

HEALTH MANAGER IN TIMES OF PANDEMIC TIME

Arkadiusz Szerengowski, M. Sc.

Marcin Kęsy, Ph. D.

Abstract

For many years managers in health care had to deal with numerous challenges in their daily work, as well as face problems of this exceptionally demanding market sector, for which the most important goal is to ensure the highest organisational and economic efficiency and proper human resources management focused on leading to a quick and cost-effective diagnosis, treatment and saving of patients' lives.

Keywords: health manager, pandemic time, competences, health sector.

Introduction

The lack of sufficient health care funding that results from low level and dynamic of investments growth coming from public funds in relation to the ever-growing need for health services as a result of aging society and increasing costs of these services due to the development of medical technologies².

Managers in the health care sector often face challenges that set social and health goals above economic goals. Quite often this can lead to crisis situations and even conflicts with emotional background. At such time, a manager must often make a strategic decision, in which the economic aspects are "shoved" to the background in favour of saving lives and health of patients³. It is also worth noting that medical services are burdened by very high risk that, unlike in other industries, shapes the level of costs for providing service. In such case, the basic goal of treating entity's action is to restore, maintain, or improve patient's health instead of generating profit and ensuring an excessive economic optimisation of selected medical procedures, which translates into generating the biggest profit possible for an organisation, as it occurs in numerous other economic entities. Therefore, it is extremely important that a manager in health care has a flexible approach to tasks set before him. This skill allows to reconcile often contrary interests that take into account both the interest of managed

² Anna Banaszewska „Role and responsibility of a manager in health care” „Health Care Manager” , February 2015.

³ Role of management staff competence evaluation in process organisation”, Organisation Review, No. 4 (927), 2017, p. 61-67 „Scientific Association of Organisation and Management (TNOiK) Małgorzata Tyrańska.” 2017.

⁴ Monika Matecka, Jolanta Sielska, Eliza Dąbrowska „Competences of Health Care Institution Manager”, Scientific Notebooks of the University of Szczecin No. 875 Problems of Management, Finances, and Marketing. 41, v. 2 2015 DOI: 10.18276/pzfm.2015.41/2-24

⁵ Anna Banaszewska „Role and responsibility of a manager in health care” „Health Care Manager” , February 2015.

institution and the well-being of patients, including the paramount value - human health and life. For that reason, managers should create the structures of managed medical institutions to open and flexible^{4,5}.

1. The role of a manager in health care

The main tasks of a health care manager cover managing in the scope of entrusted physical, human, and financial resources in entities handling therapeutic activity in both public and private sector⁶.

A health care manager focuses on delegation of tasks, assigning tasks, and motivating managers of specific organisational units or employees employed on independent positions in an organisation. The manager's tasks also include control and analysis of efficiency of activity run in a medical institution in the scope of specific organisational units, such as: wards, administration, laboratories, kitchen, medical waste incinerator, etc., and cooperating entities, as well as outsourced services (e.g. cleaning services, catering, etc.)⁷.

The most important tasks of high-level managers also cover engaging in negotiations with the NFZ in the scope of contracting medical services, partnership with external contractors, and studying needs and expectations of patients. High and medium level managers also handle supervision over appropriate selection and medical procedure performance correctness under the conducted therapeutic activity, development and optimisation of run activity, and implementation of new therapeutic services and improving the already offered medical procedures.

Similarly, to other industries, health care managers are also responsible for selection of appropriate staff, including highly trained medical staff, and developing and improving staff's skills. The manager also conducts the recruitment processes, motivates employees, and implements performance appraisals, as well as punishes and "coaches" employees in order to ensure a high-quality patient care and plans and assigns tasks to staff. Medium level managers in medical institutions also take care of supervision over care for correct operation of medical buildings, including supervision over renovations, building retrofitting, proper adaptations in the scope of conducted therapeutic activity, and purchase, implementation, installation and maintenance of medical equipment and other medical institution property⁸.

⁶ <https://www.uwe.edu.pl/pl/blog/jak-zostac-managerem-w-obszarze-ochrony-zdrowia> Virtual Education University 2021.

⁷ Roman Lewandowski, Marcin Kautsch, Łukasz Sułkowski (red). Entrepreneurship and Management, Volume XIV, book 10 PART I „Modern health care management problems from the perspective of system and organisation”

⁸ <https://www.uwe.edu.pl/pl/blog/jak-zostac-managerem-w-obszarze-ochrony-zdrowia> Virtual Education University 2021.

Health care institution managers must also supervise financial, technical, and administrative operations conducted under health care organisation and measure the efficiency of organisational processes.

The essential duties of a health care manager also include preparation, participation in and supervision over preparation of periodic financial reports and operating reports, the purpose of which is to provide authorities supervising their work with reliable and valid data concerning the financial state of a medical institution and, in case of private institutions, provide owners or stakeholders of a medical institution with valid financial data and data concerning perspectives for development and optimisation of resources in order to optimise costs and increase profitability of the managed medical institution⁹.

Modern managers, who manage health care institutions, such as: public hospitals, private clinics, non-public health clinics, or medical diagnostic laboratories, are often universally educated people, who possess medical education and work experience as a doctor, pharmacist, or nursing staff, as well as people, who for many years have intensively expanded their managerial competences by completing additional studies focused medical institution management, MBA (Master of Business Administration) studies, and multiple additional training courses from the scope of health care sector management and marketing. Very often the role of manager in health care units and in private medicine segment is also taken by lawyers and economists, who more and more fit the medical sector and are able to positively turn experience gained in other economic sectors and industries into effective management over medical institutions¹⁰.

2. Competences of a health care manager

The possession of appropriate competences and professional qualifications by managers is a condition of an effective organisation operation and execution of intended actions.

People managing an organisation are first and foremost expected to possess universal competences, such as e.g. managing information, time, and processes in an organisation or shaping and effective execution of organisation's mission.

Managerial competences cover features and abilities that allow managers to improve their efficiency in the work environment. They are the ability to manage processes in an organisation in an effective and ethical way.¹¹ The basis of appropriate set of competences among managers is the possession of conceptual, interpersonal, technical, and administrative skills. The competences are a

⁹ Roman Lewandowski, Marcin Kautsch, Łukasz Sułkowski (red). Entrepreneurship and Management, Volume XIV, book 10 PART I „Modern health care management problems from the perspective of system and organisation”

¹⁰ Alicja Domagała „Educated management staff as a condition of effective management over health care institutions”, Institute of Public Health, Health Policy and Management Facility, Health Sciences Faculty, Collegium Medicum of Jagiellonian University, Kraków”

¹¹ Oleksyn T. Competence management - theory and practice, Oficyna Wolters Kluwer business publishing house, Kraków 2010

category with complex internal structure and constitute as a resultant of general knowledge and skills possessed, mastered, and put to practice by a manager. Competences appropriate to a position taken by a manager in organisation can decide about good practice of organisation building and operation principles, as well as influence managers to make decisions faster. The key competences of manager acting as high-level managers in organisations should cover universal competences attributable to management staff acting as medium and high-level management staff in various organisations and economic entities¹². Considering the development of processes in an organisation, a good manager should possess appropriate decision-making ability, as well as ability to think strategically and analytically. In the scope of human resources management, essential manager skills should include teamwork ability, “coaching” skills, and ability to properly motivate subordinates. A significant competence of management staff also cover ability to communicate with other people working within the same organisation, as well as ability to support entrepreneurship, initiative, and engagement of employees and ability to organise individual and group work in an organisation. Another important element is a positive approach to change and lack of reluctance against making frequently vital changes in operation of subordinate organisation or enterprise, as well as pro-innovative stance and willingness to manage projects in an organisation. A manager should also show exceptionally high competences in the scope of building proper interpersonal relations, building so-called “esprit de corps” (Fr. spirit of colleagues), feeling of solidarity, unity and positive interpersonal relations, and abilities focused on quick alleviation of personal conflicts^{13, 14}.

A very important competence is the ethical stance in managing subordinate enterprise or organisation through keeping highest work ethics standards possible in relations with both employees and colleagues in an organisation. Another significant skill in terms of managerial competences is the ability to evaluate decisions in terms of economic categories and consequences resulting from decisions made for an organisation.

In this regard, the sole economics and management knowledge does not guarantee that a therapeutic entity’s manager will be seen as a person, who builds an institution and for whom one of the most important tasks is providing patients with medical help and care at high level, quite often even at a partial cost of economic validity of performed actions.

Thus, a manager should possess exceptionally high psycho-social competences that cover adaptation to changes and ability to change own behaviour and implement correction when making decisions under a time pressure or high situational stress and lack of complete data concerning new events occurring in an organisation’s environment. A manager acting in a balanced and rational way

¹²Role of management staff competence evaluation in process organisation” Organisation Review, No. 4 (927), 2017, p. 61-67 „Scientific Association of Organisation and Management (TNOiK) Małgorzata Tyrańska.” 2017.

¹³ Oleksyn T. Competence management - theory and practice, Oficyna Wolters Kluwer business publishing house, Kraków 2010

¹⁴ Role of management staff competence evaluation in process organisation”, Organisation Review, No. 4 (927), 2017, p. 61-67 „Scientific Association of Organisation and Management (TNOiK) Małgorzata Tyrańska.” 2017.

should take full responsibility for made decisions and choices that influence work and operation of organisation managed by that manager¹⁵.

All of those competences allow and contribute to build an organisation, where a man and its well-being is one of the most important elements. Such action should favour building an image of organisation, where employees identify with the organisation and its goals and treat patient's life and health as the ultimate goal¹⁶.

3. The impact of pandemic on health care sector operation

At the end of 2019 the whole world was disturbed by first information that people in the city of Wuhan in Hubei province in China were diagnosed with first cases of Sars Cov-2 (Covid-19) coronavirus. The World Health Organisation (WHO) announced a worldwide COVID-19 pandemic on 11th March 2019. In the period from December 2019 to January 2020, coronavirus diagnoses were initially endemic as people caught it mainly in Central China, but since February 2020 first outbreaks with hundreds of sick also started to appear in South Korea, Iran, and Europe, including Italy. The first diagnosed and confirmed coronavirus case in Poland occurred on 4th March 2020 in a hospital in Zielona Góra. The first fatal victim in Poland was 56-year-old woman, who died on 12th March 2020¹⁷.

The outbreak of Covid-19 pandemic at the beginning of 2020 in Poland and worldwide has turned our daily life and also significantly changes the operation of health care and medical institutions in Poland and worldwide¹⁸.

Fighting the pandemic outbreak and conducting coronavirus' molecular diagnostic (PCR) became a priority. This was related to change of organisation in Polish diagnostic laboratories, retrofitting them with special diagnostic equipment, and conducting training courses from the scope of research performed by diagnostic laboratories.

Numerous institutions were turned into Covid hospitals, other wards were closed down, and performance of planned treatments was suspended. The whole energy and productivity of health care system was focused on fighting the Covid-19 coronavirus.

Before the outbreak of Covid-19 pandemic caused by the SARS Cov-2 coronavirus at the beginning of 2020, health care institution management mostly focused on using financial funds to improve the effectiveness of costly treating of patients in Poland. In recent years, many institutions

Monika Matecka, Jolanta Sielska, Eliza Dąbrowska „Competences of Health Care Institution Manager”, Scientific Notebooks of the University of Szczecin No. 875 Problems of Management, Finances, and Marketing. 41, v. 2 2015 DOI: 10.18276/pzfm.2015.41/2-24

¹⁶ Roman Lewandowski, Marcin Kautsch, Łukasz Sułkowski (red). Entrepreneurship and Management, Volume XIV, book 10 PART I „Modern health care management problems from the perspective of system and organisation”

¹⁷ “Covid-19 pandemic Outbreak”: Source: United States Center for Disease Control and Prevention CDC – 2021.

¹⁸ “Covid-19 pandemic” : Source : en.wikipedia.org. 2021.

managed to get out of a crisis thanks to the effective management staff policy and management. In case of the private sector of the market, we have observed an exceptionally intense development of medical services, including the “premium” sector services. The improvement of the state’s economic situation resulted in increased interest of companies in private health care, which employers started to offer to employees as a standard.

The Covid-19 pandemic has forced health care managers to face a completely new reality and new problems, with which some of managers had never dealt in such an intense scope until now. On that issue overlapped problems related to great time pressure to make very important decisions, which often decided about the life and health of patients and were accompanied by uncertainty of tomorrow and stress of subordinates, including first and foremost doctors, nurses, and paramedics, who stood in the front line of a fight with an enemy, which was barely known a year ago, in extremely difficult conditions related to endangering their own lives.

The pandemic has affected the whole society and practically every field of economic, professional, and social life, as well as has affected each one of use to a smaller or greater extent not only because of our role in companies, but also, humanely, as normal people. People managing health care institutions, who make key decisions that often impact lives and health of patients, had the right to feel unprepared to deal with reality, including their own stress, face challenges on an unprecedented scale, and feel uncertainty in forced conditions, as well as seek new solutions in almost every operating plane of hospitals, clinics, or other health care institutions managed by them¹⁹.

4. Research methodology description

The purpose of this thesis is to indicate competences that a health care manager should possess in times of a pandemic in order to effectively and efficiently manage an organisation or organisational cell in a situation of permanent crisis.

The analysis is conducted on the example of several formalised interviews with people acting on various management levels in non-randomly selected health care sector institutions. In this way, the authors want to show the impact of pandemic on reorganisation of work, management style, and evolution of competences desired by managers on the basis of their experience after a year of operating in new times dominated by the pandemic, that is, in VUCA times²⁰.

In the interviews, managers present, propose, and describe how decisions that they made and are still making every day influence organisation of work in specific health care sector institutions (hospital, private consulting room, or medical diagnostic laboratory).

¹⁹ Alicja Domagała „Educated management staff as a condition of effective management over health care institutions”, Institute of Public Health, Health Policy and Management Facility, Health Sciences Faculty, Collegium Medicum of Jagiellonian University, Kraków”

²⁰ J. Kok, S. C. van den Heuvel (red.), *Leading in a Vuca World. Integrating Leadership, Discernment and Spirituality*, Springer Open, 2019.

The authors used the collected qualitative results to conduct an original analysis in order to get answers on what new competences are necessary and desired by health care managers and how interviewed people dealt with new reality. Were they prepared to make often difficult decisions and how would they act now? An answer to questions whether they would make the same decisions, what did they learn in the past, and how did their management style changed in their subordinate medical institutions also seem significant.

The thesis utilises qualitative method - interview method using a formalised questionnaire as diagnostic tool. Questions chosen for the study were elaborated according to interview building methodology in a multi-stage verification process.

In the study participated 4 managers leading various health care organisations in Poland: Specialist Hospital turned into a (Covid) Hospital treating patients with Covid-19, Non-public Medical Diagnostic Laboratory, Aesthetic Medicine Centre that simultaneously acts as R&D Centre, which handled the performance of diagnostics among patients suspected to contract COVID-19 coronavirus, and Non-Public Health Clinic.

The managers were chosen in a non-random manner and the only basic selection criterion was long experience of participant as a health care manager.

One of the authors also acts as a manager and for many years manages sales in companies providing services for health care sector and research sector in Poland. A company, that the author managed until lately, has also underwent a significant reorganisation because of the Covid-19 pandemic in terms of supplying diagnostic tools to hospital laboratories to research the SarsCov-2 coronavirus.

The questionnaire questions were chosen in a way that allows to answer the question - what competence profile should a competent and efficient health care manager possess. These questions were divided into 3 groups without indicating this division to managers in the questionnaire's content. Questions from pt. 1 and 2 are introductory questions that concern general organisational situation in medical institutions run by them and the situation of so-called environment. The second question group consist of pos. 3-8 and concern strictly competences of managers. The last group covers questions 9-11 and focuses on action taken by managers during the Covid-19 pandemic. These questions will answer whether the presented competences of a competent manager are reflected in answers provided by the participating managers.

5. Presentation of standardised interviews conducted with 4 health care managers

This elaboration part contains questions and answers to them provided by health care managers of various levels, who manage health care organisations, starting from operating level (1st level manager) through 2nd management level and ending on the highest management level – top management.

Non-public Medical Diagnostic Laboratory

The institute's medical director is a laboratory diagnostics specialist, who manages the development of medical laboratory and network of collection centres in the scope of diagnostic research and development of laboratory services.

1. How did you react to the information about the Covid-19 pandemic outbreak? Did you worry about new variables in health care and organisation managed by you?

We have been preparing to the outbreak of Covid-19 pandemic in Poland since the end of January 2020 when we heard first information about coronavirus cases in other countries. We started to check how SarsCov-2 coronavirus diagnostics looks like, what tests are available on the market, how we can participate as a private laboratory in the possible coronavirus diagnostics outside of the State institutions. We started to look for solutions, which would allow us to retrofit our microbiology and molecular biology laboratory that handles diagnostics of other contagious diseases. We were not worried about other variable as we were not aware that whole public health care with grind to a halt and majority of medical institutions and clinics will be closed since mid-March. That was a great surprise to us.

2. What organisational problems appeared in your organisation and how do you solve them?

The start of pandemic meant that the laboratory's operation was practically stopped and some of employees were sent for a forced holiday or remote work due to an extremely low number of research. In a later period appeared problems related to organisation of works on shifts due to cases of Covid-19 among the staff. We implemented new research methods in the scope of SarsCov-2 coronavirus diagnostics and we had to learn how to work with this new pathogen.

3. How do you manage in the VUCA (Volatility, Uncertainty, Complexity, Ambiguity) situation? How often did you have to change your decisions?

We are familiar with management in a situation of volatility, uncertainty, and ambiguity. The medical industry, laboratory services market, and specificity of customers, whom we service, imposes on us a necessity to operate in an uncertain environment. We have learned to operate in this reality. We always build 2-3 optimistic, neutral, and pessimistic scenarios and use them as a base to plan further actions.

4. Do you use support of external organisation representatives: consulting firms, coaches, mentors, etc. when making decisions? In what situations this knowledge and support is useful?

We use the support of external consulting firms in the scope of Human Resources management, sale training courses for sales department, and marketing training courses. We also benefit from support granted by our trading partners – diagnostic companies that constantly improve qualifications of our team in the scope of offered diagnostic devices and solutions and offer the ability to see current trends on the market, as well as how medical laboratory diagnostics changes and develops.

5. In hindsight, how do you evaluate decisions that you made? Would you make different decisions if you possessed your current knowledge?

My current knowledge is significantly greater than year ago. Most certainly, we could have made decisions differently and it is natural to evaluate everything in hindsight. I feel that a manager should always be more courageous in making decisions, as well as more open to unconventional ideas.

6. *Are you prepared to make decision in key pandemic moments? Do you use experience gained so far, tools, and management methods or do you rather act on intuition?*

I think that the situation that we encountered a year ago was a great surprise to everyone. No one was prepared to such great changes. I treated what could be a business hazard for other industries as an opportunity to develop a laboratory network that I manage. Experience, tools, and knowledge are fundamental for management, but to me intuition, speed of action, and getting ahead of competition and market trends counts in an unusual situation, which for example was the appearance of coronavirus pandemic. We started to act in a partially intuitive way by combining bits of information into one whole.

7. *In your opinion, what professional qualifications (education, theoretical knowledge, practical knowledge) used in daily work as a manager turned out to be useful?*

As I have mentioned, medical knowledge is most certainly a pillar of my work. I am always up to date with research and diagnostic methods. By education, I am laboratory diagnostician and this helps me in my work and managing the laboratory. As for practical knowledge and professional experience, I think that so-called soft management skills are very important during a pandemic.

8. *What "management" competences acquired during your professional career related to health care institution management turned out to be useful on your position?*

When it comes down to management competences, my management style based on "honest talk" and listening to expectations of team, as well as setting clear tasks and goals for employees proved to be useful.

9. *How did you solve social problems related to endangering health and life of sector employees who are in the front line of fight with the pandemic?*

I always try to listen to people and their problems. I was understanding towards staff, especially at the beginning of pandemic, but we also at the same time expected from employees creativity and understanding that the organisation was undergoing a crisis and their support is greatly needed. You can say that Covid-19 somehow showed the weakness of some employees, but it also showed who is the strongest and most resilient to stress. Now I know on who in the organisation I can count on and on who I cannot count.

10. *Did you model your decisions concerning managing institution during a pandemic on other industries or are medical institutions more specific? What differences do you see?*

For years I have liked to take a peek at other industries. It was the same this time. We observed how other industries switch to remote operation and changed direct contacts with customers into a part of remote work. We have also implemented online meetings in our organisation. We have decided to use this moment to develop Internet service and rebuild our website and make it more attractive.

11. Did the health care management staff education system prepared you properly to make decisions in new reality? What from the education process is useful and what is not? What qualifications and competences would you like to complete in the future?

To be honest, health care education in my speciality significantly differs from current market expectations – not only because of the pandemic. We do not prepare diagnosticians to make decisions to which we must get accustomed right now. We focus too much on procedures and processes instead of taking a broader look on development. The useful things are meticulousness, accuracy, and precision of action. However, I lack broader sales marketing knowledge. Such majors should supplement the current education of diagnosticians and laboratory staff.

Specialist (Covid) Hospital

The Hospital's director runs the institution for few years and possesses many years of management experience in various health care institutions, as well as economic director.

1. How did you react to the information about the Covid-19 pandemic outbreak? Did you worry about new variables in health care and organisation managed by you?

The outbreak of Covid-19 pandemic on such scale was a great surprise to me. I constantly followed information on new cases worldwide, as well as in Europe, but all experts calmed us by indicating that we have nothing to worry about and the coronavirus is not so dangerous. The institution that I manage has been transformed into Contagious Covid Hospital. Thus, we knew that the most difficult of people ill on COVID-19 will be directed to us. This caused another great surprise and necessity to implement great changes in the institution's operation. I have also seen unease of many people. I knew that none of us is prepared to fight pandemic of such scale and that we will face extremely difficult months.

2. What organisational problems appeared in your organisation and how do you solve them?

The greatest problems were allocating employees to different tasks, changing practical operation, halting planned treatment, and focusing every effort on treating patients with COVID-19. We were also forced to retrofit hospital with necessary diagnostic equipment, therapeutic equipment, and protective equipment for staff.

3. How do you manage in the VUCA (Volatility, Uncertainty, Complexity, Ambiguity) situation? How often did you have to change your decisions?

You can say that managing in a situation of volatility, uncertainty, complexity and ambiguity accompanied us in our daily work. We constantly must adjust to conditions of our surroundings, changing provisions, and limited funding of medical procedures that we try to conduct at the highest possible level. Sometimes we must change decisions practically overnight. Such situation teaches adaptive competences, open acting, and how flexibly you should approach your own tasks and tasks and goals ordered to colleagues.

4. *Do you use support of external organisation representatives: consulting firms, coaches, mentors, etc. when making decisions? In what situations this knowledge and support is useful?*

The hospital uses services of consulting firms in numerous fields of run therapeutic activity and administrative background. We also use the knowledge of hospital's partners. I always like to listen and use knowledge of other people and I am open to any propositions and support. Knowledge from the outside of organisation proves itself the best in crisis situations. In such situation, a company, an external counselling partner can provide a more critical and broader look on implemented decisions. I feel that sometimes they see a broader situational context. However, you should apply on such knowledge your own knowledge and intuition and adhere to resultant of these planes.

5. *In hindsight, how do you evaluate decisions that you made? Would you make different decisions if you possessed your current knowledge?*

At the beginning we acted a bit chaotically and under time pressure. I think that I would change many decisions, especially those made in the first 2-3 months of pandemic. Many ideas were not implemented, but perhaps they should have been. Now I would be more open – that is how I evaluate it in hindsight. With current knowledge I would most certainly manage the institution better. I think that in the future it would be much easier to face a similar situation. I know the team and its abilities (strengths and weaknesses) better. We also know, how specific units and its employees react to stress and act under time pressure. We are able to manage in crisis situation – we know, who we can put in the front line and who should secure other support fields. I have learned that simple solutions are the best rather than very long and complicated procedures. The pandemic has taught me how to quickly communicate a short message and I try to communicate all changes in that way. It something like “lean management”, managing by “reducing” processes. A short and clear message counts the most in crisis situation.

6. *Are you prepared to make decision in key pandemic moments? Do you use experience gained so far, tools, and management methods or do you rather act on intuition?*

I have tried to implement ideas and tasks in a way that I thought to be intuitive, reasonable and justified in terms of economic and process. Most certainly, the health care industry teaches how to manage in uncertain situation and crisis situations. Lack of proper funding in recent years has forced us to think out of the box and act intuitively, which not always means according to rules oriented solely on economic justification.

7. *In your opinion, what professional qualifications (education, theoretical knowledge, practical knowledge) used in daily work as a manager turned out to be useful?*

I am an economist by education. This certainly helps me on the position of hospital executive director. It also certainly helped me to implement a rational financial policy in the hospital at the beginning of pandemic and properly allocate funds.

8. *What “management” competences acquired during your professional career related to health care institution management turned out be useful on your position?*

Most certainly, I found competences gained as financial and accounting director to be useful. Thanks to them, I look at expenses in a clear way and try to optimise expenses of institutions run by me.

9. How did you solve social problems related to endangering health and life of sector employees who are in the front line of fight with the pandemic?

I do not hide that all staff felt fear related to the possibility of contracting and being seriously ill with COVID-19. I could see anxiety among staff. I am not surprised; at the beginning of pandemic, we were not prepared well in terms of security and means of personal protection. I do not possess a medical education, so I tried to take a rational approach – listen to my medical staff and support it in daily work. Unfortunately, few people from the staff became seriously ill. This definitely deepened the fear of remaining hospital staff.

10. Did you model your decisions concerning managing institution during a pandemic on other industries or are medical institutions more specific? What differences do you see?

I think that we all seek inspiration in other industries, sometimes more or less distanced from our medical reality. We looked for simple solutions that certain industries implemented – from switching to remote work up to reducing contacts to a minimum. Sadly, it is not so easy in our industry. Sooner or later, a patient must come to us personally.

11. Did the health care management staff education system prepared you properly to make decisions in new reality? What from the education process is useful and what is not? What qualifications and competences would you like to complete in the future?

When it comes down to my education, it certainly is solidified by many years of professional practice, knowledge, and life experience. I keep both my feet on the ground and this stance certainly helps me in private and professional life. However, currently I would be on development of personal skills and management training for managers, so that they are able to face hard duties at work. Managing a medical institution at such a difficult period is a great physical and mental effort and therefore education of managers should cover issues on how to handle your own stress and stress of subordinates, as well as how to solve and handle conflicts. The pandemic taught me to take a broader look at a problem, look for alternative solutions to it, and quickly adapt to changes occurring in the environment.

Aesthetical Medicine Centre and R&D Centre

Managing Director, owner, experienced manager, and scientist.

1. How did you react to the information about the Covid-19 pandemic outbreak? Did you worry about new variables in health care and organisation managed by you?

The outbreak of pandemic itself did not surprise me. However, I was surprised by the fact that the whole world and all spheres of social and professional life of majority of people in Poland suddenly grinded to a halt. Practically since mid-March 2021 until the end of April (beginning of May) it was

not possible for us to provide services in basic activity run by us, that is, act as aesthetical medicine clinic. This was a great surprise for me as suddenly we lost a great number of customer and certain income source overnight. We also run activity as research and development centre, where we handle research on special diagnostic technologies. In this part appeared the idea to develop the institution and open a COVID-19 laboratory as soon as possible.

2. *What organisational problems appeared in your organisation and how do you solve them?*

As organisation, our greatest problem was the loss of customers - practically we had to cancel or delay majority of medical treatments and services. In the research part, we had to quickly purchase additional diagnostic equipment – we already possessed knowledge and experience, but we had to quickly retrofit the centre and carry out training courses. Finding the appropriate staff was a problem as we had no permanent laboratory diagnostician positions. Organisation of work positions, where laboratory diagnosticians were suddenly in extremely high demand on the job market. The purchase of equipment was also problematic – demand significantly exceeded supply on the market.

3. *How do you manage in the VUCA (Volatility, Uncertainty, Complexity, Ambiguity) situation? How often did you have to change your decisions?*

I do not hide that until then we run a rather foreseeable therapeutic activity. Aesthetical Medicine Centre provided us with a certain income and we already had a brand. We had no experience with highly unforeseeable changes on the market. You can say that we decided to act intuitively. We sat down and thought about the next since one field of our activity does not allow us to run a profitable activity. We had to focus on a new field – and here appeared the proposition to develop a Covid-19 laboratory.

4. *Do you use support of external organisation representatives: consulting firms, coaches, mentors, etc. when making decisions? In what situations this knowledge and support is useful?*

We use the help of consulting firms in case of acquiring EU funds. We also use the help of consulting firms in a limited scope when we carry out research projects. However, this knowledge was not so helpful to us during the pandemic. We focused on our own experience, our own creativity, how we can change the fields of run business activity, and how we can use already possessed equipment for diagnostic purposes.

5. *In hindsight, how do you evaluate decisions that you made? Would you make different decisions if you possessed your current knowledge?*

Most certainly we needed a greater diversification of run business activity. It is easier to survive on the market when you have few strong pillars. I have experience in running a medical diagnostic laboratory, veterinarian laboratory, and few other businesses. At one point I bet on aesthetical medicine. Today I see that I could diversify my business activity more as it certainly would give me a greater ability to protect company in crisis situations.

6. *Are you prepared to make decision in key pandemic moments? Do you use experience gained so far, tools, and management methods or do you rather act on intuition?*

Most certainly, I used my experience as laboratory diagnostician. Focusing on other fields of therapeutic activity and running a research and development activity has given me experience that allowed me to quickly implement a new project, the COVID-19 laboratory. For this new project I used tools and management methods utilised so far. Intuition definitely supported them, but I look at certain issues through the prism of experience, education, and experience on a certain market.

7. *In your opinion, what professional qualifications (education, theoretical knowledge, practical knowledge) used in daily work as a manager turned out to be useful?*

My economic knowledge certainly helped in remodelling activity. I built and completed this knowledge for many years by leading various types of scientific projects, diagnostic projects, or research projects. Knowledge and experience also helped in remodelling the business and directing it on new tracks.

8. *What “management” competences acquired during your professional career related to health care institution management turned out to be useful on your position?*

For me, the most important competence is competence, which I call entrepreneurship, creativity, and willingness to take up challenges and risk. For many years I have tried to find new business opportunities. I observe reality, check what is in demand, check how the market in the field of human and animal health changes, and check the demand for services. In addition, it is exceptionally important to not be afraid to risk. Of course, everything must be thought out and checked sooner as I do not act in vain.

9. *How did you solve social problems related to endangering health and life of sector employees who are in the front line of fight with the pandemic?*

Social problems appeared extremely fast. Mainly frustration and uncertainty of tomorrow. One day the clinic was full of patients and the next day it stood empty. We were not sure if we will have enough funds for permanent employees. This period has also reviewed on who we can count.

10. *Did you model your decisions concerning managing institution during a pandemic on other industries or are medical institutions more specific? What differences do you see?*

We focused on the development of new laboratory, so of course we observed competition. We observed how they start operating and what other COVID-19 laboratories did – they had many years of experience in this type of activity. We also consulted things online. This definitely changed our work model. Today, we still try to observe other industries as it certainly inspires us to develop and change.

11. *Did the health care management staff education system prepared you properly to make decisions in new reality? What from the education process is useful and what is not? What qualifications and competences would you like to complete in the future?*

I think that Polish universities educate managers in a not exactly correct way. Each one of us has to learn creativity, entrepreneurship, and business approach to reality surrounding us on our own. Skills and work competences are not educated in conditions of uncertainty and threat. This field could

certainly be changed. On my part, I will definitely try to develop soft management skills and social competences.

Health clinic

Director of medical clinic, co-owner, medical doctor with many years of experience as clinician and family clinic manager.

1. How did you react to the information about the Covid-19 pandemic outbreak? Did you worry about new variables in health care and organisation managed by you?

Information on the Covid-19 pandemic regularly appeared in television and Internet. As a doctor, I constantly followed them. I had a feeling that it will not be a “slightly stronger flu” as some experts said. I was afraid of what, unfortunately, happened – majority of clinics and hospitals was practically closed. The patients got afraid of the coronavirus and cancel some of the visits. We had to quickly switch to telephone consulting and limit direct activity, but we tried to maintain the continuity of our work at any cost. The pandemic did not impact our work and did not halted our activity.

2. What organisational problems appeared in your organisation and how do you solve them?

At the beginning there were problems with organising patients, allocating visits, and switching to telephone consulting. However, the medical registration department turned out to be a great support - it is the strong side of our activity. We implemented a new registration work management software just before the outbreak. Sending notifications, reminders, text messages about visits, etc. Additionally, we have a great team of young and dynamic people, who were able to coordinate actions related to organisation of doctors’ work, as well as appointments and telephone consulting of patients.

3. How do you manage in the VUCA (Volatility, Uncertainty, Complexity, Ambiguity) situation? How often did you have to change your decisions?

Therapeutic activity is always related to volatility, complexity, and ambiguity. As a doctor, I also work in such conditions. When treating patients, I change decisions, implement a different treatment if the basic one is not effective, and send them to specialists. I adjust to current environment conditions also in business. This was the case also for the pandemic. We tried to use everything that posed as a threat during the pandemic as an opportunity for us to, for example, implement additional medical services, such as additionally paid home visits. Even vaccinations were for us an opportunity to increase the contract with the NFZ. Certain complexity of work in medical sector is written in the daily work of a doctor and health care manager. I believe that each health care manager should be characterised by good managing in VUCA situation.

4. Do you use support of external organisation representatives: consulting firms, coaches, mentors, etc. when making decisions? In what situations this knowledge and support is useful?

We do not use the help of consulting firms as additional companies helping us in our work in the clinic, but we do use services of consultants, who are our business partners. These are financial advisers from the scope of EU projects we carry out and suppliers of equipment and other solutions.

5. *In hindsight, how do you evaluate decisions that you made? Would you make different decisions if you possessed your current knowledge?*

I review decisions made in the scope of run activity in a positive light. We acted according to possessed knowledge and experience, we observed the dynamically occurring changes, and we tracked all television information provided by the Minister of Health. I think that I would not change any decision we had implemented. I feel that we passed through the period of all 3 pandemic waves and possessing current knowledge in a way already enriched with experiences would not change already made decisions.

6. *Are you prepared to make decision in key pandemic moments? Do you use experience gained so far, tools, and management methods or do you rather act on intuition?*

I think that we are well prepared to make key decisions. We try to use all opportunities that certain situations give us. You can say that in the initial stage the private health care market had slightly suffered, but the pandemic certainly gives us a chance to develop in the future. Developing new services, possibility to renegotiate conditions of NFZ funding, and even increasing prices for provided medical services. We act on the basis of developed tools, methods, proven standards, and our intuition gives us hints in making final decisions, of course.

7. *In your opinion, what professional qualifications (education, theoretical knowledge, practical knowledge) used in daily work as a manager turned out to be useful?*

I am a doctor and certainly my medical education established by many years of medical practice was for me extremely important at the beginning of therapeutic activity. It is also significant now in running big health clinic and cooperating with doctors, rehabilitants, and nursing staff. It definitely facilitates my work and allows to develop medical services. Most definitely the fields I completed for years were finances and broadly understood entrepreneurship.

8. *What "management" competences acquired during your professional career related to health care institution management turned out be useful on your position?*

I have been managing staff in a clinic for almost 12 years. As I have mentioned before, my professional competences as a doctor help me in this task. I employ medical staff and talk the same jargon as they do. I also try to build positive relations with my colleagues. I believe that interpersonal skills are at this moment extremely important. This is especially valid in case of cooperating with young doctors and young staff that needs more flexibility.

9. *How did you solve social problems related to endangering health and life of sector employees who are in the front line of fight with the pandemic?*

Social problems were not a problem to us. We have known each other for years and we know each other as a team. Of course, there were nervous situations, fear of getting sick. After all, paths of patients cross in a clinic. Nonetheless we kept calm and equipped clinic with means of personal protection, masks, and liquids. This gave us the feeling of safety.

10. *Did you model your decisions concerning managing institution during a pandemic on other industries or are medical institutions more specific? What differences do you see?*

We tried to observe the reality. We certainly switched to telephone contacts and implemented telephone consulting. We decided to use the period of pandemic to change – we might have slightly model ourselves after other industries. I have noticed that some companies use this period to limit their activity in order to e.g. perform renovations or modify tools of the trade. We have also renovated the waiting room, refurbished registration, implemented facilitations for patients in the waiting room, and additional indications that help in navigating the clinic. We improved our website. We activated our visibility in social media.

11. *Did the health care management staff education system prepared you properly to make decisions in new reality? What from the education process is useful and what is not? What qualifications and competences would you like to complete in the future?*

I completed my educations years ago. Of course, I take up additional training courses on various specialist courses and seminars to this day. Medical knowledge is certainly useful for manager running such therapeutic activity as clinic. The education system definitely lacks entrepreneurship basics. This field certainly has to be developed. Competences in the scope of communication with staff and partners also require completion of knowledge.

6. Conclusions

The sixth part of elaboration contains open answers of managers, who participated in the qualitative examination describing competences of a health care manager.

These answers give the image of a situation we known from media. The managers were not only surprised by the appearance of the pandemic, but also by organisational, financial, and staff results that followed the Covid-19 outbreak.

Knowledge and experience in managing medical institutions gained by managers up to that point turned out to be insufficient or even deficit. Managers running health care organisations act in a situation of a turbulent environment characterised by great volatility, uncertainty, and action in crisis situations.

It is a natural environment that characterises the health care sector. Lack of proper funding for medical procedures and great risk of running a business activity due to the specificity related to treatment and rescuing, as well as improving the quality of patients' lives have resulted in Polish health organisations being completely unprepared for a collision with new reality and outbreak of the Covid-19 pandemic. The pandemic has revealed the weaknesses of Polish health care and at the same time it has shown that managers make every effort to meet the challenges.

Provided answers reveal a manager, who in crisis situations can change its management style, can adapt the work process and human, resources, and processes management processes in a way adapted

to the volatile situation in environment. For this purpose, managers use professional experience gained so far and base on acquired knowledge and knowledge of their colleagues.

The pandemic has shown that health care sector managers should build flexible organisations that can adjust to rapidly changing conditions of their environment. An efficient and effective manager should flexibly react to changes and adjust the profile of run and managed health care organisation to fit the environment.

After analysing the interview questionnaires, we can notice the fact that at this moment it is expected from a manager to possess soft health care management competences, including a flexible approach to cooperation with colleagues and subordinates.

The pandemic, which has touched each and every one of us in professional and private life, has shown that manager, who builds appropriate friendly relations with employees and who is able to understand social behaviours, is able to better manage health care organisation. During the pandemic, employees expected from managers understanding and trust. It can be also seen that an effective manager was seen by numerous colleagues not only as boss, but mainly as a person, who should support them in private life. Such approach to employee shapes the image of a manager as a leader, who builds positive relations with employees in both professional and private life.

An effective manager is a person, who has above average social competences and is able to motivate to work, but is also seen as a support in private life.

The managers have indicated that their professional decisions were often supported by knowledge, experience, and education, but the most significant factor in decision making was intuitiveness.

The VUCA time, which is characterised by drastically changing environment conditions, and in the process of permanent crisis situations of organisational, staff, or financial origin, a manager must rely on its intuition.

In order to be effective and efficient, a manager must “develop” in itself a conviction and confidence in making decisions without basing solely on data and information and many times will have to trust a feeling or “foggy” and uncertain information.

Managers must be open to change decisions and be able to build flexible and open health care organisation management systems. Managers should also be open to diversification of run activity, so that in crisis situations they are able to operate on multiple planes and freely modify run activity, as well as allocate financial and human resources.

Crisis situations are also a good moment to implement changes in an organisation. Managers should have a very flexible approach to the possibility to rebranding health care organisation and be open to implementation of changes in the form of new services, technologies, or even change of activity profile.

In the scope of potential changes in management staff education in the health care sector, the interviewed people clearly indicate that the health care sector education process currently does not cover education of competences in the scope of soft competences, social skills, and cooperation with

colleagues in crisis situations. There is also a lack of practical education in the scope of economy, general issues related to entrepreneurship in field of medical procedures, and ways of effectively managing costs and human resources in health care organisations.

References

- Monika Matecka, Jolanta Sielska, Eliza Dąbrowska „Competences of Health Care Institution Manager”, Scientific Notebooks of the University of Szczecin No. 875 Problems of Management, Finances, and Marketing. 41, v. 2 2015 DOI: 10.18276/pzfm.2015.41/2-24
- <https://www.uwe.edu.pl/pl/blog/jak-zostac-managerem-w-obszarze-ochrony-zdrowia>
- Virtual Education University 2021.
- Anna Banaszewska „Role and responsibility of a manager in health care” „Health Care Manager” , February 2015.
- Roman Lewandowski, Marcin Kautsch, Łukasz Sułkowski (red). Entrepreneurship and Management, Volume XIV, book 10 PART I „Modern health care management problems from the perspective of system and organisation”
- „Strategic development directions for health care protection system in Poland”, Warszawa August 2019.
- Alicja Domagała „Educated management staff as a condition of effective management over health care institutions”, Institute of Public Health, Health Policy and Management Facility, Health Sciences Faculty, Collegium Medicum of Jagiellonian University, Kraków”
- “Covid-19 pandemic Outbreak”: Source: United States Center for Disease Control and Prevention CDC – 2021.
- Covid-19 pandemic : Source : en.wikipedia.org. 2021.
- Oleksyn T. Competence management - theory and practice, Oficyna Wolters Kluwer business publishing house, Kraków 2010
- Role of management staff competence evaluation in process organisation”
- Organisation Review, No. 4 (927), 2017, p. 61-67 „Scientific Association of Organisation and Management (TNOiK) Małgorzata Tyrańska.” 2017.
- Kok J., van den Heuvel S. C. (red.), Leading in a Vuca World. Integrating Leadership, Discernment and Spirituality, Springer Open, 2019.

Note about Authors:

Arkadiusz Szerengowski, M.Sc., University of Economy Bydgoszcz, Doctoral School, email: arkadiusz.szerengowski@gmail.com.

Marcin Kęsy, Ph.D., Institute of Economics and Management, Faculty of Applied Studies, University of Economy Bydgoszcz, e-mail: marcin.kesy@byd.pl.