Article published online: 2023-04-14

Exploring Leadership Competencies and Mentoring Needs of Physical and Occupational Therapy Leaders in the United States

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J Health Allied Sci[NU] 2024;14:94–101.

Abstract

Study Design The current study used a phenomenological qualitative design to investigate leadership competencies and mentoring needs of physical and occupational therapy leaders.

Objectives The purpose of the study was to evaluate leadership competencies of physical and occupational therapy leaders based on years of leadership experience and determine their mentoring needs for developing leadership competencies.

Background Personnel shortages are a major issue in health care, and health care organizations should focus on professional development of health care leaders for better staff retention.

Methods and Measures Nonprobability convenience sampling was used to recruit physical and occupational therapists currently working as therapy leaders in the United States. A self-developed, two-part structured interview guide was created and contained three demographic questions regarding leadership and four open-ended questions. Before the interview, participants reviewed the National Center for Healthcare Leadership Health Leadership Competency Model 3.0, which discusses seven domains of leadership competency, and the interview guide. Interviews took ~30 to 45 minutes and were conducted using Zoom. NVivo software was used to code interviews for themes, and identified themes were grouped into five categories of years of leadership experience.

Results Twenty-five physical and occupational therapists participated in the study. Participants in all five experience categories identified collaboration and communication as leadership competencies they possessed. Other identified competencies were analytical thinking, team leadership, accountability, and professional and social responsibility. Human resource management, financial skills, and relationship and network development were identified as mentoring needs for developing leadership competencies by participants in all categories. Information technology management and self-confidence were also identified.

Conclusions By determining the current leadership competencies and mentoring needs, the results of the current study may be useful for establishing leaders who can address personnel shortages in health care.

Keywords
- physical therapy leader
- occupational therapy leader
- leadership competencies
- mentoring

article published online
April 14, 2023

DOI https://doi.org/10.1055/s-0043-1764356.
ISSN 2582-4287.

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India

Introduction

Recently, personnel shortages were identified as the top issue confronting health care organizations for the first time in over 15 years.[1] The fields of physical therapy and occupational therapy have also been affected by shortages. According to estimates from the Alliance for Physical Therapy Quality and Innovation, 27,000 more physical therapists will be necessary by 2025 to meet patient demand.[2] Similarly, nationwide shortages of occupational therapists will continue through 2030.[3] As the need for physical and occupational therapists increases, the need for therapy leaders will increase correspondingly.

In a 2022 employment trends report, employees indicated that professional development was the number one way to improve the culture of a company and that they preferred enrichment over money.[4] Research supports the benefits of professional development, which leads to 30 to 50% higher retention rates for organizations.[5] When starting a new job, employees are increasingly requesting a coach, or a mentor, as a job benefit.[5] Leaders and team members are also looking for mentors to help them become successful in their current position and future roles.[5]

Given these preferences, health care organizations should focus on the professional development of health care leaders to promote greater staff retention. However, it is necessary to know which specific leadership competencies therapy leaders possess and which leadership competencies require mentorship for better development. This type of assessment is important because leadership competencies determine whether leaders have the knowledge, experience, talent, and capability to influence others and achieve organizational goals.[6] Once leadership competencies are identified, organizations can harness the established skills to address existing problems, such as staffing shortages. Further, health care organizations can identify specific skills that require additional mentoring to produce well-rounded and experienced leaders. Therefore, the purpose of the current study was to evaluate leadership competencies of physical and occupational therapy leaders based on years of leadership experience and determine their mentoring needs for developing leadership competencies.

Methods

The current study used a phenomenological qualitative design to investigate leadership competencies and mentoring needs of physical and occupational therapy leaders. The local institutional review board approved the study, and the participants provided informed consent before participation.

Participants

Nonprobability convenience sampling was used to recruit physical and occupational therapists currently working as therapy leaders in the United States. Potential participants were recruited from a variety of health care settings, including but not limited to home health, inpatient rehabilitation, skilled nursing facilities, outpatient rehabilitation departments, hospitals, and mental health clinics. Specifically, the primary study researcher contacted colleagues who were physical and occupational therapy leaders by telephone to ask if they would participate in the study. Physical and occupational therapist colleagues who were not leaders were also contacted and asked if they knew someone who met the study's inclusion criterion and would be willing to participate. Speech therapy leaders, physical therapist assistant leaders, and occupational therapy assistant leaders were excluded from participation in the study. Any physical or occupational therapy leader who worked directly for study researchers was also excluded. For diversity of recruited participants, the sample size for the study was 25 participants with 5 participants each in 5 categories for years of experience as a therapy leader (1–2, 3–5, 6–8, 9–11, or 12+ years). Once a therapy leader agreed to participate, the primary study researcher contacted them by telephone or e-mail to schedule the interview.

Conceptual Model for Leadership Competency

The National Center for Healthcare Leadership Health Leadership Competency Model 3.0[7] was used in the current study to assess leadership competency. According to this model,[7] leadership competency comprises seven domains with four action domains (boundary spanning, execution, relations, and transformation) and three enabling domains (values, health system awareness and business literacy, and self-awareness and self-development). The action domains are intended to evaluate how leaders do their work and the enabling domains to evaluate how leaders are preparing and developing skills to lead effectively.[7] Because the Health Leadership Competency Model 3.0[7] provides detailed information about each domain and its associated competencies, it was shared with the study participants. More specifically, we wanted to make sure that the participants were aware of each competency in every domain. To evaluate their leadership competencies, they needed to know that the boundary spanning action domain includes community collaboration, organizational awareness, and relationship and network development competencies; the execution domain includes accountability, achievement orientation, analytical thinking, communication skills in writing and in speaking and facilitating, initiative, performance measurement, process and quality improvement, and project management competencies; the relations domain includes collaboration, impact and influence, interpersonal understanding, talent development, and team leadership competencies; and the transformation domain includes leadership change, information seeking, innovation, and strategic orientation competencies.[7] For the enabling domain, they needed to know that values included the professional and social responsibility competency; health system awareness and business literacy includes financial skills, human resource management, and information technology management competencies; and self-awareness and self-development includes self-awareness, self-confidence, and well-being competencies.[7]

Data Collection

A self-developed, two-part structured interview guide was created for the current study. It included seven questions: three demographic questions and four open-ended questions. Demographic questions asked about years of experience as a therapy leader (1–2, 3–5, 6–8, 9–11, or 12+ years), type of leader (physical or occupational therapy), and number of years as a therapist. The four open-ended questions were based on the Health Leadership Competency Model 3.0[7]; three assessed constructs of leadership and leadership competencies and one addressed mentoring for development of leadership competencies. Specifically, the participants were asked to describe how they came to be a therapy leader, describe three leadership competencies they possess and how they embody those competencies, describe a time when they provided effective leadership, and identify three leadership competencies they would like mentoring on to become a stronger therapy leader. Established procedures for qualitative studies were followed to assess content validity and reliability of the interview guide, including a comprehensive literature review, piloting of the interview guide by subject matter experts, and thorough documentation of study procedures.

Once the interview was scheduled, participants were given the Health Leadership Competency Model 3.0[7] and the interview guide. They did not review ►**Tables 1** and **2** prior to the interview, particularly ►**Tables 1** and **2**[7] of the model document. Participants could also access both documents during the interview. The interviews were structured to ensure all participants answered the same questions in the same order. Interviews took ~30 to 45 minutes and were conducted using Zoom. The interviewer was a doctoral student having completed three research courses.

Table 1 Study participants by years of experience as a therapy leader and type of therapist ($N = 25$)

Years of experience category	No. (%)
1–2 y	
Physical therapist	2 (8.0)
Occupational therapist	3 (12.0)
3–5 y	
Physical therapist	3 (12.0)
Occupational therapist	2 (8.0)
6–8 y	
Physical therapist	4 (16.0)
Occupational therapist	1 (4.0)
9–11 y	
Physical therapist	5 (20.0)
Occupational therapist	0 (0)
12+ y	
Physical therapist	4 (16.0)
Occupational therapist	1 (4.0)

Table 2 Years of experience as a therapist reported by study participants ($N = 25$)

Years of experience as a therapy leader category	Years of experience as a therapist	
	Mean (SD)	Range
1–2 y	7.0	3–13
3–5 y	13.8	4–28
6–8 y	13.4	7.5–22
9–11 y	19.8	15–25
12+ y	25.6	16–34

Data Analyses

Responses to demographic questions were summarized using Minitab software as frequency and percentage or mean and standard deviation (SD). All interviews were transcribed, entered into the NVivo software program, and checked for accuracy. Because triangulation has been shown to increase the credibility of analysis,[8] interview data were coded for themes by the primary study researcher manually, by the NVivo software, and by a third party. The identified themes were grouped into the five categories for years of experience as a therapy leader (1–2, 3–5, 6–8, 9–11, and 12 + years) for evaluating leadership competencies of physical and occupational therapy leaders and determining their mentoring needs for developing leadership competencies.

Results

Demographic Characteristics

►**Tables 1** and **2** present results from demographic interview questions. Physical and occupational therapists were represented in all years of experience categories, except for 9 to 11 years; that category had no occupational therapists (►**Table 1**). As expected, the 1 to 2 years of experience category had the lowest number of years of experience as a therapist (mean [SD] = 7.0) and the 12+ years category had the highest (25.6; ►**Table 2**).

Thematic Analyses

Participants in all years of experience categories (5) identified collaboration and communication as leadership competencies they possessed (►**Table 3**). Different themes were identified by experience category (►**Fig. 1**). The 1- to 2-year and 12+ year categories had 2 themes, the 9- to 11-year category had three themes, and the 3- to 5- and 6- to 8-year categories had 4 themes. Themes, associated concepts, and example quotes are presented in ►**Table 3**.

Participants in all five years of experience categories identified human resource management, financial skills, and relationship and network development as mentoring needs for developing leadership competencies (►**Table 4** and ►**Fig. 1**). Three participants from the 3- to 5-year category also identified information technology management as a

Table 3 Thematic results for reported leadership competencies study participants possessed by years of experience as a therapy leader ($N = 25$)

Major themes[a]	Associated concepts[b]	Sample quotes[c]
Collaboration (all categories)	Problem-solving, building relationships, helping others, listening to others, connecting, answering questions	"I *collaborate* with other supervisors in both outpatient and in rehab because we are always having to change constantly" "Everything that I do all day long in my current role is *collaborative*.... I work really well with others"
Communication (all categories)	Providing education, explaining importance, being transparent, messaging to others	"I am able to *communicate* with them and come to a decision they both like and respect" "You have to be good at *communicating* with people on different levels and making people feel like it's a conversation" "People under a supervisor need to be *communicated* the plan"
Analytical thinking (3–5 and 6–8 y)	Critically thinking, problem-solving, thinking in the moment	"So basically, what I was able to do was condense everybody's area and keep them within their geographic area ... clinicians are more efficient"
Team leadership (3–5 y)	Understanding, coaching, leading by example, analyzing how to improve	"I'm always meeting with my team, trying to help them" "Understand what people do well and people don't do well"
Accountability (6–8 y)	Holding others to standards, following through, following up, ensuring compliance, checking in	"I am very good at holding people *accountable* to the standard of performance to ensure compliance effectively"
Professional and social responsibility (9–11 y)	Being ethical, being responsible, having boundaries, giving guidelines	"We work in such a highly regulated field and regulations are important to me and I do love boundaries" "So, when you see something and you notice that something is not right in the clinic, are you able to step in?"

[a]Different themes were identified by different categories of years of experience as a therapy leader.
[b]The participants were asked to provide examples of how they embodied leadership competencies they possessed.
[c]The participants were asked to provide an example of a time when they had provided effective leadership.

mentoring need, and 3 participants from the 6- to 8-year category identified self-confidence as a mentoring need.

Discussion

In the current study, we evaluated the leadership competencies of physical and occupational therapy leaders based on years of leadership experience and determined their mentoring needs for developing leadership competencies. Therapy leaders identified six leadership competencies that they possessed and five leadership competencies as mentoring needs for developing leadership competencies to become stronger therapy leaders. Of the six leadership competencies they possessed, collaboration and communication were identified by participants in all five years of experience as a therapy leader categories. In a study by Bainbridge et al,[9] collaboration and communication were identified as competencies that therapists need to possess to be successful in their roles. Lopopolo et al[10] also identified communication and collaboration as two of the most important leadership roles for therapists. Communication is important because it occurs between the therapist and patient during treatment and is used by the interprofessional team to meet the patient's needs.[9] Because collaboration occurs when health care professionals communicate with each other about the patient,[9] it has a natural association with the communication competency. For therapy leaders, these two related competencies transition from patient to team members and from a single patient's needs to the organization's needs.

The leadership competencies of human resource management, financial skills, and relationship and network development were identified by all therapy leaders, regardless of years of experience as a therapy leader, as mentoring needs for further development of leadership skills. A study by Schafer et al[11] identified financial, information, networking, and human resources as management skills needed by physical therapists, regardless of the practice setting. As such, the authors recommended that the educational curricula focus on these topics to better prepare physical therapists to be successful leaders.[11] However, based on the results of the current study, physical and occupational therapy leaders do not feel they possess these leadership competencies.

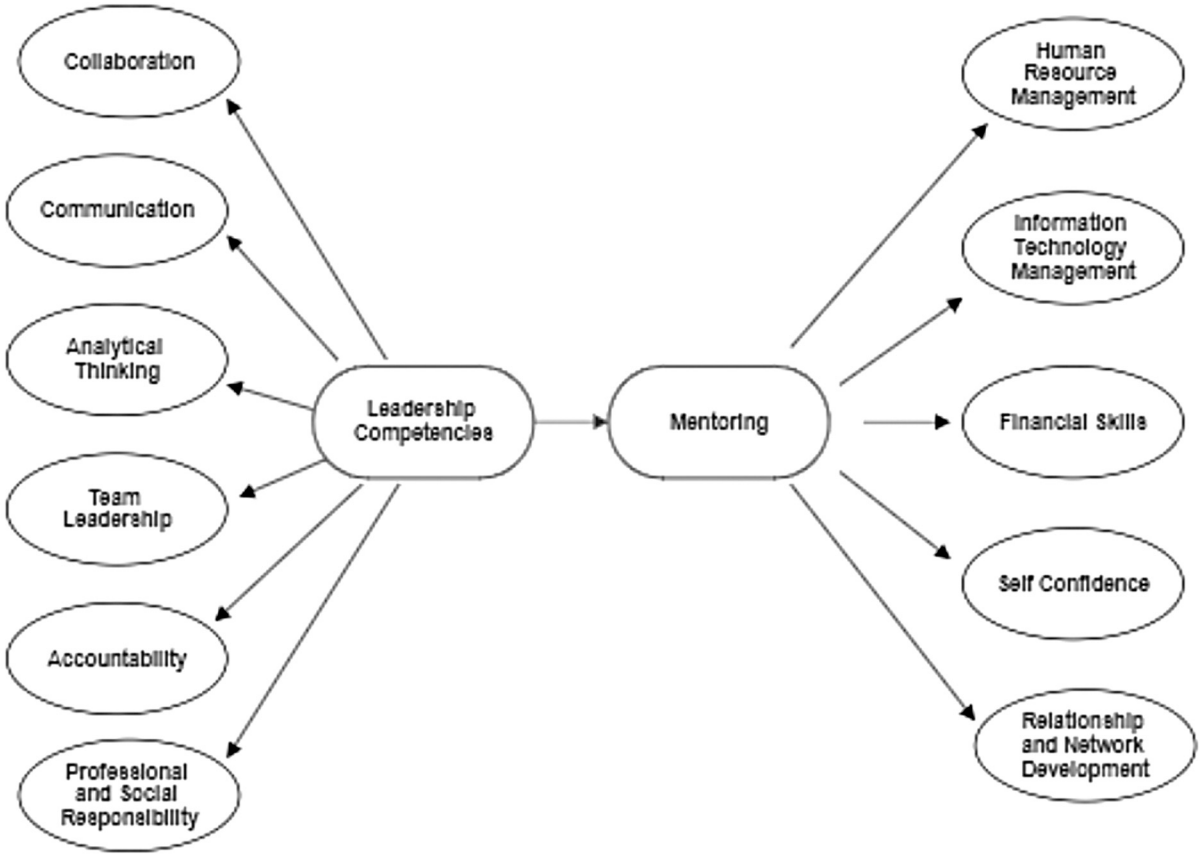

Fig. 1 Leadership competencies that physical and occupational therapy leaders reported they possessed and their mentoring needs for developing leadership competencies.

Table 4 Thematic results for mentoring needs for developing leadership competencies ($N = 25$)

Major themes[a]	Associated concepts	Sample quotes
Human resource management (all categories)	How to address problems, conflict resolution, discussing things in a productive manner, critical conversations, performance reviews	"Being able to manage those expectations across very different leadership styles, personalities, expectations" "As a leader, a lot of what we do has a big overlap with *HR* (human resources)" "How do we sit people down and really get them to discuss things in a productive manner?"
Financial skills (all categories)	Alignment with mission, accountability, understanding, attaining goals	"I believe it's important I understand the *financial aspect* of the organization" "*Financial skills* are probably the hardest" "No matter what business you are in, I feel that a very in-depth knowledge is needed to truly run your business" "They are very good at telling us what they want. They are very poor telling us how to achieve them"
Relationship and network development (all categories)	Building rapport, having contacts, networking	"To me a lot of *network development* is a lot of sales and marketing" "So, I would welcome mentoring and collaboration on taking that first step and setting up my LinkedIn"
Information technology management (3–5 y)	Communication, computer systems, longevity	"Information is always changing. *Technology* is here to stay" "I think we are always going to be developing in *IT* (information technology)"
Self-confidence (6–8 y)	Become a stronger leader, be able to recognize skills, know strengths and weaknesses, be sure of decisions and abilities	"I think maybe I don't know my strengths" "Being confident in the decision"

[a]Different themes were identified by different categories of years of experience as a therapy leader.

During the interviews, there was no indication that possessing or lacking leadership competencies affected how participants became a therapy leader. Although it may be advantageous to promote those interested in professional growth to a leadership role, organizations should first consider which leadership competencies the therapist possesses. Good therapists do not always make good leaders. Therefore, identifying the existing leadership competencies of potential candidates may lead to greater success for the organization and for the therapist assuming a leadership role.

Implications for Health Care Policies and Management Practices

Results from the current study may assist therapy managers, health care organizations, and health care administrators by suggesting ways to improve staff retention, initiate professional development, and increase overall job satisfaction. For instance, collaboration and communication were leadership competencies that all participants indicated they possessed. Such information may be beneficial when hiring a new therapy leader into an open position or promoting a therapist into a leadership role. During interviews, participants indicated that they collaborated throughout the day to ensure their business was operating successfully. Further, they communicated continuously with members of the health care team in multiple ways to ensure understanding. Therefore, organizations should consider including questions about collaboration and communication competencies when interviewing candidates for leadership roles. Candidates could be asked about a theoretical scenario within the organization where a therapy leader would need to exhibit collaboration and communication. Candidates could also be asked to provide specific examples of when they demonstrated these leadership competencies in the past to determine whether they will be successful in a leadership role.

In the current study, five leadership competencies were identified as mentoring needs: human resource management, financial skills, relationship and network development, information technology management, and self-confidence. During interviews, participants indicated that they did not receive training on these leadership competencies in school and have not received enough mentoring on them in their current positions.

Overall, study participants indicated they wanted mentoring on human resource management to know how to deal with conflict in their current roles. Although conflict often happens in workplaces, it can be addressed with conflict management skills.[12] Therefore, organizations should strive to provide mentoring to therapy leaders for this leadership competency to improve conflict resolution, optimize team member performance, and implement best practices. Further, therapy leaders should be taught how to deal with conflict when it occurs and who to contact for support, how to reinforce positive behaviors at the workplace, and which regulations apply to their organization.

Participants in the current study wanted mentoring on financial skills so they could learn how to read a budget and how to meet the budget. They were also interested in the ramifications of not meeting the budget and understanding how therapy services are billed and paid. During interviews, most participants indicated that they received little to no training on financial skills in school. Furthermore, most indicated that they had received little to no training for their current jobs, even if they were new therapy leaders. A study by Javani et al[13] recommended that leaders who manage financial matters should be able to address them with minimum errors. Therefore, organizations should provide professional development training to improve the financial knowledge and skills of their therapy leaders.[13]

Participants in the current study also wanted mentoring on relationship and network development because they were uncomfortable building networks, especially when social media was involved. This result may be related to their lack of confidence using information technology and desire for more mentoring for that competency as well. Chan and Leung[14] suggested that the use of social networking sites was beneficial for networking and communication among health care professionals, but technological knowledge was a barrier. Organizations should consider training therapy leaders so they can use social network accounts, such as LinkedIn, to network within the organization and with outside health care professionals. Such training could include information about how to set up an account, what the professional profile should look like, how to search for other users, and what to post to expand the professional network, knowledge, and communication. This training may benefit leaders by increasing professional networks and providing professional support. Cultivating network development may also be a good way for health care organizations to increase outside interest in open positions.

Regarding mentoring for the related information technology management competency, participants indicated they wanted to learn more about their computer systems and technology terms and to develop better communication for problem-solving technology issues with their teams. Because health information technology can impact the quality and efficiency of a health care provider,[15] health care organizations should strive to integrate their information technology department within the overall organization so everyone has appropriate education about the computer systems. For instance, knowing how to best use information technology to leverage workplace processes may enhance the performance of therapy leaders. Having cheat sheets and decision trees for reference may reduce calls to the information technology department and allow therapy leaders to better assist their team members, improving overall efficiency. The information technology department could also host quarterly informational meetings with leadership on such topics as recent changes to computer systems, tips to be more efficient when using specific systems, or information technology lingo for better communication with the information technology team when reporting a problem.

Participants in the current study also wanted mentoring on self-confidence to better understand their strengths within the company. Some participants believed if they

had more training they would be more confident in their decision-making skills. Because self-confidence comes from feedback that individuals receive from others,[16] organizations and leaders should provide positive feedback to employees for a "job well done." This feedback could boost leader self-confidence and, ultimately, performance. Therapists typically receive positive feedback when interacting with patients, but that feedback changes when they become therapy leaders. During the interviews, some participants indicated that receiving more negative than positive feedback about their leadership role may have contributed to lower self-confidence. However, improving the self-confidence of therapy leaders may lead to greater job satisfaction and employee retention.

Limitations

The current qualitative study had several limitations. The interview guide was developed specifically for the study. Although the content was reviewed by subject matter experts and pilot tested, the primary study researcher who developed it was a novice researcher with no previous experience developing such instruments. All interviews were conducted using Zoom, and participants sometimes had difficulties hearing the interview questions. Based on participant responses, it was obvious when they had not heard the question clearly. However, because the interviews were structured, follow-up questions for clarification were not asked, and those data probably did not contribute to the overall study. Although study participants were given the National Center for Healthcare Leadership's Health Leadership Competency Model 3.0[7] and interview guide before the interviews, some participants did not review the material as requested. Therefore, some interview questions were not answered as thoroughly, and it was apparent when participants had or had not reviewed the materials before the interview. During the interview, participants were asked to indicate three leadership competencies they felt they possessed and three competencies they wanted mentoring on to become stronger leaders. However, by asking for only three competencies, we limited the number of answers that could be provided, thus impacting our results. As with all qualitative data, researcher bias when analyzing the data should be considered as a limitation. Triangulation was used in the current study to decrease this bias, and more than one perspective was used to analyze results. Specifically, data were coded by the primary study researcher manually, the NVivo software, and a third party.

Recommendations for Future Research

Additional research is necessary to verify results of the current study. For example, a quantitative study should be conducted to evaluate the leadership competencies of therapy leaders, allowing participants to choose more than three competencies and using a larger sample size. Future research could also focus on identifying specific programs that meet the mentoring needs of therapy leaders. Currently, mentoring opportunities are lacking for therapy leaders, so it would be advantageous to identify the best mentoring tools for therapy leaders and to develop programs to meet identified mentoring needs. Health care organizations could then use those programs to train therapy leaders within their organization. Professional physical and occupational therapy organizations could also offer training in leadership competencies for therapy leaders. Similarly, future research could be used to develop an instrument that identifies leadership competencies for therapy leaders before they take on that role. Like a personality instrument, a leadership competency instrument could be used by organizations to identify a potential therapy leader's strengths and areas that require improvement. Such information would provide the organization with an outline of goals for orientation and a professional development plan during the therapy leader's employment. Because the health care system continues to grow and change at a rapid pace, health care organizations need to proactively nurture successful leaders for better health care outcomes.[17] This viewpoint was supported by a study participant who stated, "I think it's important … for us to understand what the goals are of the key stakeholders in the organization and their initiative and to empower the team as you deliver the message … to meet those initiatives."

Conclusion

By determining the leadership competencies and mentoring needs of physical and occupational therapy leaders, results of the current study may be useful for establishing leaders who can address personnel shortages in health care. Current and future staffing shortages in health care necessitate this identification of leadership competencies and mentoring needs. Importantly, health care organizations that identify these leadership competencies and mentoring needs will be better equipped to establish therapy leaders who can guide their organizations through changeable times and successful health care initiatives.

Conflict of Interest
None declared.

Acknowledgments
The authors would like to thank Dr. Lihua Dishman for providing guidance on this manuscript. We would also like to thank all those who participated in the study. Without study participants, there would be no research.

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