

al., 2008; Kowske & Anthony, 2007; Hutton & Moulton, 2004; Contino, 2004; and Welch, 2001), but there are few studies of the leadership competencies of private hospital directors in Thailand. Therefore, this study's finding will add more literature to the field and could have important implications for policy and practices in the private hospital sector.

Review of Literature

Background of Competency

The concept of competence has been used in the field of HRD for a long time, since the research of the psychologists Robert White (1959) and David C. McClelland (1973). White (1959) defined competence as a human trait, linking it with motivation when he coined the term, competence motivation. By this term he meant that some people have a strong desire to achieve and maintain high standards of performance in their work and leisure activities. Similarly, McClelland (1973) proposed an approach that predicted human competence and that was different from the widely accepted wisdom of the time. He claimed that, while a person's intelligence influences their performance on a task, personal characteristics, such as an individual's motivation and self-image, make a difference between successful from unsuccessful performance in a number of life roles, including job roles. McClelland and his associates conducted the first test associated with this new approach with U.S. State Department Foreign Service information officers (Spencer & Spencer, 1993). McClelland (1973, 1976) defined competency as a human characteristic that predicts successful performance. McLagan (1989, p.77) suggested that a competency is "an area of knowledge or skill that is critical for producing key outputs." She also noted that HRD professional output is based on people's competencies. Dubois & Rothwell (2000) defined competencies as tools or skills used by workers in a variety of ways to complete units of work or job tasks.

In this study, competencies are characteristics that individuals have and use in appropriate, consistent ways in order to achieve desired performance. These characteristics include knowledge, skills, aspects of self-image, social motives, traits, thought patterns, mind-sets, and ways of thinking, feeling and acting.

Leadership : definitions

Leaders are the persons who take charge and guide the performance or activity of a group (Pierce & Newstrom, 2006). There have been many definitions of leadership. For example, Bass (1990, pp.19-20) proposed that "leadership is an interaction between two or more members of a group that often involves a structuring or restructuring of the situation and the perceptions and expectations of the members". According to Lussier & Achua (2001, p. 6), "leadership is the influencing process of leaders and followers to achieve organizational objectives through change". In this research, leadership was defined as the influencing processes of leaders and followers to achieve organizational performance. The leaders in this research refer to the private hospital directors.

Hospital director: Leaders in Health Care

In general, leaders are responsible for creating a vision of where the organization is going and implementing initiatives to achieve that vision. They generate enthusiasm for goal achievement and communicate employees' roles in contributing to the organization's strategy. Furthermore, effective leaders engage with the external environment, building collaborative relationships with the wider community, in order to promote the necessary change orientation (Charles, 2007). Hospital directors are leaders with a specialized body of knowledge in health care management, who are appointed to a management position in a health care or related organization. The role of the hospital directors is different than that of business executives, although both may need to utilize similar knowledge and skill in managing or developing the organization. Health care provides a unique environment and a unique set of challenges for leaders (Ross, 1992). Dye & Garman (2006) pointed out that the life and death nature of the work, emotional demands, and financial challenges in this industry are unique. Because of these qualities, the health care field requires its leaders to have a distinctive approach. Dye

& Gorman (2006) also claimed that one of the greatest challenges of the next decade in health care will be the development of leaders who are equipped to deal with the complex health care field, which is facing declining reimbursement, professional labor shortages, and the increasing sophistication and costs of medical technology.

In conclusion, the study of leadership competency in private hospitals has proposed several strategies designed to achieve a sustainable future for the organization. Also, the patient's needs are different, depending on the disease of the individual, and the nature of private hospitals' service includes having to provide the service while dealing with complex emotions of patients, many professionals, and many diseases, many different types of equipment or instruments and new medical technology. Thus, the leaders of private hospitals must have leadership competency to make a difference to their business in order to attract more customers from the local and international environment, so that the hospitals will be able to increase their sustainable profit in the future. Therefore, they can survive in this era of competitive globalization.

Research Question

The research question of this study was: What are the leadership competencies of private hospital directors in Thailand?

Scope of the Study

The scope of the study was as follows: 1) this study was conducted in the private hospital sector in Thailand. The participants of this study were 30 hospital directors who currently worked in certain private hospitals at the time of study; and 2) this study focused on the private hospitals which provide over 100 beds in Thailand.

Limitations of the Study

The research methodology was qualitative and specific to the private hospitals. Its results cannot be used as being representative for the entire population of hospitals. They cannot be generalized to other private hospitals in Thailand or elsewhere.

Research Design

This research chose a constructivist paradigm and aimed to discover the tacit knowledge of private hospital directors and to generate explicit knowledge or new knowledge which will become a standard or guideline that is practical for hospital leadership. Thus, a qualitative research methodology with grounded theory strategy was chosen.

Procedures

Sampling: Data were collected through theoretical sampling using a snowball technique. Participants: 30 participants, private hospital directors who satisfied the theoretical. The participant profiles were 83% males and 17% females. The most common age group was 40-50 years old (40%), the next was shared by 51-60 years old (30%) and older than 60 years (30%). Most of the participants were medical doctors (MDs) (80%), followed by those with other training (10%), nurses (7%) and pharmacists (3%). The location of participants were 30% from the Northern region of Thailand, 23% were from Bangkok, 17% were from the Central region, and 10% were from the Eastern, Northeastern and Southern regions of Thailand, respectively. 53% of the hospitals contained ≤ 150 beds, while 27% had 151 - 250 beds, 17% had ≥ 251 beds and the private hospital association 3%.
In-Depth interviews: The in-depth interview technique was used to collect the data. The interview guide (Patton, 1990) was employed as a suitable format for qualitative interviewing of this study. Finally, a pilot study was conducted with three private hospital directors who were not part of the

final sample to ensure the appropriateness of the interview guide. After reviewing their answers, the researcher revised the interview guide to make it appropriate for this study. The semi-structured, tape-recorded interview was conducted using open-ended questions, as listed in the interview guide that had been generated by the researcher. Trustworthiness: This study used several methods to achieve trustworthiness: 1) the researcher made reflexive notes during the process of data collection and the data analysis process. These are about dependability and confirmation criteria; 2) triangulation technique was applied, such as documents and other written evidence, including pictures that could assist what participants reported, such as newsletters, project documents, annual reports, individual reports, and pictures of activities. These are about credibility, dependability and confirmation criteria; 3) an audit trail of this study was established at the early states of this research. There were research proposal drafts, pilot study files, participants' files, list of interview planning, CD interview's records, interview transcript papers, field notes, advisor contact and updated information files, final report text, pending files, and miscellaneous information. These are about dependability, confirmation and transferability criteria.

Data Analysis

In the grounded theory approach, three types of coding were employed: open coding, axial coding and selective coding (Strauss & Corbin, 1998). This study used open coding; line-by-line coding the data and describing the idea or concepts. The open coding produced 1012 items that were summarized through axial coding into 102 abstract concepts. In selective coding, the concepts were condensed into one central category or a few words to explain what "this research is all about" (Strauss & Corbin, 1998, p.146). In this study, the leadership competencies of private hospital directors were classified into 26 categories and six dimensions. This study analyzed each participant's data by comparing and connecting them to others as categories and dimensions emerged. All the open codes were analyzed and the researcher named the categories by relating together the codes, using the ATLAS.ti 6.2 software program. All data were translated from Thai into English and edited by a specialist native English speaker.

Findings and the Emerging Competencies Model

The background of the participants, such as their experiences, health professional and self development revealed their competencies. The private hospital directors who were medical doctors and had experience in the hospital management field were more recognized by their peers than others. Moreover, a hospital director's developing vision interacted with their experience and leading people's role influences to shape their leadership competencies. The model emerged as the relationships between the concepts combined into an integrated framework that explained the phenomenon of leadership competencies (Strauss & Corbin, 1998). In this case, the concepts or categories interacted to produce a competencies model, as presented in Figure 1.

The analysis of the interview data produced six dimensions and 26 leadership competencies. The six dimensions were: 1) individual, 2) management, 3) people, 4) medicine, 5) sense of balanced management, and 6) direction. There were 26 competencies: 1) communication skills, 2) complexity management, 3) corporate social responsibility, 4) customer oriented, 5) data and information technology management, 6) decision making, 7) drive to achieve, 8) economic concept, 9) employee engagement, 10) financial management, 11) HRD, 12) HRM, 13) hospital quality standard management, 14) inspiration, 15) marketing minded, 16) medical doctor management, 17) motivation, 18) organizational oriented, 19) policy management, 20) performance measurement, 21) private hospital and legislation management, 22) professional ethics management, 23) relationship management, 24) sense of balanced management, 25) teamwork, and 26) vision for self development. Each of the six dimensions and its component categories will now be described.

Individual Dimension

The essential aspect of leadership competencies that fostered other competencies is individual leaders. Without the leaders who drive themselves, it is difficult to achieve the goals of the organization.

Individual dimension refers to the ability to self develop continuously and clearly, to have the ability to control one's emotions, high intelligence, good problem solving, and the ability to teach and build confidence among the employees, and be a great role model to motivate their employees to strive to work for the organization, which consists of five competencies: 1) decision making; 2) drive to achieve; 3) motivation skill; 4) vision for own self development; and 5) inspiration. The following are some interesting direct quotations which represent the participants' perspectives on decision making, drive to achieve, motivation skill, vision for own self development and inspiration.

... My principle of decision making was based on organization goals.. (P32)

...Find information to confirm what we thought...To decide which was an experience ... (P3)

...My policy did not finish did not stop... I was ready all the time even for life. When the opportunity came, I quickly grabbed it. I wished I was a child to do something unique.... I inspired from the Chia Tai was just all over the world. That was, he was unique. I had experience, but not only studied...Must be active... (P13)

... My motivation can be seen based on the achievement results... (P17)

...I have to update my learning. I may have to refresh training annually, because the lesson as me ever learn may be *already out of date*...(P15)

... I love reading and sometimes I think by myself... (P25)

Management Dimension

The key role of leaders is their management ability. In this study, the participants indicated that they must know about everything that occurred in the hospital and, at the same time, they provided all the resources for achieving good service. Thus, one part of their job was that they needed to manage the data, information and technology that are relevant in hospital management. The management dimension refers to the ability to conceive of the most appropriate response to a situation and to provide facilities for satisfactory outcomes. This dimension involves knowledge of marketing administration, health economic concepts, financial concepts, data and information technology management and integration of all knowledge to manage effectively among the competing departments with the right policies and performance measurements. This dimension consisted of the following six competencies: 1) data and information technology management; 2) economics concepts; 3) financial management; 4) marketing mindedness; 5) policy management; and 6) performance measurement. The following are some interesting direct quotations which represent the participants' perspectives on data and information technology management, economics concepts, financial management, marketing mindedness, policy management and performance measurement.

...Administration team always hold the morning meeting every week to check complaints from customers that we receive every Wednesday morning... (P4)

...Putting IT system into work can help us to decrease many problems and failures, and it also can help to supervise our patients... (P1)

...Private organizations use their own money to invest. First we hoped that it was reasonable profit with the non-profit Maximum profit, but optimum profit was enough... (P9)

...We set up the meeting for the leader and assign the organization's policies. If they understand the policy well, know the vision and mission, and then we can move forward smoothly...(P1)

...Set up the KPI process by doing most in everything and monthly follow up in cost containment, lean management, by *balancing every topic equally*... (P17)

People Dimension

Generally, humans use complex thinking and expressions, and each person has a unique personality. As a consequence, they are difficult to manage, especially in the private hospital which has medical professional and non-medical staff. The participants indicated that HRM in a hospital is such an art,

because it provides services from human to human. Those providers have moods, so that they can transfer their moods to customers. People dimension refers to the ability of the human management system to overview both the professional and non-professional personnel, as well as to develop appropriate human resource potential, work together well, and have good relationships in the organization to achieve organizational goals. It consists of six competencies: 1) communication skill; 2) employee engagement; 3) HRD; 4) HRM; 5) relationship management; and 6) teamwork. The following are some interesting direct quotations which represent the participants' perspectives on communication skill, employee's engagement, HRD, HRM, relationship management and teamwork

... We want the staff to stay longer in the organization no matter at what position. We do not think it is the way which people can learn and obtain experience but it is to stabilize hospital and staff together in the meantime... (P8)

... Our hospital located in a province has faced some problems of medical doctors and nurses shortages and high turnover rates which employees stay no longer than 3 years. Those medical doctors would like to work in Bangkok or a big city; therefore, the doctors and nurses' wage should be the same to those in Bangkok. However, we have to deal with the issues about what to do and how to survive... (P20)

... Key success is love and sincerely. We often have parties with doctors' team but never talk about work. We think if we let them work hard, we have to play hard. We have to be sincere with them and they will work with us sincerely in return. This can help many things better and we use this way for 3-4 years now... (P16)

Medicine Dimension

The private hospital business is complex in that the management needs to serve efficiently and effectively patients' expectations and professional standards. There are controlling laws in each profession. The treatment is different and complex for each patient. In addition, it was found that private hospitals have a serious shortage of medical doctors and nurses. Thus, they need use many competencies for managing in terms of medicine dimension for their hospital to survive in the future. The Medicine dimension is defined as the ability to effectively manage the health care business, to respond to the expectations of patients and relatives, employees and other relevant stakeholders who are involved with complex medical services. Technological change and the evolution of medical science, as well as a variety of professional services, have a unique identity under the law and professional ethical standards. The six competencies in this dimension are presented as follows: 1) complexity management; 2) hospital quality standard management; 3) private hospital and legislation management; 4) medical doctor management; and 5) professional ethics management. The following are some interesting direct quotations which represent the participants' perspectives on complexity management, hospital quality standard management, private hospital and legislation management, medical doctor management, and professional ethics management.

... The most difficult management of hospital was the management of doctors. There were not many private doctors. If the doctor did not satisfy most of them would not come out to find someone else replace. Therefore, the management of this group should be flexible, and talk to each other They had high ego. If they were not happy, this impacted the co-workers ... (P21)

... The goal was this hospital had the standards. The most important thing of hospital management was risk management with everything such as the quality, medical services, finance, marketing, and management... (P5)

... The directors understand the law of infirmary and controlling professional law. For instance, according to Health Facility Act, B.E.2541 requires infirmary runners have to be medically professional qualified... (P11)

Sense of Balanced Management Dimension

The private hospital sector focuses on hospital costs, profitability, pricing, medical technology, quality of care, hospital capital funds and investment. It must provide a standard of care that meets customers' needs and delights. If the customers are delighted with the service of care they will come

back to be customers of the private hospital again and again. However, the participants indicated that the management in private hospital also needed a sense of balanced management. They said that the private hospital directors have to balance between the customers' needs, employees' needs and shareholders' needs. The Sense of balanced management dimension refers to the ability to manage the organization to become well-balanced to meet the needs of stakeholders (i.e., customers, employees and shareholders) efficiently. This dimension involves a single competency, sense of balanced management. The following are some interesting direct quotations which represent the participants' perspectives on the sense of balance management dimension.

... The private hospital management must balance three things; patients, doctors and hospitals. So these 3 parties feel win-win-win... (P13)

... This is what we need to get have a balance of fair value... (P21)

... The director of private hospitals he has technique, he must understand the patients and understand all the issues, understands professionals the structure that these have to be a financial balance. Loss will not? The balance includes three types as follows: expense such as personal expense, financial costs, and preparation of quality development... (P10)

Direction Dimension

Basically, organization goals are the direction for driving the resources to reach them. In this study, most of their direction involved profit growth. They indicated that participants must identify the strategies that increase the profitability of their organization and ensure that the profit grows. The ways of measuring the profitability are by the return on the capital investment in the enterprise and increase in net profit. Some participants set up policies to persuade people to adopt the same thinking to work together as a team before developing an organizational culture. They explained their belief that behavioral force will be the norm in any organization. Therefore, the participants stressed that managing the organization's norms by aligning them to the organization-oriented approach is better than letting things occur naturally. The Direction dimension refers to the ability to manage the service process system to align the goals of the organization, and includes the following three competencies: 1) corporate social responsibility; 2) customer oriented; and 3) organization oriented. The following are some interesting direct quotations which represent the participants' perspectives on corporate social responsibility, customer oriented and organization oriented.

... The ultimate goal is for society. We have offered to examine people's health in prisons and gone out to check people's health in communities. ... (P9)

... We have already planned that the Directors must have the strategy to make the organization growths... (P5)

... We go to greet our customers, respect them, talk with them, and ask for their cooperation because we are a private hospital, which is doing a business... (P11)

... If the process of each section is good, there will be fewer mistakes because our workers are skillful to satisfy customer when they are using our service. When the patients are satisfied and happy with our service, they will be confident and build trust in our hospital, and they will increase talking with other people about our service. So, we will have more customers so as to increase more income for our hospital... (P27)

The conceptual framework of leadership competency model of private hospital directors in Thailand

From the findings, the researcher developed a conceptual leadership competency framework of the private hospital directors in Thailand as presented in Figure 1. There are six dimensions of categories, as mentioned above: individual, management, people, medicine, sense of balancing management and direction.

The framework starts with the individual dimensions which refer to the private hospital director's inner competency. This dimension is the most important for drive the hospital director for achieve their goal. These include inspiring oneself and the background of hospital directors. Their knowledge, experience, educational attainment and their ways of thinking are factors to inspire leaders to have a vision for oneself. Then, they have motivation skills and drive to achieve skills for doing the right

thing, which they want to do.

The second dimension is management which refers to the general management competencies of private hospital directors. This dimension is important for providing the facility resources for managing the private hospitals. These include data and information technology management, economic concepts, financial management, marketing mindedness for facility, the policies of the organization and measuring the performance of these policies.

The third dimension is people management which refers to the people competencies skills of private hospital directors. The private hospitals need to have people to provide the service to the patients, so that this dimension includes communication skills, HRM, HRD, employee engagement, relationships skills and teamwork.

The fourth dimension is medicine which refers to the unique characteristics of the hospital business. This dimension is specific knowledge from hospital directors. These include complexity management, hospital quality management, medical doctor management, private hospital and legislation management and professional ethic management.

The fifth dimension is a sense of balanced management. In their private hospital management, the hospital directors have to balance all stakeholders, including customers, employees and shareholders for the organization’s survival and sustainable growth. The customers refer to their main source of revenue. The employees refer to the service providers. The shareholders refer to their investment. The three stakeholders rely on each other. The hospital directors have to balance all three categories above and aim at the overall direction of their hospital.

The last dimension is direction. The direction includes being customer oriented, corporate social responsibility and organizational oriented. The direction of the leader must to emphasize being customer oriented, because customers provide revenue for the organization and they drive all the hospital’s work which is aligned with the organization’s goals. Also, they have to emphasize corporate social responsibility in order to be accepted by the community.

The leadership competency of a private hospital director should have all the above dimensions and categories in its framework.

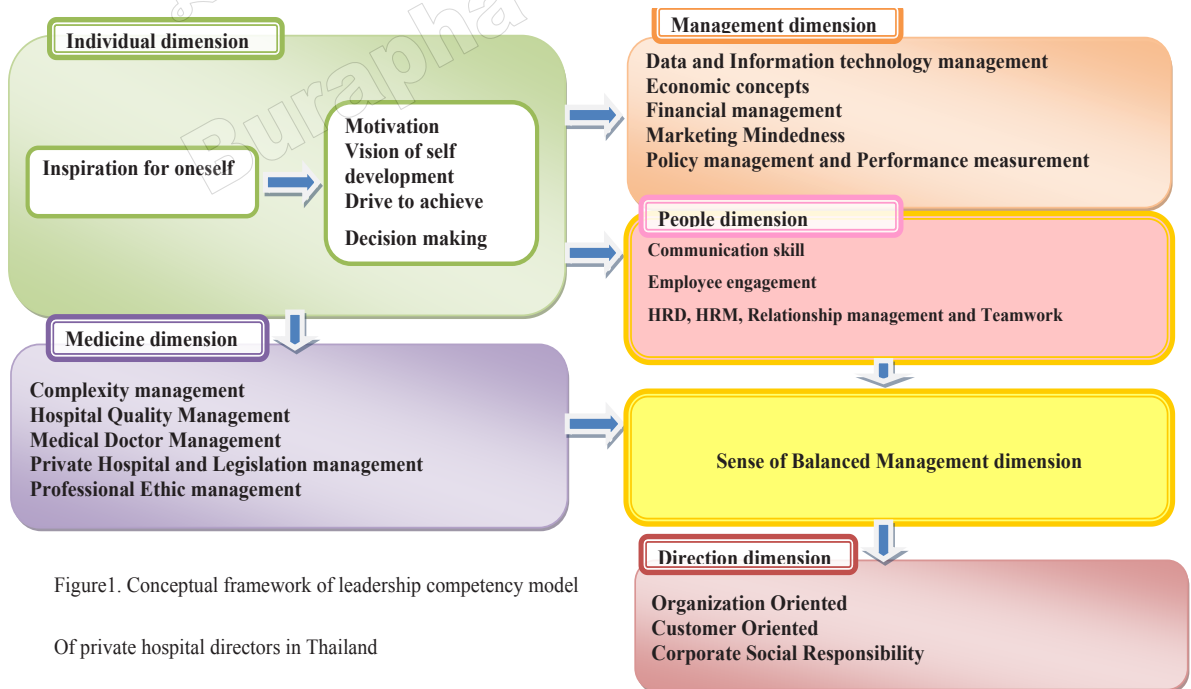


Figure1. Conceptual framework of leadership competency model

Of private hospital directors in Thailand

Discussion

The discussion focuses on three specific issues which arose from the findings:

1. The effectiveness of medical doctors (MDs) management in private hospitals

The study showed that MDs' diagnosis, treatment and outcomes are significant in attracting the patients to come back to the private hospitals to seek services again. The MDs are the important human resource in private hospitals. The hospitals require highly competent MDs, who are polite and also able to treat diseases, so that the patients are highly satisfied and also bring more profit to the hospitals.

There are a variety of reasons why MDs stay with private hospitals. Some MDs think that their job in a private hospital brings in a high income. However, not all doctors want a higher income, and some want to stay with their families and live close to their home. Some MDs establish a private hospital because they want to attract MDs to work in a province and they do not want to earn income from elsewhere. Some open a private hospital to serve patients, who do not want to go to public hospitals. This can reduce the financial burden of the government to some extent. It is well known that public hospitals in Thailand have a lot of patients and long waiting times to see doctors.

This study showed that Thai doctors have been spoiled and raised differently by their parents. Thai parents tend to favor their children to study to become MDs, which gives them a strong impression, especially their ego. A high ego is commonly recognized in the MD group. After graduation, they bring their nature to work in hospitals and to treat patients. They use their own medical knowledge and evidence for treating their patients (Boudreau & Jesuthasan, 2011). They also become the leaders in the treatment of their patient's team. The MDs are the leading professionals in terms of the nature of their training and their profession (Woo, 2007). In addition, these professionals have to study by employing pure science principles. No one knows their professional knowledge, which makes them proud of themselves and to have high egos (Mckenna & Pugna, 2006). Some MDs feel that they are more prominent, better, and more self-confident than others.

For the ego management of medical doctors, the hospital directors need to present them with greater acceptance. Being sincere, they also have to be able to communicate honestly with the MDs in terms of managing the partnership. Additionally, they need the ability to negotiate mutual benefits with MDs. The hospital directors should learn the MDs' personality and then bring that information to management. For example, they should understand that some MDs need to earn more income when their responsibility is higher. Some MDs would like to have holiday leave, study leave, and other choices, such as morning shift, afternoon shift, or other requirements. The understanding of management of various issues should be learnt by hospital directors, and also administrators need to listen to the needs and be able to decide on their fairness based on organization goals, because some of these issues will become the guidelines of the organization for future policies and practice. The hospital directors have to find out relevant information, and analyze the pros and cons of the agreement before making their decision. If they can meet the MDs' needs, their hospital can retain the MDs to stay longer (Boudreau & Jesuthasan, 2011).

In addition, it was discovered that some hospitals had established a policy for all employees to take good care of MDs, in the same way as they are treated. It is important to note that the hospital directors should take care of other employees in getting along with the MDs, because their effective work performance comes from a team of all hospital employees. They need to collaborate with each other. For example, some MDs put the blame for patient problems on other team members, so that nobody wants to work with them. Team members have to endure the work atmosphere every day until leaving to find a new workplace. Thus, hospital directors emphasized teamwork and imposed a "No Blame" policy, by employing the concept of not blaming each other for problems in the hospitals. The common effort for respect, trust, understanding, and a desire to live and work together was evidenced in this policy (Federman, 2009).

In some hospitals, in order to reduce the number of nurse resignations whose cause was experiencing an obstacle with some MDs, the hospital directors have introduced a "Respect Policy", particularly between MDs and nurses. As a result, the number of nurses leaving the workplace

decreased significantly. This is a good example of a strategy for managing the nurse and MD team to work well together.

The hospital directors used many methods to deal with MDs. The first choice was to give them recognition. Adair (2009) stated that recognition is the most powerful form of motivation. This study also found that the reward should be in the form of money, continuous training, and academic scholarships for medical doctors. It includes providing financial assistance for research into medical services to improve their knowledge, the service process and technology, which may be published in medical journals. The activity to present their knowledge and experience is one of the recognized methods to motivate MDs that is consistent with Drucker (2002). Knowledge worker management is related to the recognition of both themselves and their expertise. Finally, the hospital directors should provide special rewards for them in order to add value to the hospital's work (Schwartz & Pogge, 2000). However, the hospital directors should manage the MDs in each hospital in alignment with their organization's policies and goals.

2. Complexity management

This study showed that the directors commented that hospital management is complex and difficult, due to the expectations of patients, relatives, doctors, and nurses. In addition, business executives need to achieve the organization's goals, as well as other people having diverse needs based on the therapeutic process which is complex and not completed in one step. Moreover, there is the nature of the disease and recovering from it is rather difficult to control. To understand the complex characteristics of the hospital business and the competencies needed by private hospital directors, these issues are discussed below.

The complexity and difficulty of management due to the expectations of patients and relatives

The expectations of patients in hospitals are to be cured and to recover from the disease and anxiety. Additionally, the relatives of patients have to be informed about the symptoms and causes of the disease and be satisfied with the hospital's services. Many directors commented, from their experience, that hospital management is a complicated and very difficult business when compared with other service businesses. For example, in the travel business, people go to Disneyland with the expectation of experiencing happiness. It is an opposite feeling when people come to a hospital. In the meantime, the service design of an amusement park is to encourage people to try the rides. However, the patients and relatives who come into the hospital each day are worried about a disease. It does not use the same strategy as an amusement park to encourage the healing of diseases, emotions, and the mind. The number of patients who come to a hospital depends on the size of the hospital. However, the services are typically not offered selectively for each patient. The directors have to design personalized services every time employees serve them, because the patients are different in terms of their physical bodies, emotions, and expectations. Different people usually have different feelings and ideas toward the same thing. Drucker (2002) wrote that human feelings are unpredictable. The important task is to design services to satisfy each stakeholder. For instance, some people like hospital food, whereas others do not like it. Therefore, the hospital directors must have a good service plan and management strategies to achieve customer satisfaction. The expectations of both patients and relatives are also different. This study found that the directors needed to be highly competent and responsible to offer a high quality service. They also needed to train their staff to be service-minded. Thus, the hospital directors' job is to minimize the risks that may occur during the work.

The complexity and difficulty of management due to the multi-step treatments

The service process of treatment is complex and it has a risk of making mistakes. According to many directors' opinions, it is very difficult to manage. For a normal treatment process, the patients usually visit the doctors at the hospitals. For example, one patient comes to see a doctor in an out-patient department (OPD: the department provided for patients who do not need to be admitted) of a hospital and needs to do the following steps: 1) registration at the counter by the customer service officer or registration officer; 2) go to the screening unit for checking blood pressure, temperature, pulse, and other basic checks by a nurse's aid and a screening nurse; 3) have a physical examination by an MD, then go to a laboratory or X-ray function if the MD needs more information before giving a diagnosis; 4) come back to the MD to receive his diagnosis and have the disease explained

to him, and receive a prescription to order from the pharmacists; 5) preparing the medication in the prescription by the pharmacist; 6) payment at the cashier; 7) receive the medications and get instructions on how to take medications from the pharmacist; and 8) finish all the processes in the hospital and go home.

This process indicates that hospital staff and MDs interact with the patients and they fill each patient's individual data in the medical records. This means that the results of one patient going to see an MD in hospital is to receive drugs for curative disease, but the patient will need to follow many steps that may be unpredicted by many professionals. This is a sample of a particular case with a doctor and an OPD. After the doctor checks, the patient may be admitted and go on to the next step. The patients are admitted to stay in hospitals for a longer time once the chronic diseases are found in the patients' diagnosis. The admission depends on the doctors' consideration. When the patients are admitted, there will be other additional services being offered, such as physiotherapists and nutritionists to treat the patients. In all cases, the family members can come to stay with the patients. The team of nurses, nursing assistants, and support staff will be available on a 24-hour basis in checking symptoms, patients' information record, symptoms evaluation, and taking care of them. If the symptoms change, they will notify the doctors to check immediately. In this sense, it can be seen that one patient requires many kinds of treatment process and different steps in receiving the medical service. The main goal is to treat patients carefully in each step in order for the patients to recover from their disease.

These issues increase complexity for hospital directors and they need competency to manage how hospitals can provide satisfactory services to patients at every step by all staff. According to Plsek and Wilson (2001, p.746), "complexity refers to the interaction within a complex adaptive system more important than the discrete action of the individual part or a productive or generative relationship occurs when interactions among parts of a complex system product valuable, new, and unpredictable capabilities that are not natural in any of the part acting alone."

Difficult and complex service also requires people to manage, from the doctors, the security guards, to the maids.

As mentioned above, the process must go through multiple service providers offered by human-to-human service. In contrast, a one-time poor service in general means that the patient cannot return to receive the service once again when the error occurs. However, humans, as service providers, make important decisions. It is indicated that there are lots of hospital services offering different procedures. The service providers are human who have emotions and feelings, the same as patients (Stronks & Mutha, 2010). Service providers have different levels of education and seniority, ranging from qualified doctors to cleaning staff. Directors of private hospitals need to know how to control the service and make it better if the customers are to be satisfied with the willingness of service providers. Additionally, different people are different in personality, kinds of behaviors, attitudes, emotional reactions and thought patterns. Hence, most executive directors claimed that human management is rather difficult. Technology can be bought with money, but people are very sensitive. Some people arrive at work in a bad mood from home. Thus, they are not able to work well, because their emotional and physical body cannot be separated. In addition, the primary advantage of organization focuses on the customer, both the internal and external customer (Williams, 2008).

This study found that the directors emphasized the importance of being patient in training staff. They have to keep talking to their staff about policy to emphasize the tasks to be completed, and also to prevent errors that may occur and their effects on the patients. The directors visited staff personally and they also used their interpersonal skills rather than just focusing on the issue. This requires a lot of training. After the training plan for supervisors, there will be the observation and follow-up session of sharing knowledge with their subordinates in each department. The hospital directors have to be a role model for all employees to follow. For instance, they have to be friendly and smiling with employees, giving good opportunities in working and praising to motivate them. The directors have recognized the most important thing is the acceptance and appreciation of all positions, ranging MD, nurses, transporters and so on. The patients are not satisfied if there are mistakes made by employees. Thus, the employees at all levels have to bear in mind the importance of always giving good service to the

customers, similar to Williams (2009) who stated that good quality service is necessary for customer satisfaction.

The differences of complex and difficult management of having diseases and disease recovery

Some diseases are able to be cured, but some are incurable. The same diseases which are found in some patients need different treatments, due to the body, cell, immunity and strength of the patients. In addition, some patients are allergic to some medicines. Overall, these are the factors explaining whether or not the disease could be cured. The patients expect to recover from the disease, especially, using the service in private hospitals. They believe that paying high fees in comparison with public hospitals will increase their chances of recovering from their illness.

The directors must be able to negotiate and explain to the patients and relatives about the symptoms of the disease. They need to manage their own emotions while listening to and dealing with the patients. It takes time to understand. The directors also have to be sensitive with their patients, who are unhappy, and try to make them relax. The result was similar to Stronks and Mutha (2010), who state that the executive directors should have the competency to satisfy patients. The important thing is a reliable knowledge of the medical explanation. They should be sincere and honest with patients and staff in the role as directors. Sometimes, they are the hospital representative who deals with dissatisfied patients, who complain about the services. The directors will explain to patients and the hospital medical team with sincerity, integrity, and fairness, even when a mistake has been made.

In summary, as we know, humans are unique, so that this is another source of difficulty for management in the hospital business. The hospital director needs to make procedures for staff to work clearly. Also, they need to empower staff in order to make decisions for patient satisfaction. The decisions have to align with the organization's goals. According to Plsek and Wilson (2001), effective leadership in healthcare management should be based on a generative relationship, with minimum specification to try to be a positive attractor for change and a focus on the area of variation of practice more than controlling the process or overcoming resistance. In addition, the hospital director should empower people who are high performers (Roger and Tierney, 2004, p.78).

Furthermore, as the hospital is a highly complex business, the hospital director should have a strategy that is both feasible and necessary to complete the task successfully. The hospital director as a top leader should be able to manage the hospital under the complex conditions and develop his or her emotional intelligence (EI) in order to deal with these difficulties, especially human problems (Freshman and Rubino, 2002). For their EI development, the hospital directors must be self-aware, self-regulated and empathetic. They need to understand their own moods and motivations, and appreciate how their own emotions may change. They must use their emotional judgment and thinking before acting (Roger and Tierney, 2004). In addition, this study also found that some hospital directors use a meditation technique for emotional development. Thus, it was not a fixed method for their EI development, but the hospital directors chose the most suitable method for themselves.

Implications

There are theoretical implications and practical implications from this study.

The first theoretical implication is the leadership competencies model of private hospital directors or BOAT model. The model was developed to synthesize the new knowledge in the area of private hospital management in Thailand. The second theoretical implication is related to the levels of conceptualization of leadership. Yukl (2006) stated that conceptualization of leadership processes focus on intra-individual processes, dyadic processes, group processes, or organizational processes. This study found that the leadership of hospital directors was oriented, not only to those four levels but also to society. This is partly because the characteristics of health care itself. That is, health care is one of the basic human needs and a hospital business is not just for profit, but is a part of social infrastructure. Therefore, private hospital directors are also required to show their leadership to the society. This expands Yukl's (2006) model to add an extra level of leadership processes for Thai private hospital directors

An important implications for practice is for guidelines to be developed for new private hospital directors in order to meet the criteria of leadership competency of a private hospital director. A second implication is to produce guidelines for current hospital directors for evaluation and improving their competency or to fill their gap in that competency and also serves as a guideline for academics to construct curricula for training and development of hospital directors.

The recommendations for further research

Firstly, studies should be conducted in the other functions of HR, such as the training and development, career development (CD) and organization development (OD) of the hospital directors in both private and public hospitals. Secondly, studies are needed using quantitative research methods for finding leadership competencies in private hospitals and to gather more data from a broader range of private hospitals in Thailand, since there are many private hospitals of different sizes. Thirdly, future research should focus on the development of competency dimension comparisons of those hospital directors who are MDs and non-MDs.

In conclusion, this is the empirical study conducted in Thai private hospitals to investigate the leadership competencies that are perceived to be important for private hospital directors. It is hoped that it will lead to further research and policy development in this growing health care sector in Thailand.

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