AMERICAN UNIVERSITY OF BEIRUT

LEADERSHIP DEVELOPMENT PROGRAM
A CONSULTANCY PROJECT FOR AUBMC

by
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A project
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AN ABSTRACT OF THE PROJECT OF

Ali Assaf   for   Master of Human Resources Management
                        Major: Human Resources Management

Title: Leadership Development Program, A Consultancy Project for AUBMC

The aim of this paper is developing a Leadership Development Program (LDP) for middle management careers at AUBMC, assessment criteria for recruits, developing a competency model and creating a Leadership Development program curriculum.

As the main objective of AUBMC LDPs is to build effective and efficient leaders through targeting the middle management careers. The main objective is that AUBMC sustain high performance, respond successfully to emerging changes and creatively adopt innovative working methods.

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CHAPTER I

INTRODUCTION

Healthcare organizations nowadays are facing heightened levels of pressure sue to the ongoing rising costs, increased competition, limited resources, and rapid global changes. This is calling for the need to empower the precious internal customers in an organization, the health human resources, so that to practice efficiency (Guo, 2009). The increased expectations and demand for receiving excellent quality health care necessitates the need for implementing exceptional standards that serve this purpose. Additionally, the service-profit chain is considered one of the main incentives for improving performance, ensuring customer satisfaction, maintaining quality assurance and efficiency, and consequently attaining the desired outcomes.

It is not the organization, but the people who work in it that make things happen. "Healthcare organizations can be only as good as their people" (Gunderman, 2009, p.5); this postulates having strong committed leaders at all organization levels who are aware, accountable and capable of undertaking continuous learning and training and who enjoy good listening skills and act collaboratively, creatively, and strategically (Roberts & Roper, 2011). Kerr (2006) describes the term leadership as a "process of social interaction where the leader's ability to influence the behavior of their followers can strongly influence performance outcomes" and this can be made concrete since recruiting competent personnel with a positive attitude make it easy for shaping their behavior towards an improved productivity.

Institutions striving for high performance should enrich their investment in the human capital or else will fail in the long run (Gunderman, 2009). Along with ensuring exceptional performance, high quality patient care and overall organizational efficacy and operational efficiency, leadership is the most important channel to improve the human capital's satisfaction

and retention which is directly proportional to improved employee performance. In a healthcare setting, efficient leadership is not only substantial for the organization's success but it is also crucial where the impact of those leaders affect the lives and well-being of patients and their communities.

A Leadership Development Program (LDP) focus on organizations' macro and micro levels including altering mindsets, getting acquainted with change management, contributing personal growth, improving leadership skills and thinking from a global perspective and in direction of strategic business (Cacioppe, 1998). Snell and Dickson (2011) correlated employees' participation in LDP with improved organizational coordination and enhanced employees' relationship since their feedback plays a key role in manifesting the organizational culture. Organizations adopting such programs make strategic planning implementation faster through increased control over their supply of leaders; moreover, LDPs serve the organizations in grooming individuals' effectiveness towards their strategic agenda, values, and culture (Pernick, 2001). Additionally, LDPs are fundamental for retaining the current employees, and attracting new ones, since they are considered a major concern for experienced workforce (Gurdian, 2014). LDPs help retain the employed workforce where they suppose that they'll be given the chance to gain a new experience with the advantage of deploying their skills, expertise, and talent along with the possible development of their soft skills so that they become future leaders.

According to Emberston (2006), organizational performance can be boosted through involving middle managers in the improvement process as these managers have great knowledge in the organization and its social structure which will definitely facilitate achieving goals, modifying the plans and implementing change. "Middle Managers are crucial to bringing in innovation and that successful implementation of changes in an organization is made more possible through the use of efficient middle managers" (Emberston 2006, p.225). Middle managers often

have good entrepreneurial ideas that make them better than most senior executives as they've worked their way up the corporate ladder and where middle managers' networks run deep (Huy, 2001). Middle managers stay attuned to employees' emotional needs during organizational change; they manage the tension between continuity and along with sustaining the organization from falling into extreme chaos Huy (2001).

The context of the current project is the American University of Beirut Medical Center (AUBMC), which was founded in 1902, and is considered to be a leading institution "dedicated to improving the health of the community in Lebanon and the region through providing excellent care to its patients across Lebanon and the region" (AUBMC Mission). The aim of the project is the design and development of a LDP for middle managers at AUBMC. In chapter one, we will discuss creating an LDP, in chapter two we will present designing a competency model, in chapter three we will present the methodology employed in this project, in chapter four will outline the resultant competency model for AUBMC middle managers, in chapter five we will present the LDP objectives, assessment criteria for recruiting participants into the program, as well as the full program curriculum. Finally in chapter six conclude with recommendations for management that would facilitate the successful implementation of the LDP at AUBMC.

CHAPTER II

LEADERSHIP DEVELOPMENT PROGRAM

The rising health care costs, competition, managed care, advanced technology, changing organization structures, diverse work force, are some of the major challenges facing the healthcare industry (Guo, 2009). The increased number of people in older age groups will increase the demand of high quality health care (Hopkins, 2011). The daily demands facing healthcare leaders to address a combination of clinical, managerial, and community issues while striving to successfully serve their multiple stakeholders necessitates strong leadership at different organizational levels (McAlearney, 2008). Healthcare organization nowadays look for organizational success through the leadership capabilities of their workforce, whereby sending employees to LDPs is a main part of such development initiatives built to empower the leadership behaviors among employees (Snell, 2011).

Multiple definitions of leadership have been proposed in the literature, most of which focus on the act of leading and motivating the workforce towards a common goal is what defines leaders in an organization as they inspire managers into committing to various tasks in order to achieve the main purpose (Guo, 2009). Guo (2009) argues that leadership is an influential and supporting process that directs others work toward achieving common objectives. Similarly, Goodwin (2006) defines leadership as "a dynamic process of pursuing a vision for change in which the leader is supported by two main groups: followers within the leader's own organization, and influential players and other organizations in the leader's wider, external environment" (p.22). However, some researchers have gone further in their analysis of this concept in order to identify how it is shaped. To illustrate, Kumar (2013) perceives leadership as

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'a function of knowing yourself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential (Kumar, 2013, p.39).

Effective leaders can highly influence workforce's commitment, optimism, collective identification and mutual cooperation all of which are highly related to improved organizational performance that is reflected by enhanced efficiency, increased process reliability and innovative adaptation (Yukl, 2008). Due to the complexity of the healthcare system, the availability of strong leaders is vital, as such leaders are expected to link the vision of the senior management to the medical and clinical staff along all while understanding the workforce's needs and ensuring their motivation and commitment are maintained.

A. Fostering Leadership within Organizations

It has been argued that the workforce as whole should be equipped with leadership skills, not only those in senior level positions, since vision alignment, sustaining change initiatives, and fostering organizational commitment are critical leadership processes that occur at all levels of the organization (Amahoh, 2009). LDPs are considered among the best methods for supporting organizations' expansion and growth (Ebrahimi, 2011). These are educational interventions planned to address, improve, and develop various leadership capabilities of workforce (McAlearney, 2008). Such programs can assist organizations in expanding the leadership capacity of organizational members as a collective in order to foster better leadership processes across the organization (Day, 2001). Such investment is vital for organizations today considering that leaders can exert influential leadership behaviors on stakeholders, decisions related to management, and organizational structure in addition to influencing decisions related to the organizational competitive strategy (Yukl, 2008).

B. The Science behind Leadership Development Programs

Typically, LDP practices focus on improving both individual job performance and managerial skills through facilitating learning interventions that are intended to enhance leader's effectiveness, such as skills based training, 360-degree feedback, developmental relationships that include mentoring and coaching, focused job assignments, and action learning (McAlearney, 2008). LDPs are considered key to organizational success on multiple levels as they aims at developing leaders with purpose, values, and integrity in order to inspire their followers to provide exceptional services and craft long term value for various stakeholders at the healthcare industry (Avolio, 2005).

LDPs help to better equip individuals as effective leaders through targeting cognitive, behavioral and socio-emotional skills which enhances the leaders' ability to more appropriately respond to organizational challenges, including issues related to quality and efficiency which are major concerns for health care organizations. Such programs focus on the development of leaders through targeting and improving the behavioral competencies of the potential group that are of value to the organization and are associated with leadership role. LDPs provide major important opportunities to improve quality and efficiency within healthcare organizations through increasing the caliber and quality of the workforce, enhancing efficiency in the organization's education and development activities, reducing turnover, and related expenses and through focusing organizational attention on specific strategic priorities (McAlearney, 2008).

LDPs are considered as a source of competitive advantage as it provide an important avenue through which both new and established leaders can receive education and training to meet their ongoing developmental needs (McAlearney, 2008). LDPs build effective and efficient leaders that tend to sustain high performance, respond to emerging changes and adopt creative and innovative working methods (Amagoh, 2009). Such programs ensure a full pipeline of

leaders that are equipped with essential leadership skills and competencies (Enz, 2000). Groves (2007) believes that organizations who invest leaders' development will absolutely go ahead of competition. Additionally, LDPs attract senior workforce mainly because it accentuates their importance in the hierarchical setup of the organization. It also give the organizations an image of continuous control of his said hierarchy (Edmonstone, 2011)

CHAPTER III
DESIGNING A COMPETENCY MODEL FOR AUBMC MIDDLE MANAGERS

A. Competency Modeling

A competency model is defined as a collection of competencies that ensure successful performance in regards of an organizational agenda (Guo, 2009). A competency is an individual's characteristic related to the job performance where many leading institutions rely on its development as ways of ensuring superior performance (Baker, 2002). According to the National Center for Health Care Leadership, a Competency Model:

1. Serves as a basis for focusing training and development initiatives

2. Provides a template for selecting and developing leaders

3. Provides a guide for reorienting human resource development to stimulate the capabilities that make the most difference to performance

4. Supports health management programs in higher education sharpen their curriculum in ways that will prepare graduates to become industry leaders

Prior to developing AUBMC leadership competency model, we reviewed, analyzed and compared the below frameworks and assessed whether one of the below or a combination best fits the medical center culture and requirements.

1- Healthcare Leadership Competency Model

2- The Healthcare Leadership Alliance Competency Model

3- Entrepreneurial Health Care Leader Competencies

4- AUBMC Competency Profile for Department Heads

The Leadership Competency Model that will be later developed is a product of the above models along with the output of interviews and focus groups conducted with AUBMC leadership and middle managers.

B. Model 1: Healthcare Leadership Competency Model (HLCM)

The HLCM development of this model was based on behavioral interviewing, psychometric analysis, cross- industry benchmarking and was supported by practice analysis, experts inputs and testing surveys (Calhoun, 2005). Calhoun (2005) clarifies that HLCM is an evidence based and behavioral focused model that was established upon the evaluation of leadership skills across different career stages of health management, medicine and nursing. This model was developed by the National Center for Healthcare Leadership (NHCL) and mainly relies three related domains: Transformation, execution and people. The model encompasses 26

behavioral and technical competencies composed of behavioral indicators, related to the career development and assessment (Calhoun 2005, p.375). The competencies embarked HLCM are distributed as the below:

1. Transformation: Achievement Orientation, Analytical Thinking ,Community Orientation, Financial Skills , Innovative Thinking, Strategic Orientation

2. Execution: Accountability, Change Leadership, Collaboration, Communication Skills, Impact and Influence, Initiative, Information Technology Management, Organizational Awareness, Performance Measurement, Process Management, Project Management

3. People: Human Resource Management, Interpersonal Understanding, Professionalism, Relationship Building, Self Confidence, Self-Development, Talent Development, Team Leadership.

C. Model 2: The Healthcare Leadership Alliance Competency Model

Healthcare Leadership Alliance Mode

Stefl (2008) introduces the Healthcare Leadership Alliance (HLA) as an association including six professional membership organization including :American College of Healthcare

Executives , American College of Physician Executives , American Organizations of Nurse

Executives, Healthcare Financial Management Association, Healthcare Information Management

Systems Society and Medical Group Management Association. The consortium managed

through research and experience to identify five competency frameworks shared by healthcare

leadership. According to Stefl, "this work helps to unify the field of healthcare management and

provides a lexicon and basis for collaboration among different types of healthcare executives

(Stefl 2008, p. 360). Stefl (2008) recommended that the HLA model can be adapted for

organizational assessment, staff selection, and academic programs. The five competency

domains are:

1. Communication and Relationship Management

2. Professionalism

3. Leadership

4. Knowledge of healthcare system

5. Business skills and Knowledge

D. Model 3: Entrepreneurial Health Care Leader Competencies

Guo (2009) believed that entrepreneurship is an integral part of health-care organizations as the healthcare industry is rapidly and constantly changing due to several factors related to new technologies, managed care, globalization, compliance, competition, etc.… Accordingly, Guo (2009) necessitated the entrepreneurial approaches for the health care industry, such approached were initially developed and used by entrepreneurial managers such as innovative and risk taking strategies. According to Guo (2009), "three overlapping domains of core competencies are required by entrepreneurial health care leaders:

1. Healthcare system and environment competencies: Knowledge of the system, environment, communities and stake-holders. Development of risk taking innovative strategies

2. Interpersonal competencies : Self Development, develop others :communication , human resources and motivation

3. Organization competencies : Innovative decision making , Performance management , information management, financial management, risk management and quality management

E. Model 4: AUBMC Competencies

AUBMC current competency model was requested from AUBMC's Human Resources department, below is the list of competencies identified by human resources department for department heads at the Medical Center (Table 1):

Competency	Level
Organizational Awareness	Level 3
Client Focus	Level 3
Achievement Orientation	Level 3
Communication Skills	Level 4
Safety and Health Management	Level 3
Initiative	Level 4
Change Leadership	Level 3
Developing Others	Level 3
Resource Management	Level 3
Problem Solving	Level 3
Technical Expertise	Level 4
Team Skills	Level 3
Business Acumen	Level 3
Planning and Organizing	Level 3
Information and Records Administration	Level 4
Quality Management	Level 3
Applied Technology	Level 4
Human Resources Management	Level 2
Financial Management	Level 3
Computer Skills	Level 3
English Comprehension	Level 4
Professional Development	Level 3

Table 1: Competency Levels for AUBMC's department heads

Later a competency model will be developed based on the literature review and AUBMC

Competency Profile, Focus Groups and interviews. Competencies mentioned in at least two of

the five resources will be used in our new Leadership competency model.

CHAPTER IV
METHODOLOGY

A. Organization Context

The American University of Beirut Medical Center's history goes back 145 years ago where it was a small building established in Beirut by the Syrian Protestant College which is now known as AUB. This rented establishment evidenced the School of Medicine's first classes by which the prompt increase in demand necessitated the expansion of this faculty to meet the region's expectations.

In 1902, the Syrian Protestant College bought a place near AUB's medical gate and established a hospital of 200 beds that provided auxiliary services and in 1905, the first Middle East's School of Nursing was launched. The AUB-Medical Center, a new state-of-the-art medical center, was introduced in the presence of Prime Minister Rashid Karameh in 1970 and it constituted 420 beds for inpatients, an emergency department, a luxuriant outpatient installation, classrooms, research laboratories, and offices for doctors and academic staff.

Nowadays, the AUB-Medical Center serves a relatively large number of the population with the medical care provided by excellent doctors and most competent nurses. Since its earlier establishment, this medical center was the most reliable and respected institution for the high quality healthcare provided along with its credibility. At this time AUB depends on its solid foundations in medical education, academic research and patient centered health care via the AUBMC 2020 vision which is includes founding centers of excellence through the utilization of novel technologies in medical options for treating the disparate illnesses in Lebanon and the region.

Along with the ongoing growth and development with the dedication to provide excellent and exceptional quality healthcare, AUBMC has gained several international accreditations certifying its outstanding performance based on universal standards of care:

1. Joint Commission International (JCI)

2. Magnet (Magnet Recognition Program®),

3. The College of American Pathologists (CAP)

B. AUBMC Mission
AUBMC is an academic medical center dedicated to the passionate pursuit of improving the health of the community in Lebanon and the region through the delivery of exceptional and comprehensive quality care to our patients, excellence in education and training, and leadership in innovative research.

C. AUBMC Vision
The vision of AUBMC is to be the leading academic medical center in Lebanon and the region by delivering excellence in patient-centered care, outstanding education and innovative research.

Six Pillars of AUBMC 2020
AUBMC has identified six main pillars as the paths guiding the institution to achieve the ambitious 2020 vision:

1. Development and implementation of the new AUBMC 2020 Medical Complex

2. Recruitment of top-caliber, highly specialized and accomplished faculty

3. Relentless focus on understanding the patient and his/her changing needs

4. Innovation through the creation of clinical and research Centers of Excellence

5. Commitment to the academic and research mission of the Faculty of Medicine and AUBMC

6. Establishment of strategic partnerships and collaborations locally, regionally and internationally

D. AUBMC Values

AUBMC has defined a set of six core values that will serve as the guiding principles for all behaviors, interactions, and decisions. These values can be found all around the Medical Center so that patients, visitors and staff alike know what AUBMC commitment is to them.

E. Data Collection

Data was collected using interviews with AUBMC leadership and focus groups that were held with a sample of AUBMC middle managers.

1. Data Collection 1

a. *Participants:* Interviews were conducted with the 7 of AUBMC Senior Management in order to explore from the senior leadership perspective the essential leadership competencies (for middle managers) related to the LDP.

b. *The interviews:* Below are the questions addressed to AUBMC senior leadership (refer to appendix 2 for complete interviews):

Interviewee Background:

1. What is your job title?
2. How long have you been in your current position?
3. What primary functions does your job involve?
4. How long have you been in this institution?

<u>Key Research Questions:</u>

1. What instigated the Leadership Development Program for middle managers at AUBMC?
2. What are the gaps of middle managers that led to the development of the Leadership Program?
3. What led to the above mentioned gaps?
4. How do you think this program will benefit middle managers at AUBMC?
5. What are your expectations out of the Leadership Development Program?
6. What is the best method for implementing the Leadership Development?
7. What are the minimal competencies that all of the middle managers should have in correlation with organization vision?
8. How would you measure the success of this program?

2. **Data Collection 2**

a. *Participants:* The aim of the focus group was to solicit the feedback and opinion of "middle managers" related to creating the LDP. The human resources department provided the list of AUBMC middle managers along with the number of subordinates reporting to each. The list was reviewed and filtered; 154 middle managers were grouped as per the following job families: Engineering, Nursing, Pharmacy, Finance, Information Technology, General Services, Radiology, Technical, Human Resources, Laboratory, Patient Affairs, Medical Records, Outpatient Administration, MMD, Purchasing and Supply Chain Management and Others.

b. *The focus Group:* Three focus groups were conducted in collaboration with the Evidence-Based Healthcare Management Unit at AUBMC where 25 middle managers attended the 3 focus groups representing the follow departments: Engineering, Nursing, Pharmacy, Information Technology, Purchasing, General Services, Radiology, Laboratory, Medical Records, Outpatient Administration, MMD, and Purchasing. Participants were distributed according to the below (Refer to Appendix 1):

Focus Group 1: 15 Middle Managers that had the highest number of subordinates

Focus Group 2: 15 Middle Managers that had the lowest number of subordinates

Focus Group 3: 15 Middle managers that weren't invited to Focus Group 1 and have highest number of subordinates. Below are the questions discussed in the three focus groups:

Introductory Questions:

- Have you been involved in a Leadership Development Program?
- What do you think about development opportunities at AUBMC?

General Context Questions:

1. What has been challenging lately at AUBMC? (Identify existing gaps at Organizational and Personal Level)
2. What is your essence for leadership?

Core Questions:

3. What characters you possess that makes you a good leader? What skills you as emerging leaders need to be equipped with in order to be successful?
4. Please list three learning objectives that should be considered when developing a Leadership Development Program?

Closing Questions:

5. Suppose that you were in charge and could make one change that would make the program better. What would you do?
6. Anything more you would like to share or other questions we should be asking?

CHAPTER V
RESULTS

A. Template Analysis

The data retrieved from focus groups and interviews were analyzed using Template Analysis (King, 2006). Based on a template analysis of the interviews and focus groups, five competencies were identified with a corresponding fifteen sub-competencies. Table 2 below highlights the competencies, their definitions, their corresponding sub-competencies, as well as some verbatim examples from the data (specific codes) that lead to the emergency of each competency.

Competency	Broad Code	Competency Definition	Specific Code
Interpersonal Skills	Communication Skills	*Conveying information via a variety of media to individuals or groups in an engaging and influential manner that helps audience understand and retain the message*	**Verbal Communication & Listening Skills**
			Negotiation Skills
			Assertive
	Emotional Intelligence	*The ability to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically*	**Self-Awareness**
			Containment
			Anger Management
Intrapersonal Skills	Team Skills	*The ability to form and define roles within a team as well as enhancing the functioning and effectiveness of team members*	**Managing Teams**
			Relationship Mgt.
			People skills
	Managing Others	*The ability to guide individuals, teams, or entire organization in an effective and efficient manner*	**Fairness**
			Empowering
			Motivating
			Supervisory Skill
			Accountability
	Developing Others	*The ability and willingness to delegate responsibility, to work with others, and coach them to develop their capabilities*	**Coaching Skills**
			Delegating Skill
			Counseling Skills
			Evolving Others
Conceptual Skills	**Strategic Thinking**	*The ability to define the manner in which people think about,*	**Communicating Objectives**
			Planning

		assess, view, and create the future for themselves and others	**Goal Setting**
			Establishing Vision
	Change Management	*The ability to transition organization through redirecting the use of resources, business process, budget allocations, or other modes of operation that significantly reshape a company or organization*	**Adapting to change**
			Managing the change
	Analytical Thinking	*The ability to understand how things which may be regarded as system influence one another within a complete entity*	**Problem Solving**
			Decision Making Skills
			Critical Thinking
Technical Skills	**Processor Knowledge**	*Basic English and Computer skills that are essential for running a department*	**Computer Skills**
	English Comprehension		**English Knowledge**
General Business Skills	**Professionalism**	*Maintain a professional appearance and uphold ethical standards*	**Etiquette**
			Physical Appearance
			Availability
	Asset Management	*Efficient and effective deploy and allocation of an organization's **resources***	**Resource Management**
	Human Resources Management	*The management of people within organizations and ensuring compliance with human resource policies and standards*	**Interviewing Skills**
			Staffing
			Training Skills
			Reward and Recognition
	Organization Skills	*The ability to use time, energy and other resources in an effective and efficient manner aiming at achieving pre-set targets*	**Project Management**
			Meeting Skills
	Financial Management	*Knowledge of efficient and effective **management** of funds*	**Financial Knowledge**

Table 2: Template Analysis: Focus Groups and Interviews

B. Juxtaposing the competencies against existing models

Our competency model will be based on the competencies identified from the Healthcare

Leadership Competency Model, The Healthcare Leadership Alliance Competency Model,

Entrepreneurial Health Care Leader Competencies, AUBMC Competency Profile, Focus Groups

and interviews. Competencies mentioned in at least two of the five resources will be used in our new Leadership competency model. The below Table (Table 3) better explains the matching for the pre-mentioned competency resources.

Table 3: Matching the Models' Competencies

Competency /Competency Model	Healthcare Leadership	Healthcare Leadership Alliance	Entrepreneurial Health Care Leader	AUBMC Competency Profile	Template Analysis (Focus Groups and Interviews)
Communication Skills	X	X	X	X	X
Emotional Intelligence					X
Strategic Thinking	X			X	X
Change Management				X	X
Analytical Thinking	X			X	X
Team Skills	X	X		X	X
Managing Others		X	X		X
Developing Others	X	X	X	X	X
Processor Knowledge				X	X
English Comprehension				X	X
Professionalism	X	X		X	X
Asset Management				X	X
Human Resources Management	X		X	X	X
Organization Skills	X	X			X
Financial Management	X		X	X	X
Achievement Orientation	X			X	
Community Orientation	X				
Information Seeking	X				
Innovative Thinking	X		X		
Accountability	X				
Change Leadership	X				X
Collaboration	X				
Impact and Influence	X				
Information Technology Management	X		X	X	X
Initiative	X			X	
Organizational Awareness	X			X	
Performance Measurement	X				
Self Confidence	X				
Talent Development	X				
Knowledge of Healthcare		X	X		
Risk Taking			X		
Quality Management			X		
Client Focus				X	
Safety Management				X	
Technical Expertise				X	
Business Acumen				X	
Information and Records Administration				X	

C. AUBMC Leadership Competency Model

As previously discussed, competencies mentioned in at least two of the five resources will be used in the new Leadership competency model. However, we relied on AUBMC's 2020 vision as it works in alignment and parallelism in the aim of reaching excellent patient centered care based on skillful healthcare workers and built on Evidence-Based practices and ongoing research.

One of the most crucial factors that help in establishing patient-centered care is the human resources component where personnel working for this purpose should be top-notch in education and experience and this substantially include the existence of leadership skills in their behaviors. Possessing leadership skills and working on implementing such skills in personnel all over the institution is the essence of excellence and operational efficiency.

Accordingly, below is AUBMC's recommended competency model:

Conceptual Skills
Strategic Thinking
Change Management
Analytical Thinking
Acheivment Orientaion
Innovative Thinking
Change Leadership

Interpersonal Skills
Communication
Initiative

Intrapersonal Skills
Team Skills
Managing others
Developing Others

AUBMC Leadership Competency Model

General Business Skills
Professionalism
Asset Management
Human Resources Management
Organization Skills
Financial Management
Organization Awareness
Knowlege of Healthcare

Technical Skills
Processor Knowledge
English Comprehsnion
Information Technology Management

CHAPTER VI
LEADERSHIP DEVELOPMENT PROGRAM CURRICULM

A. **Program Objectives**

Below are identified objectives for AUBMC's LDP:

1. Develop AUBMC middle managers leadership credibility , career opportunities and professional identity

2. Develop the leadership skills of middle managers at AUBMC to meet organizational current and future needs

3. Plan next generation of Leaders at AUBMC

4. Improve AUBMC quality and enhance operational efficiency

5. Improved Self Knowledge and Self Worth of AUBMC middle managers

6. Developing AUBMC's workforce motivation

7. Developing inspiration of AUBMC vision

8. Socializing AUBMC' values and vision

B. **Target Participants of the Program**

As healthcare organizations today face a constant challenge seeking ways to improve the quality of care and improving the efficiency along with enhancing the revenue cycle operating at the same time in an environment of limited resources and rapid changes. These challenges facing the healthcare field increased the crucial need for strong leaders at all organization level where which the impact will reach the lives and well-being of patients and their communities. The LDP and the competency model will be targeting AUBMC middle managers as this group is a vital and critical group that serves as an extension of senior management and leadership.

C. Program Criterion and Selection

Regardless of whether leaders are born or made, there exists some traits that differentiate leaders. The program selection criteria depends on the kind of candidates the organization is looking for to achieve its vision and target goals. According to Pernick (2001), taking into consideration the various needs of each strategic business units, yet there are some traits that can serve as selection criteria for an LDP and could be assessed by candidates' supervisors in collaboration with human resources department: desire, purposeful, confident, assertive, psychological fitness, centered, energy, general intelligence.

1. Program Criterion

To gain the most out of AUBMC's LDP, below are the LDP's criterion:

1) Working Experience: Must have been with AUBMC since at least three years assuming management responsibilities

2) English Comprehension: Strong command of Arabic and English (EEE $>/=$ 500).

3) Computer Knowledge: Proficient in the use of Microsoft Applications.

4) Recommendation Letters: Two professional managerial recommendations are needed in assessing candidates through providing the below information:

a) Assessment of the applicant's current leadership abilities and leadership potential

b) Applicant's level of motivation, interest in being a leader, and capacity for self-reflection

c) Previous training/ development attended by the candidate

d) Specific examples that support your assessment of the applicant

2. Program Selection

1) Interview: A personal interview will be conducted for candidates fulfilling the pre-mentioned criteria, interviews will be tackling the below:

a) Accomplishment

b) Tenacity

c) Motivation for Learning

d) Motivation for enrolling in the LDP

e) Values and Ethics

2) Passing the Numerical Reasoning Test

3) Passing the Verbal Reasoning Test

D. Program Structure

The content of the program was designed based on the designed competency model.

However, the structure of the program was designed with andragogy and the science of sequencing training programs in mind. The sessions' program were rationally structured so that program participants are able to successfully master the pre-identified leadership competencies. Relative competencies were assembled in one session according to the expected outcomes for each developmental competency knowing that the planned sessions will be delivered in methods triggering participants' analytical thinking. In general, the program was designed to run over 5 sessions (Refer to Table 4, Table 5, Table 6, Table7 and Table 8), four of which are comprised of 2 days, and the last one spans over one day only. There is a period of 2 month in between the sessions, allowing participants to apply some of the newly acquired knowledge into practice through critical reflections, blog discussions, and projects applied on a departmental level. What is worth to mention that Processor knowledge, English comprehension and information technology management will be excluded from the program's structure as the knowledge of these topics are part of program criterion.

1. Session 1

Sess ion	Day	Competency	Learning objective
SESSION 1	Day 1	**Communication Skills:** Communication skills are instrumental to organizational success, the workshop will address the essential elements behind successful communication.	- To understand the Meaning of communication - To articulate the various communication mythologies - To recognize effective body and voice communication - To identify active listening skills - To deliver difficult or unpopular messages with clarity, tact and diplomacy
		Professionalism: Professionalism is highly essential for leaders' success, this workshop will address ways of ensuring professional behavior at working environment.	- Understand the impact of professional etiquette - Explore the elements involved in professional communicating Develop strategies to improve professional behavior
ESSION 1	Day 2	**Managing Others :** This workshop will guide the managers to practical basic management know-how and efficient methods of planning, organizing, coaching, motivation, communication and delegation	- To establish credibility and effective work styles - To become an effective member of the management team - To master the basic management concepts of coaching, communication, motivation, delegation and performance management
		Developing Others: This workshop will develop managers skills to be able to notice people's skills, abilities and potential, differentiate between poor, good and excellent performance and improve the performance of those who are struggling in particular areas.	- To enhance observation skills that assists differentiating between effective and ineffective behaviors - To give feedback and raising awareness of the impact of behaviors on others - To help others to review performance as part of a learning process - To coach in personal and professional goal setting

Table 4: Session 1 competencies and related topics

2. Session 2

Sess ion	*Day*	Competency	Learning objective
SESSION 2	Day 1	**Team Skills:** This workshop will address the main aspects and procedures to follow in creating a successful team and efficient tools to increase team performance.	• To develop high-performance teams • To work together to achieve organizational goals • To assume responsibility and accountability • To create new opportunities for individuals to work together
		Achievement Orientation : The workshop is based on understanding thyself in terms of strengths and learning how to leverage them and of identifying any development needs with a clear roadmap for addressing each.	• To manage job expectations • To plan for action • To have a strategic overlook • To sustain client contact to ensure outputs are on track • To address gaps in resources that may affect organizational performance
SESSION 2	Day 2	**Human Resources Management :** This workshop introduces human resource concepts that many leaders are expected to deal during their daily operations.	• To explore the latest trends in the human resource field and the changing role of the human resource professional • To examine how to write job descriptions and identify core competencies • To determine methods of finding, selecting, • To handle compensation and benefits efficiently • To improve employee relations at the workplace • To develop performance appraisals

Table 5: Session 2 competencies and related topics

3. Session 3

Session	*Day*	Competency	Learning objective
SESSION 3	Day 1	**Organization Skills:** This workshop will include common business skills including general organizing, planning, and time management, scheduling, coordinating resources and meeting deadlines.	• To prioritize tasks • To set realistic deadlines • To remove or limit wasters • To use paper and paperless storage • To fight procrastination
		Organizational Awareness: The aim of the workshop is familiarize managers with the workings, structure and culture of the organization to achieve results.	• To utilize the awareness of the authority structure, key people, and both formal and informal decision • To ensure the organization and resources are aligned with the broader organizational strategy • To use organizational culture as a means to influence and lead the organization
SESSION 3	Day 2	**Financial Management :** This course covers several concepts and skills of financial management needed by managers at the organizational level.	• To interpret and create standard financial statements. • To perform financial statement analysis
		Asset Management This workshop covers a full understanding the role of asset management at the organizational level through introducing various practices and processes of asset management for managers.	• To identify the principles that underpin asset management • To recognize available asset management tools and techniques that are applicable within organizational context

Table 6: Session 3 competencies and related topics

4. Session 4

Session	*Day*	Competency	Learning objective
SESSION 4	Day 1	**Change Management:** This course will introduce managers to approaches of change management and best ways of adapting to change at individual and organizational level.	• To identify stages of change • To develop strategies for dealing with change at organizational level
		Change Leadership: This training course will provide leaders and managers with clear insights on how to effectively motivate people through corporate culture or organizational change.	• To identify the critical competencies of change champions, change agents and Human Resources professionals. • To Use strategies for leading and managing change. • To apply techniques to deal with resistance to change more comfortably
SESSION 4	Day 2	**Innovative Thinking:** The course will help the managers overcome the traditional barriers to innovative thinking and to use a wide variety of techniques of creative ways of doing things.	• To understand more the concept of creative thinking • To encourage creative problem solving and decision making • To manage the evolution of ideas from invention to innovation
		Strategic Thinking: This course will assist managers discover competitive strategies to strategically position the organization through thinking that contributes to broad, general, overarching concepts that focus the future direction of an organization based on anticipated environmental conditions.	• To learn how to create a strategic vision that will inspire and empower the business • To analyze the strategic position using insight tools • To develop business strategies that will achieve the vision

Table 7: Session 4 competencies and related topics

5. **Session 5**

Sess ion	Day	Competency	Learning objective
SESSION 5	Day 1	**Initiative :** This workshop will assist managers to discover take initiatives to manage work and go the extra mile to add value to the working environment. Additionally, this workshop will provide ideas on managing stress and the changes happening at workplace and work forces' personal life.	• To recognize opportunities to improve work and workplace or solve simple problems • To identify changes happening at work and life and seeing changes as gain and enjoying change • To identify time management problems and implement solution • To recognize bases of stress and managing them for work-life balance
		Knowledge of healthcare management The workshop aims at enhancing understanding of the healthcare system and environment in which healthcare professionals operate.	• To define the roles and responsibilities of a medical practice • To identify managed care models, structures and environment • To recognize the role of clinical and nonclinical professionals in the healthcare system

Table 8: Session 5 competencies and related topics

CHAPTER VII
CONCLUSION

One major problem that faces our organization is the demotivation of staff and LDPs have a specific role in helping it fight this phenomenon and is considered to be a particular form of organizational development. These programs develop committed managers who are capable of bridging levels and functions in the organization, leading the workforce towards executing the planned strategy.

For instance, external consultants might be involved in such programs so that to bring their expertise in this field in addition to senior leaders within the company who can help via actively participate in the development programs where they can share their personal experiences with middle managers. Groves (2007) stresses that an LDP might be a complete failure if conducted by academic professor, instead he recommends than internal leaders handle this function.

Not to forget that the input of those middle managers is of much significance since listening to them, to their concerns and acquired experience in their orbit would create a positive impact and make a difference in approaching the main objective of these programs. Successful LDP's require optimizing the ability of the employees to get engaged in leadership roles and processes effectively (Ibrahimi, 2015). This provides a connection between both parties on ground level. Furthermore, during implementation of this program, continuous communication and feedback from stakeholders and participants along with monitoring and evaluation should always take place so that to make the necessary extra steps or changes in order to fit the objectives, ensure the success and increase its efficiency.

During obtaining the feedback from our focus groups, we've noticed that those staff are highly demotivated and that the monetary returns are their main concern and incentive from attending the program. "Organizations must exhibit flexible structures and processes as well as supportive culture and reward systems with a focus on individual development" (Snell and Dickson, 2011 p. 184). Accordingly a reward and recognition program is highly recommended in the aim of boosting the human capital's morale, commitment, and motivation. However, healthcare organizations and hospitals in particular are spending lots of money in building and renovating facilities and purchasing complicated medical equipment with little time and funds being invested in the human capital development (Gunderman, 2009).

LDPs must be entrenched in the culture of the organization to ensure leadership effectiveness and optimal organizational performance (Snell and Dickson, 2011, p. 184). For this program to be successful, it's of utmost importance that the hospital's senior leadership ensure the buy in of all stakeholders. At that, an essential ideology that should be embedded in the minds of middle manager's superiors is that they shouldn't consider the LDP as a threat in the meaning that those middle managers might take their positions but instead an LDP would function as a helping tool for attaining the pre-planned objectives, goals and would serve the mission of the organization.

It is worth mentioning that acting for this project as an internal consultant limited the access to middle managers' data at AUBMC considering the fact that I am part of the AUBMC staff. Data such as performance appraisals scores along with concerns of our target population's superiors would have been of great value to LDP's development as we would have been more able to tailor the program to the exact needs of managers at AUBMC. Other data that could have been accessed was the development plans for the middle managers along with the training needs identified for each.

To further succeed in this program, participants should feel safe and supported to speak out with no concern of intimidations from their superiors. Thus, hospitals must create as well a culture in which the vast majority of employees become engaged in order to improve patient care outcomes that is our ultimate objective. Eventually, when empowering the participants we will be hindering the problem from occurring before it arises and this will help staff members be committed and involved and leaders be more effective. With a cohesive and strong team, your unit will be able to make informed decisions and appropriate choices that will definitely help in avoiding medical errors and hence saving the lives of many.

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