Management competencies: intrinsic or acquired? What competencies are required to move into speech pathology management and beyond?

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Abstract

Speech pathology managers frequently move into careers beyond their clinical discipline. As practicing speech pathology managers and students of business leadership, we were curious about the nature of career transitions out of speech pathology management. We conducted an exploratory, descriptive study investigating the perceived competencies that facilitate such career transitions and when further education is required to effectively equip one for such transition. The perceived skills related to a speech pathology background are identified along with the gaps in competence for moving into general management positions. Career management practices that facilitate this type of career transition are provided as recommendations for career planning.

Introduction

The idea of a 'job for life' is outmoded with the likelihood that individuals will now pursue several distinct careers during their working lives (Bolles, 1994). As careers change and health organisations metamorphose, it is imperative that allied health practitioners are equipped with the necessary competencies to negotiate their career path. As practicing speech pathology managers and students of business leadership, we were curious about why many skilled and knowledgeable speech pathology managers leave the profession and move into senior management roles.

In addition to a minimum skill/knowledge base required by all practicing speech pathologists (CBOS, 2001), our sense was that speech pathologists possess a specific range of non-clinical competencies, intrinsically related to the focus of their clinical profession. We were interested in how these competencies equipped managers to work in a wide range of areas beyond speech pathology. We also wanted to explore when and how this group of health professionals accessed further education to assist their career transitions.

Our two research questions were:

• What competencies enable people to make the transition from speech pathology clinician to speech pathology manager and then into more senior health management roles?

• What career management practices would facilitate this career transition?

Competencies defined

Competency Based Occupational Standards exist for the speech pathology profession (CBOS, Speech Pathology Australia 2001) and competencies are discussed at length in the management and leadership literature (Currie and Darby 1995, Fine 2002, Gardner 1999 &Tyler 2003).

Thorpe, Taylor and Elliot (1997 p154) described the confusion regarding definitions of competencies well when they noted "Defining competence is far from simple and has caused much debate". The generic definition of competency is the integration of knowledge, attitudinal change and practical skill development (Thorpe et al 1997). Gonczi (1999) extends this concept by defining it as the synthesis of a set of attributes (knowledge, skills, values and attitudes), used in various combinations and permutations to complete an occupational task. Quinn, Faerman, Thompson and McGrath (1996 p24) define competence as "the possession of knowledge and the behavioural capacity to act appropriately".

One of the major criticisms of competency-based approaches to management development has been the idea that the development of a set of competencies for a particular occupational task such as management or leadership simplifies what is essentially a complex process. There is a real danger that competency approaches to leadership reduce a complex task into a behaviourist checklist (Gonczi 1999, Cunningham 1997, Thorpe et al 1997).

Gonczi (1999) addresses these criticisms and proposes an integrated approach to competency-based learning. This approach promotes the concept of "competent performance" as opposed to "competence as performance". The hallmarks of this approach are that competence is not static, but evolves as the context changes and as the individual develops within the workplace. Boyatzis (1982) originally developed this idea when he distinguished between threshold and performance competences, where threshold competences are the basic requirements to carry out the job and performance competencies are more advanced building on threshold competencies. Reflective practice is advocated as a tool to ensure that competence continues to develop as the occupational context and culture change (Boucher 2002, Gardner 1999),

For the purposes of this paper we will define competencies as the skills, attitudes, knowledge and attributes that enable an individual to perform their job (Currie and Darby 1995). We want to ensure that we consider not only the basic abilities required, but also personality traits and characteristics that are more elusive to define, and potentially render one more capable and successful in a management or leadership role.

Relevant Competencies

The CBOS document (CBOS, Speech Pathology Australia 2001) describes a threshold competency level (Boyatzis 1982, Currie and Darby 1995) for entry into the profession. There are no other performance competencies specifically designed for speech pathologists in Australia.

Competencies such as managing people, financial management and negotiation are important for all managers. The competencies demonstrated by middle management (for example, management of a speech pathology department) and senior management in health care organisations are different and output related (Wallick and Stager 2002). Senior health care executives require competency in the following core areas: flexibility and adaptability, communication skills, results orientation, leadership, financial astuteness and relationships (Tyler 2003).

In 1996, Lawson, Rotem & Bates proposed that senior managers needed to be focused on strategy, politics and policy whereas middle managers spent their time on supervising staff and following the policy directives set by senior management. It seems that management competencies become more abstract as one progresses towards more senior positions (Currie 1996, Hartman & Crow 2002). In our experience this distinction is blurring increasingly with middle management having to be ever more focused on the bigger picture.

Gardner's (1999) model of allied health management competencies emphasises a hierarchical approach to skill and competency acquisition. It has five skill levels; Intrapersonal, Interpersonal, Supporting Managerial Systems, Organisational Processes and Environmental Awareness. Gardner's model supports the view that management competencies evolve as an individual assumes more senior roles within the organisation.

Pedler, Burgoyne and Boydell (1994) discuss the confusion in the management training literature regarding qualities or competencies. They caution that while competency approaches provide a useful starting point for management development they should not be applied rigidly as a prescriptive checklist. Both of these competency frameworks emphasise the importance of acquiring competency in leadership and management skills through a process of action learning and reflective practice in the work context.

Management competence is more than a set of static skills (Cowling Newman & Leigh 1999), it includes aptitude, attitude and attributes. Currie (1996) cautions however against passive acceptance of management competency as a 'way of being' and argues that this perspective assumes that most management competencies are intrinsic to the individual. Most management and leadership education programs are founded on the premise that certain management competencies can be acquired. In a self-aware individual, the intrinsic competencies possessed help one identify areas for development or enhancement.

Management and Career Development

While some individuals fall into management requiring and/or seeking no further training or education, others decide to seek formal or informal management education. Reedy and Learmonth (2000) suggest that most management education takes place external to a formal classroom environment. Others (Currie 1996, Hartman and Crow 2002) describe the need for balanced, multifaceted education combining academic training and mentoring.

The link between formal management training and success as a manager is not clear. Cowling et al (1999) make this point when they note, "the acquisition of knowledge does not of itself lead necessarily to an improvement in performance by the learners". While there is no clear agreement on the content of management training Hartman and Crow (2002) advocate a combination of business training applied skills and experiential learning.

There are some similarities in the competencies required by clinicians and allied health managers, but there are also significant differences. While a client will generally comply with the treatment recommended by a clinician, health service manager's have limited control over a volatile environment subject to constant changes in government policy and funding (Lawson et al 1996). Where a clinician may be competent to manage the daily challenges of patient contact and providing a clinical service, the challenges associated with managing a department or service, are significantly different.

Many of the managers in health have moved up the ranks from clinical positions. Anecdotal reports suggest that this is almost exclusively the way speech pathology managers move into speech pathology management positions. Eubanks (1992) describes this transition as a job change and distinguishes it from a career shift which occurs when an individual moves into a management position beyond their profession.

Reedy and Learmonth (2000) suggest that when shifting careers, an identity transformation needs to occur and one can no longer identify most strongly with one's technical career. There is often a professional (or technical) versus management ideological conflict (Currie 1996) at this stage. Moving into management as a new career requires moving outside one's comfort zone in many cases.

The transition from clinician to manager requires a mental shift as well as the enhancement of existing competencies and the acquisition of new ones. Competencies can be used as a framework to discuss career development and transitions in allied health management. Discreet competencies are necessary to function most effectively at various levels of position. Formal training may assist in career development but is not in itself adequate to ensure advancement. Most importantly there is a change in the way individuals view themselves when making career transitions into increasing levels of management seniority.

Methodology

This study used qualitative research methodology and could broadly be described as adopting a qualitative exploratory descriptive approach (Patton 1990). We believed our research question could be best addressed by exploring the personal experience of the research participants (Strauss and Corbin 1990).

Methods

We chose in-depth semi-structured interviewing to gather interviewees' experiences, feelings and interpretations (Minichiello 1995). Interviewees were provided with a copy of the questions used to guide the interviews and provide a springboard to discussion. The purpose of this was to allow them some prior opportunity to consider the issues being researched maximising the depth of responses.

Phone interviews scheduled for 15-20 minutes, often took up to 1 hour due to the informal nature of the data gathering conversations and the extent and richness of the data.

Sample

Non-probability purposeful snowball sampling (Minichiello 1995) was utilised to identify our interviewees. Thirteen current and nine ex-speech pathology managers were interviewed. The interviewees were identified by contacts in the Victorian Speech Pathologists in Management group and links made over the years working in the profession. The participants had a large range of years since speech pathology qualification (7-35 years) as well as years in a management position (4 months-35 years). Further potential interviewees were identified, however interviews were suspended once saturation in the data content was reached (Minichiello 1995).

Of our interviewees, there were varied titles, such as general manager, university lecturer, program director, senior quality manager, allied health director, management consultant, executive officer, operations director, human resources director and university course coordinator.

Data analysis

We used a grounded theory approach to data analysis, informed by our own experiences (Strauss and Corbin 1990). Prior to commencing the research we had considered possible understandings of the research questions, but prior to qualitative data collection had not proposed a particular hypothesis. A thematic analysis of responses is discussed in our findings. Theoretical sensitivity to the issues being raised was founded in an awareness of related literature, professional and personal experience and the analytical process (Strauss and Corbin 1990). It was apparent that in later interviews, emerging themes were probed more specifically, demonstrating the impact of contemporaneous data collection and analysis processes.

Results

Management Competencies

Many competencies possessed by speech pathology clinicians and managers are used when making a career transition into management and we asked our interviewees what these competencies were. Although some competencies are likely to be common to all allied health professions, others were felt to be particularly prevalent and well developed in speech pathologists. Two quotes describing the identified competencies are cited below.

"We are accountable and organised, hard-working and keen to see positive change…teamwork focused and having empathy for one's clients"

"We have strong written and verbal communication skills, being able to construct a good argument and to translate things into meaningful terms for others"

A strong theme that emerged was that communication skills of speech pathologists need to be advanced to be effective in working with individuals with a communication limitation. This also equips them very well in communicating with all others. The communication skills included: effective listening, being able to express one's self succinctly, being articulate, and superior written and verbal communication skills. Grouped here also were being diplomatic, conciliatory, good negotiators and being able to read the dynamics of a situation intuitively. Clearly these attributes cannot be attributed to all speech pathology managers, however more than one interviewee commented on each of these competencies.

Other competencies developed as a speech pathologist, felt to be transferred in the transition to management and beyond included: problem solving ability (being systematic, analytical, logical and lateral thinking) and being focussed (organised and decisive). Being team members, they were felt to possess good interpersonal skills, be empathetic, diligent, and easy to work with (not generally being "boat rockers"). These and other competencies have been grouped under six headings and are presented in Table 1.

Table 1: Competencies identified as important in the transition to management.

Effective communication skills	Listening, expressing self succinctly (verbal and written), negotiation, articulate, networking, pragmatic, diplomatic, interest in language, ability to read dynamics of situations, ability to translate complex issues into meaningful/ understandable terms for others
Problem solving ability	Analytical skills, detail focus, step-by-step approach, systematic, hypothesis testing, lateral thinking
Evidence Based Practice focus / Accountability	Apply research knowledge to daily work, search for evidence, demonstrate outcomes, systems view of world
Teamwork skills	Interpersonal skills, empathy, diligent, delegation skills, conflict management, easy to work with
Focussed	Decision-making, judgement, organised, good time management
Background in health	Useful to continue managing within health industries.

Of interest is whether the competencies identified are intrinsic to speech pathologists generally or are acquired during their education and professional clinical experience. It is not possible in the scope of our research to determine if we are merely identifying personal attributes of a typecast speech pathologist or technical competencies gained in the education process to become one.

From Technical Specialist to Manager

We asked our interviewees to comment on the statement "People with strong clinical skills make good managers" with reference to their career transition experiences. The purpose of this was to differentiate and identify commonality between specific competencies of a clinician and a manager. Despite recognising many overlapping skills and competencies most interviewees did not agree with this statement.

Many felt that speech pathology clinicians and managers were very good at managing down, mentoring, imparting knowledge and having an understanding of the pertinent issues for the profession. This was however, contradicted by those who felt they had significant skill deficits in human resources management, administration, leadership, finance and strategy.

"We're a touchy-feely profession, so we have more difficulty dealing with conflict and confrontation".

Empathy and focus on detail often possessed by clinicians was considered to potentially impede the bigger picture view required by effective managers. While one respondent tolled the virtues of our ability to "*follow a step-by-step approach, attend to the details and be systematic*" another questioned, "*For such a talented group why don't we get to be very influential?*"

The small size of the profession was cited as a disadvantage in career advancement along with the apparent tendency for speech pathologists to be overlooked. In relation to small department size there may be a link to the difficulty backfilling clinical work if one is taken out of clinical practice to carry out another role or project.

"I'm quite sure I wasn't the first choice- usually these positions go to the physios. In fact all the staff here were surprised a Speechie got the job- they all thought it would be the physio or social work managers…"

Anxiety related to being perceived as static in one's career was also a driver for a number of our interviewees. Similarly, turning down an opportunity to take on another role was fraught with fear of losing the opportunity permanently.

"There is peer pressure to move out of the profession. You will cease to be highly regarded at a certain point if you remain within the profession"
"If I don't say Yes, I may never be asked again"

Management Training and Education

Despite the speech pathologists lack of skills in particular areas of management/leadership, it would appear that competent clinicians are still frequently promoted into management positions. At the outset of this study, we asked whether the intrinsic skills possessed by speech pathologists were sufficient to facilitate career transitions into management and beyond the profession. We also asked when it might be necessary to acquire additional skills through postgraduate study. Of those who did not possess postgraduate qualifications, many were either currently studying to attain a qualification or considering this.

Those who felt that post-graduate study had been important in their career progressions felt very strongly about it. The greatest proportion of those with post-graduate qualifications had these in management. The group of interviewees was divided with regard to whether they believed speech pathologists moving into management required management qualifications. Some felt that if the organisation was highly supportive and one had a good mentor, then formal training was not essential. "*Qualifications aren't necessary but you need the capacity and skills and most importantly a great mentor*". Others felt that serious shortfalls in our knowledge in the areas of human resource management, financial planning and strategic planning necessitate further education. "*You can only go so far on gut instinct; [management] qualifications give you the right or validation to have a position*"

A number of reasons were cited for why people chose to pursue higher qualifications. Many felt that their career progression would be limited without further education. Several commented that although much learning on the job had been done this was no longer sufficient. They now needed formal education around management issues.

Discussion

We propose that moving from speech pathology clinician to speech pathology manager is purely a change of job wherein one can rely on their accumulation of competencies through their training and experience to date, however when one moves beyond management of speech pathologists, one is making a career change (Eubanks 1992). Many of our interviewees commenced their formal management training after having secured a speech pathology manager position. This suggests a recognition that despite the many and varied competencies developed as a clinician and manager of speech pathologists, further education is required to achieve mastery of a (quite different) set of management competencies.

Hartman and Crow (2002) highlighted that finance was a particular area requiring training in healthcare managers. This was raised as an area in which speech pathology managers felt they were poorly prepared and had to master on-the-job.

People are most strongly aligned with their technical profession first, potentially leading to a feeling of inadequacy or paralysis in a management role (Currie 1996). This links strongly to our findings of low

confidence in management positions without further training. Similarly further education provided empowerment described as lacking otherwise. This was accompanied in some instances by a feeling of "undue pressure" to get management qualifications. This pressure is likely to be a strong driver in individuals seeking further training in their new technical area.

Conclusion and Recommendations

Speech pathology managers identified effective communication skills, problem-solving ability, accountability, teamwork skills, focus and validating their practice with an evidence base as being critical competencies that equip them to be effective in their positions, as well as equipping them to work in positions beyond their discipline.

A core set of competencies, although preparing one to make career transition beyond speech pathology does not apparently preclude the need for further education, particularly in the area of management/leadership. Responsibility for and the ownership of management education has to lie with individuals (Currie 1996). Despite the traditional 'accidental' career paths of many in health, it seems important to be aware that moving beyond management in one's first chosen (or technical) profession requires actual preparation and planning. Health managers require ongoing education and skill development to cope with the challenges of the health system (Hartman and Crow 2002).

As allied health managers we have a responsibility to our organisations, our professions and our staff to provide the most appropriate support for career development and transitions. It is equally important to get the right clinicians staying in clinical roles, as it is to get only those who are well suited to the role, into management.

Our findings were that the transition from clinician to speech pathology manager was most frequently opportunistic rather than planned. Boucher (2002) supports the need for career planning in recent health professional graduates. Our findings support the value, not only of pursuing post-graduate education, but also of a strong mentor or coach in this process of career transition.

Not all people are driven to move into management, thus testing for real desire is important (Eubanks 1991). Having the chance to "try before you buy" and return to a clinical role if that is preferred is also vital to not losing face in the process (Boucher 2002; Eubanks 1991). Again, a mentor or coach will assist with the decision making process.

In the Victorian health system, there is a parallel career structure for the major allied health professions (i.e. physiotherapy, occupational therapy, social work, dietetics, and podiatry). This, along with the demographics and traditional female dominance of the allied health professions lends weight to our findings having relevance to all areas under the allied health umbrella. In future, it would be of interest to investigate the specific competencies of speech pathology managers as perceived by other allied health managers, as well as those of other allied health professionals. We might also ask if competencies possessed specifically by speech pathology managers not common to other allied health discipline managers can be identified.

Despite the lack of career planning and design, particularly in the early stages of career, it seems that speech pathologists (as well as other allied health professionals) have the capacity, competence and potential to make the transition into a huge array of areas and new careers.

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