6%
9.	Ability to clarify the authority and responsibility	46.7%	44.9%	3.6%	3.6%	1.2%
10.	Link between the priority and the importance of work	46.1%	43.1%	6.0%	3.6%	1.2%
11.	Ability to organize the meetings effectively	31.1%	51.5%	11.4%	5.4%	6.0%
12.	Ability to classify, analyze the managerial information	34.1%	52.1%	9.6%	3.0%	1.2%
13.	Ability to diagnose the problems and solve them	51.5%	40.1%	4.2%	3.0%	1.2%
14.	Ability to resolve conflicts	43.1%	44.9%	7.2%	3.0%	1.8%
15.	Ability to put the right person in the right place	62.9%	24.6%	5.4%	4.2%	3.0%
16.	Ability to prediction	26.9%	42.5%	21.6%	4.8%	4.2%
17.	Ability to evaluate the managerial situation	36.5%	48.5%	6.6%	7.2%	1.2%
18.	Ability to influence on the employees and cooperate with others	47.3%	40.1%	6.6%	3.6%	2.4%
19.	Ability to be committed and obligated to work	26.9%	26.9%	4.2%	1.8%	4.2%
20.	Ability to supervise and evaluate employees performance	52.7%	40.1%	2.4%	3.0%	1.8%
21.	Ability to encourage and motivate employees	49.7%	43.7%	3.0%	3.0%	6.0%
22.	The knowledge of the value and ethics of the work	26.9%	53.3%	15.6%	1.8%	2.4%
23.	Ability to manage crisis and emergencies	55.1%	37.1%	4.2%	3.0%	6.0%
24.	Ability to manage human resources	47.9%	40.7%	7.2%	3.6%	6.0%
25.	Ability to strategic and right planning	58.7%	32.3%	6.0%	2.4%	6.0%