

## Assessment of performance of the head of a socially-oriented establishment



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**Abstract.** The estimate of efficient corporate governance, as well as professional activity of the subject of this process – a Manager – is one of the most important tasks of modern management. Meanwhile, more often only the performance of an enterprise or its employees is evaluated. A number of methods are applied and optional technologies are developed. But at the same time the managers' professional activity is still assessed insufficiently, the specific indicators of this procedure are not identified; as a rule, they do not reflect specific features of the sphere and the industry. The paper proposes indicators to evaluate efficiency of the heads of socially-oriented establishments (on the example of the health sector), describes levels of results achievement. The empirical approbation of the indicators was held during two researches conducted by the ISEDT RAS in 2013 on the basis of the elaborated methods "Analysis of conditions for the functioning and development of health care institutions in the context of the industry modernization" and "Assessment of the quality and accessibility of medical services". The sociological survey method to distribute questionnaires was applied for their implementation. The research resulted in the proposal on mandatory accounting of managers' self-assessment and external evaluation of their activity on the part of services consumers – the population. The article offers recommendations to the state executive authorities, the Department of Health Care of the Vologda Oblast and medical institutions to make decisions regarding the improvement of the management of human resources sector in general and private medical institutions.

**Key words:** management, effectiveness, head, assessment of professional activity, quality, performance evaluations.

The study of management efficiency is one of the most important trends in modern management. It is based on the following approaches: “management by objectives” (MBO), “management by results” (MBR), “the balanced scorecard” (BSC), “performance management” (PM) and “total quality management” (TQM).

The efficiency depends on group and individual results and is defined as “...an ability to achieve a certain result...” [10]. It is a complex category that includes the following indicators [ibidem]:

- effectiveness;
- cost;
- performance;
- quality (of governance, processes, services or manufactured products, working conditions, etc.);
- productivity;
- innovation;
- balance of interests of the key groups interested in the enterprise’s state of affairs that needs to strengthen its positions in the society, etc.

We consider management efficiency as a level of achievement of strategic objectives, qualitative and quantitative indicators. Unfortunately, the theory and practice of management do not pay enough attention to its consideration, the detailed study of individual actors’ activities, including heads of organizations, the assessment of their professional results.

The evaluation of employees’ activity is a systematic study of the process of their work and achievements [15]. Thus, it takes into account results and factors determining the degree of their achievement.

There is another definition of the term “assessment”: it is an analysis of correlation between professional, personal characteristics (competencies) of the individual and requirements of the position he/she occupies by means of certain indicators [15].

The analysis of theoretical sources on the problem to estimate the performance of heads of enterprises leads to the conclusion that the business evaluation indicators are divided into three categories:

- characteristics of personality traits: personality traits are considered as the potential to achieve the goals of a particular employee;
- professional behavior: motivation for professional development; lifelong learning; ability to work in a team and independently; ability to make decisions; willingness to accept additional workload and responsibility; initiative;
- labor performance: productivity of an employee; qualifications; knowledge skills, etc.[14].

There is a specific evaluation of the activities of heads of enterprises in connection with the specific performance of their professional managerial authority. This evaluation is performed:

- 1) through the effectiveness and efficiency of the entire subordinate system;
- 2) evaluation of the manager’s professional activity as a team leader, a leading organizer of the process of functioning and development of the industry or enterprise.

In the first case the assessment includes the following items:

- quality of management of the industry or enterprise (impact on basic and servicing processes);

- quality of management of various types of resources (material, labor, information, etc.);
- quality of management of functional areas (research and development, processes, services, finance, etc.).

In the second case the following indicators are considered [5]:

1. Social portrait of the head:
  - gender;
  - age;
  - education;
  - work experience (including as a head);
  - performed managerial roles (a head of the industry; a team leader; an economic executive; a researcher; a experimenter, etc.);
  - quantitative and qualitative composition of the team;
  - self-esteem;
  - professional plans;
  - job satisfaction;
  - social feeling (social and material conditions of life).
2. Level of general culture.
3. Performing management actions (functions).
4. Performing advanced functions: cultural; social; financial; legal; economic; design, consulting.
5. Rational management style.
6. Public image.
7. Ability to conduct a dialogue with different structures (communication skills).
8. Ability to perceive and generate new ideas, actively participate in their implementation. Focus on innovation.
9. Personal contribution to the development prospects of the industry or enterprise (the own evidence-based management

concept as a relatively coherent and stable aggregate of the most important beliefs, ideas about managing a growing industry or an enterprise and current processes, etc.).

#### 10. Ability to accomplish reforms.

Due to the stated above, the business evaluation indicators “characteristics of personality traits” should be accompanied by the estimate of the head as a team leader, a leading organizer of the process of functioning and development of the industry or organization; “labor performance” – by the efficiency and effectiveness of the subordinate system and quality management.

Our research has proved that the effective performance can be achieved by four levels of obtaining results:

- I – a level of performance;
- II – a level of conscious activity;
- III – a level of the management system transformation;
- IV – a level of the author’s management system.

Their description can be presented in the following table (*tab. 1*).

The table reveals that the transition from one level to another occurs continuously and gradually – from the level of performance to conscious activity, then to the management system transformation and, finally, to the level of the author’s management system.

Better results are achieved gradually on the basis of professional and personal characteristics, acquired skills. The research level is based on operational, tactical and strategic levels. The efficiency of administrative work increases, professional behavior demonstrates positive changes, management quality improves.

Table 1. Characteristic of the levels of professional competence development and the head's ability to achieve results

No.	Level of professional competence development and the head's ability to achieve results	Characteristics of the head's activity and achieved results
1.	Level of performance (operational level)	Initial level of development of the professional competence to manage the industry (enterprise). It is based on acquiring experience of practical management activity. <b>Head – a contractor</b>
2.	Level of conscious activity (tactical level)	The head gains management experience. He/she operates on the basis of the scientific approach and experience of conscious practical activity. His/her competence includes the application of knowledge in a significant range of complex and non-standard work, carried out in different circumstances. He/she becomes autonomous. <b>Head – an autonom</b>
3.	Level of the management system transformation (strategic level)	The head's activity is creative, based on the systematic scientific approach and experience to solve strategic problems of the industry (enterprise). <b>Head – a reformer, strategist</b>
4.	Level of the author's management system (research level)	Methodologically sound management. Combination of academic and professional interests. Initiative to develop the author's management system <b>Head – a researcher</b>
Source: compiled by the author.		

The managerial performance was empirically validated in two studies conducted by ISEDT RAS in May–June and December 2013 in the framework of the research in the quality management in the social sphere of the region.

The research was based on normative legal acts and policy documents of the Russian Federation and the Vologda Oblast; data of the Federal State Statistics Service and its Territorial Body for the Vologda Oblast, departmental statistics of the Department of Healthcare of the Vologda Oblast; the database of the monitoring, revealing functioning of health care institutions,

carried out by ISEDT RAS (2001–2012) [2, 3, 17]. We considered the results of the head's self-assessment and the estimate of efficiency of management activities.

Two methods were used:

1. For self-assessment – “Analysis of the conditions of functioning and development of health care institutions in the context of the industry modernization”. The method is based on the survey of heads of urban and rural medical institutions, which was conducted by distributing questionnaires. The respondents rated 7 blocks of questions, including the definition of indicators of the quality of management activities.

2. For the external evaluation – “Evaluation of the quality of and access to health services”. This method is based on the survey, carried out in the Vologda Oblast. It takes into account the managers’ performance:

- openness and accessibility of information about enterprises;
- comfort of conditions and availability of services, including those for people with disabilities;
- waiting time in a queue to receive services.

Both self-esteem and evaluation include two indicators: professional conduct and work performance.

Forty-three head physicians of rural and urban health establishments in the Vologda Oblast took part in the survey. The “respondent portrait” revealed personal and professional characteristics of the surveyed managers. They got a medical degree, 55.8% of respondents completed internship and 11.6% – residency. Many heads obtained the second university degree in management (65.1%). At the same time, it can be noted that no manager completed a graduate program and had a degree.

The most important characteristics of the heads’ performance, in our opinion, are obtained from their responses associated with an indicator such as innovation. It includes both functioning and development of medical institutions.

This indicator is analyzed through the assessment of modernization changes in the health care industry. The reform implementation requires the estimate of its

demand and its direct participants, in this case healthcare institutions. Half (51%) of the respondents give a positive assessment to the reforms, undertaken in the last 3 years in the healthcare system, of which 62% were heads of medical institutions in Vologda and Cherepovets and only 35% – heads of district hospitals. Thirty-seven percent of the respondents find it difficult to give an estimate, predominantly head doctors of district hospitals (47%). This situation can be related to the working conditions of rural and regional medical institutions.

In general, according to the survey, 54% of the respondents (50% of heads of municipal medical institutions and 59% of rural hospitals) believe that the reforms are based on the strategic goal to improve the quality of and access to medical services. Moreover, 23.3% of all respondents mark the objective to save health resources.

The head doctors’ idea to improve the functioning of health facilities is of particular interest. These conditions promote their development. The respondents consider the following priority actions to ensure medical institutions development: focus on result, improved types of wages, standardization of medical services, development and introduction of new medical technologies, quality control (*tab. 2*).

However, it should be noted that the survey of heads of medical institutions lacks scientific justification and support for the development of the health care industry:

- development of fundamental and applied biomedical research (0%);

Table 2. Distribution of answers to the question: "Please, indicate what immediate measures should be taken so that your institution can not only function, but also develop?", %

Answers	Vologda, Cherepovets	Districts	Oblast
	in %	in %	in %
Concentrate financial resources and human resources on priority and innovative directions of medical science development	34.6	5.9	23.3
Implement standards of medical care and clinical protocols	38.5	58.8	46.5
Develop new medical technologies for prevention, diagnosis, treatment of illnesses and rehabilitation of patients, substantiate the scope of their implementation, implementation algorithms and monitoring of their application	42.3	47.1	44.2
Create a system of corporate responsibility for the quality of medical care	34.6	41.2	37.2
Evaluate the performance of each member of the medical staff depending on their performance	65.4	70.6	67.4
Use new forms of remuneration	53.8	76.5	62.8
Develop high-tech medical care	34.6	17.6	27.9

Source: compiled by the results of the survey of head physicians and their deputies working at the medical institutions in the Vologda Oblast, conducted by the ISED T RAS Department for Studies of Lifestyles and Standards of Living in May–June 2013.

- planning and forecasting of biomedical research (0%);
- formation of the medical services market based on the competition of scientific organizations of all forms of ownership (0%);
- development of the innovation infrastructure of medical science (2.3%);
- application of basic research results, aimed at broadening and deepening of new knowledge about nature and man, etiology, pato- and morphogenesis of the most common human diseases and carried out on the basis of interdepartmental interaction (4.7%);

- creation of the system to implement the results of scientific-technological activity in public health practice using different forms of public-private partnership, support for small and medium business in medical science (11.6%).

The analysis of the results has indicated a low level of scientific support for the development of medical institutions. On the one hand, it discloses inactivity of the personnel: head doctors underestimate the role of the research approach in the institutions management, and, therefore, are not aware of its significance for

the development and improvement of their professional competence.

On the other hand, it indicates the lack of an institutional framework of medical research activities: in the Vologda Oblast there are no medical higher education establishments and scientific research institutions.

What is more, the analysis has revealed another problem. According to 32% of the respondents, innovative management technologies are not used in their institutions. The heads do not develop their management competence; they remain at the level of performance. And only 39% of the respondents tend to be at the level of conscious activity and strive for higher levels.

The characteristics of the levels of results attainment (see table 1) and the managers' self-esteem indicate that the doctors in the hospitals of the Vologda Oblast and their deputies remain at the first level of managerial competencies development out of four levels identified at the beginning of this article. And most of them do not seek to develop and achieve better results.

To confirm this conclusion, it is necessary to pay attention to how the head doctors and their deputies evaluate the activities of medical institutions and answer the questions regarding the working conditions of medical institutions and the obtained results.

Most head physicians believe that the conditions in medical institutions are "satisfactory". This trend has continued for three years and it will remain the same in the short term. The conditions improved in urban medical establishments in 2012 compared to 2010 (30.8% of the responses indicate it), but

in 2013 the conditions in medical institutions were "rather satisfactory than unsatisfactory" (19.2%). The situation in regional institutions is characterized as satisfactory and it will not change in the near future (*tab. 3*).

The performance of hospitals is evaluated higher than their conditions (*tab. 4*). And again, the urban health institutions have high ratings nowadays (57.7% of the respondents). The district hospitals have satisfactory estimates; this trend will not change in the short term (64.7% in 2010 versus 58.8% in 2013). Almost no one characterizes the efficiency of their institution as unsatisfactory. Thus, according to the heads, they achieve the results possible in the conditions of limited funding, insufficient logistical support and low wages.

More than 76% of the heads of institutions assess the availability of medical care provided by their institution to the population as satisfactory, while 11.8% of them give an unsatisfactory estimate (*tab. 5*). This demonstrates uneven development of health facilities and availability of a greater range of services for the urban population.

The assessment of medical care quality reveals the same trend: 53.8% of the heads of urban medical institutions and 94.1% of the heads of district ones characterize it as satisfactory, and a quarter of the respondents (by general data of the Vologda Oblast) argue that the quality of the services, provided by their institution, can be considered as high, but it does not meet international standards (*tab. 6*).

Table 3. Distribution of answers to the question: "How do you assess the general conditions of functioning and development of your institution in 2010–2013?", %

Answer	2010		2011		2012		2013	
	Vologda, Cherepovets	Districts	Vologda, Cherepovets	Districts	Vologda, Cherepovets	Districts	Vologda, Cherepovets	Districts
Good, promote normal functioning and development	19.2	5.9	19.2	5.9	30.8	11.8	23.1	5.9
Satisfactory	42.3	41.2	46.2	35.3	26.9	52.9	26.9	58.8
Rather satisfactory than unsatisfactory	15.4	17.6	7.7	47.1	15.4	35.3	19.2	23.5
Rather unsatisfactory than satisfactory	19.2	35.3	19.2	11.8	19.2	0.0	11.5	5.9
Extremely unsatisfactory	3.8	0.0	3.8	0.0	7.7	0.0	15.4	0.0
Difficult to answer	0.0	0.0	3.8	0.0	0.0	0.0	3.8	5.9

Source: data of ISED T RAS sociological research, 2010–2013.

Table 4. Distribution of answers to the question: "Evaluate the overall results of your institution's activity to provide services to the population in 2010–2013?", %

Answer	2010		2011		2012		2013	
	Vologda, Cherepovets	Districts	Vologda, Cherepovets	Districts	Vologda, Cherepovets	Districts	Vologda, Cherepovets	Districts
Good, promote normal functioning and development	53.8	23.5	57.7	23.5	61.5	23.5	57.7	29.4
Satisfactory	38.5	64.7	38.5	64.7	30.8	64.7	30.8	58.8
Rather satisfactory than unsatisfactory	3.8	11.8	0.0	11.8	3.8	11.8	0.0	5.9
Rather unsatisfactory than satisfactory	0.0	0.0	0.0	0.0	0.0	0.0	3.8	0.0
Extremely unsatisfactory	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Difficult to answer	3.8	0.0	3.8	0.0	3.8	0.0	7.7	5.9

Source: data of ISED T RAS sociological research, 2010–2013.



Table 5. Distribution of answers to the question: "Please, assess the level of access to medical assistance provided by your institution?", %

Answer	Vologda, Cherepovets	Districts	Oblast
High	19.2	11.8	16.3
Satisfactory	76.9	76.5	76.7
Low	0.0	11.8	4.7

Source: data of ISEDT RAS sociological research, 2013.

Table 6. Distribution of answers to the question: "Please, assess the quality of medical assistance provided by your institution?", %

Answer	Vologda, Cherepovets	Districts	Oblast
High, it meets international standards	3.8	0.0	2.3
High, but it does not meet international standards	38.5	5.9	25.6
Satisfactory	53.8	94.1	69.8

Source: data of ISEDT RAS sociological research, 2013.

The critical problems, singled out by the head doctors, indicate that they do not consider the introduction of innovations as a way to develop their institutions and are only concerned of current functioning.

The reasons can be rather objective, however, the heads have to make decisions how to attain strategic goals in the current conditions.

The head doctors and their deputies mention the following problems:

- 1) lack of funding (70%);
- 2) insufficient logistical support (63%);
- 3) personnel shortage (63%);
- 4) low motivation of the specialists (53%

of the heads of district hospitals consider it as a key problem);

5) high level of demand and burden on institutions (26% of the respondents).

The second research was devoted to the access to and quality of medical services, and, hence, to the external evaluation of the performance of the heads of medical establishments.

The study involved 1.500 people, including the residents of Vologda (385 people), Cherepovets (391 people), districts (724 people). Moreover, it took into consideration the results of the ISEDT RAS surveys, carried out in 2010–2012.

According to the population's estimates, the access to medical services has remained unchanged for a long time. In 2011 and 2013 77% of the region's residents were satisfied with the availability of the provided medical services.

At the same time, the sum of low rates (22% for the region as a whole) exceeds the amount of high rates (14%) significantly. Sixty-three percent of the residents assess the access to medical care as satisfactory (*tab. 7*).

The residents of districts and cities give similar assessments, but the villagers are less likely to give a high estimate of their access to medical care than citizens (8% for municipalities against 18% for Vologda and 13% for Cherepovets).

People single out the following common current problems:

1. Difficulty to get an appointment with a doctor at a convenient time without

standing in a queue (more than half of the region's population till 2010, in 2012 and 2013 the number dropped to 50% and 36%, respectively).

2. Poor use of information and communication technologies. The vast majority of the region's residents (82%) do not use informats to arrange a visit to a doctor and only slightly more than half knows about their existence. While 62% of the respondents admit that they do not have an opportunity to get an appointment with a doctor via the Internet.

3. Payable services. Fourteen percent of the population is dissatisfied with the need to pay for medical services. The prevalence of private medical establishments is demonstrated by the significant share of people (44%) who have spent money for treatment in the current year. Thirty-seven percent of the region's residents recognize that they do not spend money on treatment.

Table 7. Distribution of answers to the question: "Please, assess the overall access to medical services", % (2013)

Answers	Vologda	Cherepovets	Districts	Oblast
High	4.2	0.5	1.9	2.1
Rather high	17.9	13.0	8.3	12.0
Satisfactory	54.8	66.5	65.2	62.9
Rather low	15.8	12.3	14.6	14.3
Low	5.5	5.9	8.8	7.2
Medical services are completely unavailable	1.0	0.5	0.4	0.6

Source: data of ISEDT RAS sociological research, 2013.

4. Personnel shortage. Thirty-four percent of the population in 2012 and forty-two – in 2013 indicated the shortage of necessary specialists. In addition, people remain concerned about doctors' rude behavior (18% in 2012 and 13% in 2013), inattentiveness (24% against 16%, respectively).

5. Territorial remoteness of health facilities. Seven percent of the residents of municipalities and one-two percent of the residents of large cities indicate it (*tab. 8*).

The important characteristic of medical care is its quality.

The assessment of the medical services quality in the Vologda Oblast has undergone significant changes during the period of the Modernization Program implementation (2011–2013). In 2011 78% of the population was more or less satisfied with the medical services quality; in 2013 this figure rose to 82%. Sixty-four percent of the region's residents estimated it as satisfactory (*tab. 9*).

Table 8. Distribution of answers to the question: "How much time does it take you to get to a doctor?", % (2013)

Answers	Vologda	Cherepovets	Districts	Oblast
About half an hour	49.1	57.0	36.2	44.9
About an hour	32.2	34.5	34.9	34.1
One–two hours	9.1	4.3	4.6	5.7
More than two hours	2.1	0.8	6.9	4.1
Difficult to answer	7.5	3.3	17.4	11.2

Source: data of ISEDT RAS sociological research, 2013

Table 9. Distribution of answers to the question: "How do you assess the quality of medical care?" (in % of the number of respondents), 2013

Answer	Vologda	Cherepovets	Districts	Oblast
Very good	2.1	1.3	1.2	1.5
Rather good	24.4	18.7	11.9	16.9
Satisfactory	57.1	60.1	69.2	63.7
Bad	14.0	16.1	15.1	15.1
Very bad	2.1	1.8	1.2	1.6

Source: data of ISEDT RAS sociological research, 2013

The difference in assessments of health care quality between the population of large cities and municipalities is that the rural residents are less likely to give high ratings than the residents of the cities of Vologda and Cherepovets (13.1 and 46.5%, respectively).

Answering the questions about the quality of and access to health services, the population does not give a clear assessment of either the current situation in the health care or the performance of the heads of medical institutions. On the one hand, directly or indirectly people indicate structural problems in the Russian health care that have been hindering the access to health care. But, on the other hand, it is impossible not to notice positive changes in several areas of medical institutions' activity, in citizens' loyalty to health care in general and to each medical establishment in particular and, hence, to activities of the heads of these institutions.

Head doctors can solve the problems of accessibility and quality of medical services and encourage the use of information and communication technologies (infomats) in order to reduce the waiting time in a queue. They can attract personnel and define ethical norms of their interaction with patients – consumers of services.

The access to and quality of services provided by medical institutions can be enhanced by improved professional competence of doctors and their deputies, their mandatory transition from the operational level to the research one. This requires continuous training and retraining in the system of additional professional education, self-education, healthcare facility management in modern conditions, development of its academic programs and use of variable and multi-level approaches to learning.

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