Research Article

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Core Competencies, Transformative Competencies and Readiness for Change among Staff in Private Hospital in Thailand

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Abstract

The objective of this study was to examine the association between core competencies, transformative competencies and readiness for change among 134 staff in a private hospital in Thailand. Data was collected from March to April 2022 by using online questionnaire. Data was analyzed by using descriptive statistic, Chi-square test and Pearson's correlation coefficient. Results revealed that the core competencies and readiness for change were at high level, with an average of 3.36 (SD=0.55) and 3.33 (SD=0.63), respectively, while the transformative competencies were moderate with an average of 3.22 (SD=0.56). Results

suggested that hospital administrators should develop a policy to promote personnel, core, and transformative competencies to promote readiness for changes that affect personnel performance.

Keywords: Core Competencies, Transformative Competencies, Staff, Readiness for Change, Private Hospital

What was Known

- Staff Readiness for Change was the personnel's opinion on motivation and foundational capacity.
- Transformative Competencies were the change of personnel and transformational competencies.

What's New and Next

- Staff competencies are essential elements to create competitive advantages.
- Accomplishment of sustainable developing will be resulted from a staff readiness for change.
- Applying a theory of monitoring and evaluation to increase efficiency of the research data.

Introduction

Currently, the healthcare sector plays an important role concerning the economy as the government encourages the policy of medical hub[1] or the world's leading medical center. Consequently, many parties have become interested in operating hospitals in Thailand[2].Thailand is facing a shortage of medical professionals[2], thus this increased highly competitive situation requires healthcare sectors to create better strategies to source and recruit talented human resources. Then, private hospitals must endeavor to build confidence regarding treatment standards for the patient to gain competitive advantages. Additionally, the management team in the private hospital realized that the development of staff competency and readiness for performing operations have been introduced to strengthen staff to reach optimal efficiency for administration and patients receiving hospital treatment. To illustrate, the hospital's administrators were foreseeing the issues regarding personnel competency for all levels, based on previous staff performance results indicating a lack of certain skills then they developed a core competency component in 2019 and continuous changes for transformative competencies included non-clinical competencies and managerial competencies in 2021 because the organization's goal required sufficient staff competencies to drive the operation and patient-centered care.

In addition, the literature review reaffirmed the importance of competency development can give benefits to medical care service providers. The origin of the competency concept was derived from the academic article written by David C McClelland, the competency rating scale was the intelligence score for predicting performance and indicating the character of an employee in the operation including behavior and ability levels[3]. Furthermore, the World Economic Forum[4] report revealed in "The Future of Jobs" that staff needs to have skills for change such as critical thinking, innovation, engagement learning, and complex problem-solving. Similarly, the organization emphasizes agility under appropriate processes, and innovations to improve readiness for risk management including problem-solving capacity in a variety of ways, and patient-centered treatment care as a review of the McKinsey & Company Report[5]. All above were core and transformative competencies consisting of non-clinical and managerial competencies that the hospital referred to enhanced competency levels aligned with organizational values and appropriate for rapidly changing situations in the healthcare industry. These competencies assessments were applied to back-office staff and direct patient care, *excluding physicians and top management (job level 10 and above)* because the management team developed a competency tool for closing the operational gaps. Physicians were excluded

because professional competency was measured by governance outcomes and other special indicators.

Research gaps were no related studies on transformative competencies and staff readiness for change by implementing modified competencies and no studies concerning this issue in the private hospital sector. The reason this research was conducted in a private hospital because it had been accredited by many global accreditation programs such as JCI, DNV, ISO, AHA and GHA, awarded the leading hospital appellation[6], and ranked as one of the top ten best leading hospitals in Thailand consecutively in 2021 and 2022. Eventually, we measured staff readiness for change by using tools developed by the Capacity Building Center for States in "Change and Implementation Readiness Assessment Tool", Washington, DC[7], expertise in competency development and provided cooperation with Children's Bureau, an agency under the US Department of Health and Human Services[8].

Materials and Methods

The research design of this study was cross-sectional study. Volunteer sampling by displaying posters with QR code to participate in the study. Data was collected during March and April 2023. Sample used in this study were 134 staff from back office, direct care services to patients and professional personnel with the position at level of operation and middle management. Sample size was calculated by using a program and Wayne's formula since 1995 cited in the Ngamjarus computational program and Chongsuvivatwong[9].

Research instruments

The research instruments used in this study was an online questionnaire divided in three parts consisting the questions of characteristics (5 items), core and transformative competencies (27 items) and readiness for change personal (29 items). All questions were 4 level of Likert scale. Total score was used to divide level of competencies as follows.

1.00 - 1.75 Low 1.76 - 2.50 Mild

2.51 - 3.25 Moderate 3.26 - 4.00 High

The core competencies consist the items of caring, agility and innovation. The transformative competencies include non-clinical competencies which consist the question of empathic communication, problem solving, fact-based analysis; and managerial competencies

which consist the question of business acumen, prioritization, and driving for performance excellent, servant leadership.

The Thai version of readiness for change questionnaire consist of motivation for change and foundational capacity (resources, engagement and partner, culture and climate, knowledge, and skill in the organization and infrastructure)[10].

These questionnaires were validated by three experts. The content validity index was 0.81. Cronbach's alpha coefficient was calculated from the pilot study with 30 staffs extra of the research sample. The reliability for core competencies, transformative competencies and readiness for change questionnaires were 0.83, 0.93 and 0.96, respectively.

Statistical analysis

Data was analyzed using descriptive statistics such as mean, standard deviation, and proportion. Analytical statistics used to examine the relationship between personal characteristics and readiness for change was chi-square and to determine association between core and transformative competencies and readiness for change was Pearson's correlation coefficient.

Results

The 134 research participants completed the questionnaires, and the results of the study are presented in three parts as detailed below.

Two-thirds of respondents were female with ages ranging between 26 and 59 years old while the majority (44.8%) were 30 to 39. Of 96 respondents (71.6%) held a bachelor's degree. About 93 (70%) subjects were at job level 3 (who were the operational level, back-office staff at the position of officer, senior officer, and direct patient care service were the position of professional level 1-4). Approximately one-third of respondents served 1 to 5 years, with an average of 11 years of employment (Table 1).

Table 1 Characteristic of participants (n=134).

Characteristics	n	%
Gender		
Female	101	75.4
Male	33	24.6
Age (Years)		
20-29	26	19.4
30-39	60	44.8
40-49	32	23.9
50-59	16	11.9
Mean (SD) = 37.79 (8.34), Median = 37.00, Min - Max = 26-59		
Education Level		
Bachelor	96	71.6
Postgraduate	30	22.4
Job Level		
3	93	69.4
4	19	14.2
5	12	9.0
6	5	3.7
7	2	1.5
8	2	1.5
Years of employment at current hospital (Years)		
1-5	46	34.3
6-10	30	22.4

Characteristics	n	%
11-15	22	16.4
16-20	21	15.7
21-25	3	2.2
26-30	9	6.7
31-35	2	1.5
36-40	1	0.7
Mean (SD) = 11.01 (8.31), Median = 9.00, Min - Max = 1-36		

The overall mean core competency was 3.36 at the high level (SD=0.55). The overall score of transformative competencies was at a moderate level of 3.22 (SD=0.56), consisting of non-clinical competencies at a moderate level of 3.23 (SD=0.58) and managerial competencies at a moderate level of 3.22 (SD=0.55).

The overall score of staff readiness for change was at the high level of 3.33 (SD=0.63). It contained the score of staff's opinions on motivation for change that was at the high level of 3.44 (SD=0.61). While opinions on foundational capacity were at a moderate level at 3.23 (SD=0.65). Five sub-components were under opinions on foundational capacity.The scores for *resources, engagement, and partners were* at the high level at 3.29 (SD=0.63) and 3.29 (SD=0.61) respectively. Additionally, the scores for culture and climate, *knowledge* and skill, and *infrastructure,* were at a moderate level. (Table 2)

Table 2 Mean and standard deviation and level of core competencies, transformative competencies, and readiness for change among staff of a private hospital.

Variables	Mean	SD	Proficiency/Readiness Level
Core Competencies	3.36	0.55	**High**
- Caring	3.48	0.52	High
- Agility	3.36	0.55	High
- Innovation	3.23	0.58	Moderate
Transformative competencies	3.22	0.56	**Moderate**
Nonclinical competencies	3.23	0.58	Moderate
- Empathic communication	3.26	0.57	High
- Problem solving	3.23	0.58	Moderate
- Fact-based analysis	3.20	0.58	Moderate
Managerial competencies	3.22	0.55	Moderate
- Prioritization and driving for performance excellence	3.27	0.53	High
- Servant leadership	3.26	0.54	High
- Business acumen	3.13	0.58	Moderate
Staff readiness for change	3.33	0.63	**High**
Opinions on motivation for change	3.44	0.61	High
Opinions on foundational capacity	3.23	0.65	Moderate
- Resource	3.29	0.63	High
- Engagement and partners	3.29	0.61	High
- Culture and climate	3.25	0.64	Moderate
- Knowledge and skill	3.24	0.67	Moderate
- Infrastructure	3.16	0.69	Moderate

Table 3 shows correlation between personal characteristics, core and transformative competencies, and readiness for change among staff of a private hospital.

Personal characteristics factors which related to staff readiness for change among staff of a private hospital was job level (χ^2 = 23.05, p =0.03).

The results showed a significant relationship between core competencies and readiness for change among staff of a private hospital (r=0.50, p <0.01). All subcomponent of core competencies, *agility* (p <0.01), *innovation* (p <0.01) and *caring* (p <0.01) had significant relationship with *staff's readiness for change* (r=0.53, p <0.01). Furthermore, transformative competencies had a significant relationship with readiness for change among staff of a private hospital (r=0.52, p <0.01). At sub-competency included non-clinical competencies and managerial competencies also showed significant relationship with readiness for change among staff of a private hospital (r=0.50, p <0.01 and r=0.48, p <0.01, respectively). All sub-competency of non-clinical and managerial competencies were also significant associate with *staff's readiness for change* (p< 0.01) (Table 3).

Table 3 Correlation between personal characteristics, core and transformative competencies, and readiness for change among staff of a private hospital

Variable	X^2	*p*	r	*p*
Gender	3.41	0.22	-	-
Age	8.28	0.28	-	-
Education Level	5.26	0.19	-	-
Years of employment	17.94	0.13	-	-
Job Level	23.05	0.03	-	-
Core Competencies	-	-	0.50	<0.01
- Agility	-	-	0.53	<0.01
- Innovation	-	-	0.38	<0.01
- Caring	-	-	0.37	<0.01
Transformative competencies	-	-	0.52	<0.01
Non-clinical competencies	-	-	0.50	<0.01
- Empathic communication	-	-	0.49	<0.01
- Fact-based analysis	-	-	0.45	<0.01
- Problem solving	-	-	0.39	<0.01
Managerial competencies	-	-	0.48	<0.01
- Servant leadership	-	-	0.44	<0.01
- Business acumen	-	-	0.42	<0.01
- Prioritization and driving for performance excellence	-	-	0.36	<0.01

Discussion

The results from data analysis concluded that core and transformative competencies were related to readiness for change among staff of a private hospital. The results were discussed and divided into four parts. Firstly, the overall score of *staff's readiness for change was at the high level*. As for the components of the two main aspects, namely, the score of *opinions on motivation for change and on foundational capacity was at a high and moderate level respectively.* It indicated the results from both variables may be attributable to the hospital's dedication to developing human resources through training, education scholarship, and career path development projects. According to the average score of the survey question, the results reported with the high score on the opinion of staff's capacity change" was suitable and possible in the organization. Then, change was perceived as appropriate and possible in the organization due to the motivation for continuous self-improvement. The result was consistent with the Capacity Building Center for States.[10] In addition, the result was also consistent with the related research[13] showing that motivation influenced job performance, which was consistent with a related study[14] suggesting that promotion, advancement, fine and welfare increases affected motivation. The increased motivation reflects the improved level of performance and acceptance of changes in the organization.

Regarding opinions on the foundational capacity of the organization, the average score was moderate, which may be attributed to the hospital's specialists in various disciplines and personnel of various nationalities. Then the hospital's personnel believed that staff at each level were efficient in their work and the diverse perspectives and ideas were welcomed and seen as valuable to the operation. In addition, the reason for the research results of the high average opinion scores was due to the organization's monitoring system, control, and continuous quality improvement in its operations. It exhibited proven high standards by accreditation from several programs such as JCI, HA, etc. Similarly, the hospital's strategy expands its healthcare alliances including wellness centers and healthcare services in collaboration with large hotels. Based on the results reported that the hospital's staff displayed a high average score in the opinion rating scale regarding an organization has improved and developed their skills through an effective training system, coaching and consultation. Moreover, it has findings by a related study[15] suggested that fundamental capacities, including operation foundation and knowledge, skills created strong operational capabilities and affected readiness to change.

Secondly, the results indicated that only job level of personal characteristics was related to staff's readiness for change. The findings were partially consistent with the study of Christopher M Shea[16] which studied the relationship between managerial competencies and the success of the change. The results revealed that all personal attributes were statistically significant and correlated to the achievement of change. On the other hand, the study of Christopher M Shea reported different personal attributes when compared with the research, i.e., gender, year of service and job level. It could be the cause that made other characteristics in this study not correlated with personnel's readiness for change.

Core competencies indicated a relationship to staff's readiness for change; the result of all three subcomponents of core competencies had overall high average scores. Additionally, it also showed a moderate positive correlation and statistically significant relationship. All components were applied in the organizational operation as core values that demonstrated the plan to develop personnel competency to promote the ability to change and create efficiency concerning every point of treatment service and the operating system in the hospital. It appears that the leading, private hospital was accepting treatment by patients at both national and international levels and on the ranking as one of the ten best hospitals in Thailand for 2021 and 2022[6]. The core competency component was consistent with the findings by McKinsey & Company[5], expanding on the key competencies of healthcare service agencies and consistent with the research conducted[17]. The self-assessment correlated to the readiness of personnel for change as well as the effect on management confidence, which was one of the key components of this study's core competence.

Lastly, the research results showed that the relationships between transformative competencies and staff's readiness for change, i.e., non-clinical and managerial competencies scores were at a high level. Moreover, the scores of all sub-components under the two competencies, i.e., empathetic communication, problem-solving, fact-based analysis, business acumen, prioritizing, driving for performance excellence and servant leadership exhibited a positive relationship with transformative competencies and staff's readiness for change at a moderate and high level in all respects. The relationship between the transformative competencies and staff's readiness for change was probably due to constantly and rapidly changing situations, policies and innovations, affecting the management of treatment services and operating systems. For example, during the SARS-CoV-2 pandemic, the hospital quickly responded by providing treatment services involving telemedicine consultations, and medical care services at home since the beginning of 2020, as well as providing treatment services as

holistic care centers. In early 2021, this hospital also developed a mobile application to increase convenience using the services and created a channel for users to access health information easily. In other words, all components of the two competencies were applied to the hospital's management, planning and operations to meet the needs of receiving and providing healthcare services with the right goals for the patients[18] as in the examples above. Additionally, this research provided components of the transformative competencies in this private hospital similar to the competency identified in the World Economic Forum Annual Report that was revealed as 'The Future of Jobs Report 2024'[19]. Additionally, it proved consistent with a related study[20] showing the required competencies including empathy, communication, leadership, stress management and critical thinking that were important since the outbreak of SARS-CoV-2 in the healthcare services unit.

The strengths of this research found that no research on key success components of competency and readiness for transformative competencies in the leading private hospital in Thailand. Then, it was a gap of knowledge highlighted and made more important for conducting research.

On the other hand, researchers were unable to analyze 360-degree feedback data of personnel involved in the study, thus the competency assessment results in this research were lack of comprehensive assessment data from peer and supervisors' perspectives. Then, this study had some limitations due to restrictions on access to the participants' data insights were not further investigated, notably from the anonymous nature of their participation in the research. In addition, the restricted by the Personal Data Protection Act was recently implemented in the private hospital sector so that researchers cannot collect insight data and perform 360-degree competency assessments. Moreover, research created a bias related to self-assessment, otherwise known as Social Desirability Bias.[21]

Conclusion

According to the results of sub-components under opinions on foundational capacity, it was the lowest mean score compared with the remaining aspects regarding the staff readiness for change assessment. The result found that the opinion on "an organization has processes or procedures to retain human resources effectively" score was 2.86. This was in line with 2020 when the hospital changed the benefits policy including staff's spending for medical treatment wherein the organization reduced the rate from the previous policy so that the one factor

contributing to the preservation of efficient human resources decreased. The hospital administration should reconsider the staff benefits policy to ensure high retention of efficient personnel in the organization.

In addition, the results of the lowest mean score of business acumen compared with all subcomponents of core competencies and transformative competencies. Business acumen is essential in that management level is required to bring knowledge for improving management and creating a quick business response plan when they face any economic condition. Thus, the channel for reporting information related to the national and international level of the medical industry should be established in the organization such as information on management, new treatment innovations, and others, because the management team can update their information and knowledge to be further developed in the business.

Future research studies should compare the study result of staff readiness at the beginning and the implementation of components that need to change in the operating system. In addition, the research will apply the theory of monitoring and evaluation and should investigate in-depth opinions with research participants as qualitative studies.

Ethical Approval Statement

The research project was approved by the chairperson of the Ethics Review Committee for Human Research of the Faculty of Public Health, Mahidol University (COA. MUPH 2021-136) and from the Institutional Review Board (IRB) in the private hospital in Thailand (303-01-22 CIEN-H Fub).

Author Contributions

CL designed the study and formulated the research tools with guidance from SK, SJ, KP and CM. CL conducted the pilot testing, reliability testing, data collection, data analysis and wrote the manuscript under the supervision of SK, SJ. All authors read and approved the manuscript prior to submission for publication.

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Conflict of Interest

The authors declare that they have no conflicts of interest.

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