

The hard truth about soft skills: Exploring the association between leadership competency and career advancement of allied health professionals

Proceedings of Singapore Healthcare
Volume 31: 1–6
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DOI: 10.1177/20101058221138834
journals.sagepub.com/home/psh

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Abstract

Background: Globally, employee engagement in healthcare organisations is low, with career advancement one of its main determinants. It may be useful for healthcare organisations to determine the factors of career advancement, to guide them to more effectively engage their workforce. Leadership competency is factor that may be crucial in influencing career advancement for healthcare employees. To our knowledge, a comprehensive analysis on its impact on the perception of career advancement within the healthcare setting has not been conducted.

Research Design: An ecological, cross-sectional study was conducted, aimed at examining the association between leadership competency of healthcare professionals and perceptions of career advancement. Poisson generalized-estimating-equation models were fitted to estimate the adjusted rate ratios with bootstrap 95% confidence intervals for the associations of the AHEAD items with the number of favourable responses on the career advancement items. In each model, we accounted for clustering by departments and controlled for length of service as a confounder.

Results: Statistically significant predictors of perception of career advancement were found, and included skills - Interpersonal Skills (aRR 1.53 CI 1.12–2.96), Motivating (aRR 1.31 CI 1.10–2.16), and Mentoring (aRR 1.30 CI 1.08–1.13); and values - Compassion (aRR 1.37 CI 1.17–3.40), and Collegiality (aRR 1.31 CI 1.00–1.99).

Conclusion: Our findings show an association between some components of leadership competency and the perception of career advancement. These results provide initial evidence that apart from hard skills, soft skills may play an equally (or more important) role in influencing the perception of career advancement.

Keywords

Leadership, career advancement, leadership competency, allied health professional, soft skills

Background

In recent years, there has been a great amount of interest and focus on employee engagement, partly due to its impact on employee performance.^{1–3} For healthcare organisations, this could even positively influence patient outcomes.^{4,5} As such, many organisations are looking to better engage their employees, so as to motivate and retain talented and productive individuals. Despite this salient need for employee engagement, global employee engagement rate is low,^{6–8} with many managers uncertain of the causes or necessary interventions.⁹ A recent study by Qualtrics⁸ reported that only 47% of Singapore's employees are engaged by their

organisations, behind the global average of 53%.⁸ Furthermore, studies also show a growing issue with employee turnover in healthcare organisations around the world.^{8,10} Amidst a rapidly changing world, it may be beneficial, now

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more than ever, for healthcare organisations to focus on the determinants of employee engagement.

Career advancement

Career advancement is one of the key determinants of employee engagement.^{11–13} According to Harter et al.¹⁴ the “feeling as though there are opportunities to discuss progress and grow is antecedent needed for engagement to occur within the workplace”¹⁴ However, efforts to address this dimension appear to be lacking. In Deloitte’s Global Human Capital Trends survey, 59% of respondents rated their organisations as not effective, or only somewhat effective at empowering people to manage their own careers.¹⁵ An employee engagement survey conducted on hospitals in Canada revealed that career development opportunities received the lowest positive rating.¹⁶ Therefore, it may be useful for healthcare organisations to determine the factors of career advancement, so as to guide them to more effectively engage their workforce.

Leadership competency

The skillset for an effective and successful Allied Health Professional (AHP) is varied and complex. Leadership competency is among them, which may play a crucial role in career advancement for employees in healthcare organisations.^{17,18} However, a comprehensive analysis on its impact on the perception of career advancement within the healthcare setting has not been conducted. Thus, we sought to examine the association between leadership competency of AHPs, and their perceptions of career advancement.

Methods

Study design and participants

An ecological, cross-sectional study design was used. Data was collected from September to November 2016 at the Allied Health Division (AHD) of Singapore General Hospital (SGH). AHPs in SGH completed the AHEAD (Aspiring leaders in Healthcare-Empowering individuals, Achieving excellence, Developing talents) instrument and the SingHealth Employee Engagement Survey (EES). As responses to questions about career advancement were elicited anonymously via the EES, only group-level data was available and an ecological study design was used. In total, 365 AHPs completed AHEAD with a response rate of 78%. 821 Allied Health staff also completed the EES, with a response rate of 90.1%. The unit of analysis were AHD departments which comprised Dietetics, Medical Social Services, Occupational Therapy, Pharmacy, Physiotherapy, Podiatry, and Speech Therapy. Because the length of service of the participants could potentially confound the association between AHEAD and the perception of career advancement,¹⁹ we further stratified, within each department, the AHEAD instrument and career advancement responses by 5 lengths of service: (1) one to less than 3 years, (2) three to less than 5 years, (3) five to less than 10

years, (4) 10 to less than 20 years, and (5) 20 years and above.

AHEAD

We have recently developed and validated AHEAD - an instrument to holistically assess leadership competency in AHPs.²⁰ The 25 AHEAD items and descriptors are categorized under two domains - 18 Values and seven Skills. All items were rated using a 5-point Likert scale where 1 = not ready, 2 = somewhat ready, 3 = usually ready, 4 = often ready, and 5 = always ready, and the mean score computed. Individual-level AHEAD responses were aggregated to department and length of service by a trusted third party within the division.

Perception of career advancement

The SingHealth EES is a survey on employee engagement disseminated every 2 years among SingHealth institutions. The EES was officially administered by Hay Group in 2016. The perception of career advancement was measured by four items through the SingHealth EES. Each item was rated using a 5-point Likert scale, and the average proportion of favourable (agree/strongly agree) responses was computed. EES responses were anonymously elicited, and hence only group-level data, aggregated to department and length of service, was available.

Table 1 shows the summary of AHEAD and EES scores, by departments and the corresponding lengths of service, which completed both AHEAD and EES surveys.

Statistical analysis

Data are expressed as means (SD) and medians with quartiles for continuous variables and as counts with percentage for categorical variables. Poisson generalized estimating equation models with an independence correlation structure and a log-link function were fitted to estimate the adjusted rate ratios (aRRs) with bootstrap 95% confidence intervals (CIs) for the associations of the AHEAD items with the number of favourable responses on the career advancement items. Because the outcome variable was a count with different number of participants (i.e. a proportion), the natural log of the number of participants (i.e. the denominator) was used as an offset. In each model, we accounted for clustering by AHD departments and controlled for length of service as a confounder. All statistical analyses were done with the *geepack* R package.²¹

Results

Characteristics of AHEAD participants

Table 2 shows the characteristics of participants who completed AHEAD and EES. The majority of participants had a length of service of five to less than 10 years (58.6%). The mean AHEAD score was 3.03 and the overall proportion of favourable responses on career advancement was 53.7%.

Table 1. Summary of AHEAD and EES responses.

Department	Length of service (years)	Ahead	EES (%)
Dietetics	1 to less than 3	3.12	51
	5 to less than 10	2.81	64
Medical social services	1 to less than 3	2.56	47
	3 to less than 5	3.17	68
	5 to less than 10	3.23	69
	10 to less than 20	3.82	60
	20 and above	3.40	75
Occupational therapy	3 to less than 5	2.59	56
Podiatry	5 to less than 10	2.79	53
	10 to less than 20	3.40	75
Physiotherapy	3 to less than 5	2.80	30
	1 to less than 3	3.15	36
	3 to less than 5	2.32	32
	5 to less than 10	3.09	50
	10 to less than 20	3.41	57
	20 and above	3.19	57
Pharmacy	3 to less than 5	3.28	47
	5 to less than 10	4.09	62
	10 to less than 20	3.83	58
Speech therapy	3 to less than 5	2.65	8
	5 to less than 10	2.93	25

Table 2. Characteristics of participants.

N = 365		
Department, N (%)	Dietetics	19 (5.2%)
	Medical social services	57 (15.6%)
	Occupational therapy	39 (10.7%)
	Pharmacy	118 (32.3%)
	Podiatry	7 (1.9%)
	Physiotherapy	97 (26.6%)
	Speech therapy	28 (7.7%)
Job grade, N (%)	13 (junior)	170 (46.6%)
	14 (senior)	98 (26.8%)
	15 (principal)	62 (17.0%)
	16 (senior principal II)	31 (8.5%)
	17 (senior principal I)	4 (1.1%)
Length of service, N (%)	1 to less than 3 years	5 (1.4%)
	3 to less than 5 years	144 (39.5%)
	5 to less than 10 years	152 (41.6%)
	10 to less than 20 years	54 (14.8%)
	20 years and above	10 (2.7%)
EES (Career advancement) scores by department, %	Dietetics	57.5%
	Medical social services	61%
	Occupational therapy	61.3%
	Pharmacy	55.7%
	Podiatry	30%
	Physiotherapy	46.4%
	Speech therapy	16.5%

Figure 1 shows the correlations among the component measures of AHEAD items and Career Advancement. Overall, total AHEAD score was significantly associated with the rate of favourable responses on career advancement (aRR for a 1-point increase 1.21; 95% CI 1.01–1.45). Some predictors of the perception of career advancement were also found to be statistically significant. They included skills such as Interpersonal Skills (aRR 1.53 CI 1.05–2.43), Motivating (aRR 1.31 CI 1.10–2.16), and Mentoring (aRR 1.32 CI 1.03–1.76), and values such as

Compassion (aRR 1.37 CI 1.17–3.40), and Collegiality (aRR 1.31 CI 1.00–1.99).

Discussion

The association between a leadership competency and the perception of career advancement was generally supported, where some of the component AHEAD skills and values were found to be predictors of the perception of career advancement. To our knowledge, this study is the

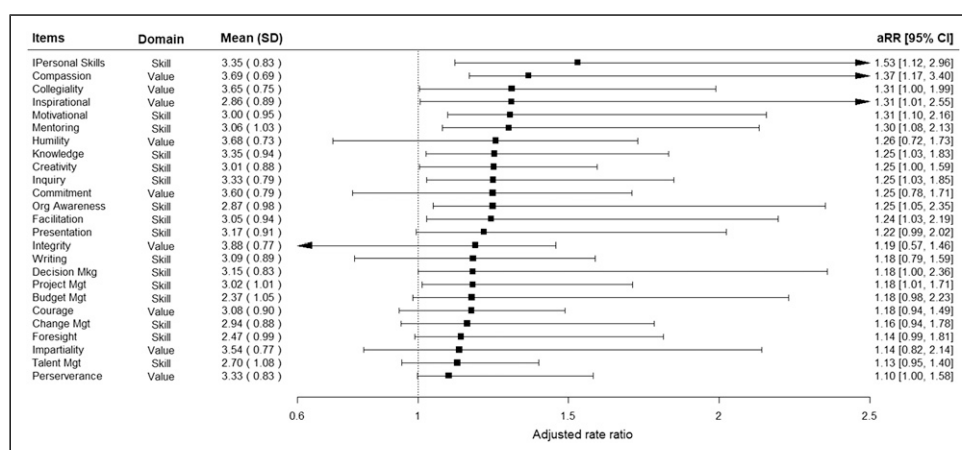


Figure 1. Associations of AHEAD items and rates of favourable responses to career advancement questions, adjusted for **length of service**. aRR = adjusted rate ratio; CI = confidence interval.

first to explore the association between components of leadership competency and the perception career advancement among healthcare professionals.

Skills

An individual's professional competency forms the foundation of a successful career in healthcare,²² and research shows that increasing one's professional knowledge, skills, and education level, i.e. hard skills, is a strategy for success in advancement in healthcare organisations.^{23,24}

For this group of health professionals, soft skills were found to be statistically significant predictors of the perception of career advancement. Interpersonal skills, motivating, and mentoring, were statistically significant, and had a positive association with the perception of career advancement.

Interpersonal skills were found to be a predictor of the perception of career advancement. Other studies also found that interpersonal and leadership skills are competencies typical for leaders in academia and healthcare who are more advanced in their careers.²⁵⁻²⁷ This positive association between interpersonal skills and career advancement could also be explained by empathy, a core component of interpersonal skills,^{28,29} which is also positively associated with patient outcomes and a healthcare professional's competence.³⁰

Our findings also showed mentoring had a positive association with the perception of career advancement. Mentoring can be defined as a relationship between a more (mentor) and less (mentee) experienced person in an organization to promote the mentee's personal and professional development and growth.³¹ A mentor has two main functions: career development and psychosocial. The former involves helping a mentee advance in their careers within the organization, while the latter functions on a more personal level. Through psychosocial functions such as role-modelling, acceptance and confirmation, counselling, and friendship, a mentor can nurture and develop the confidence and competency of their mentee.³² Thus, it is necessary for an effective mentor to not only maintain a high level of domain knowledge, but also to demonstrate a proficiency with soft skills.

As mentees develop, mentors gain a sense of greater self-worth as they impart their knowledge, experience and guidance. A mentee's success can also increase the mentor's reputation, give the mentor information and new perspectives, and reduce the mentor's workload.³² Furthermore, a mentor-mentee relationship can also increase the domain knowledge of the mentor. In a literature review on the benefits of mentor-mentee relationships in the nursing and case management setting, mentors realised they did not know as much as they thought they did, and instead learnt from their experiences with mentees.³³ Therefore, mentoring is beneficial to both the mentee and the mentor, and demonstrating a high level of competency in mentoring can contribute positively to a mentor's career advancement.

Values

Apart from skills, values such as compassion and collegiality were also found to have a good association with the perception of career advancement. While academic attainment and clinical skills are traditionally viewed as the primary predictors of career success,^{23,34} personal values are increasingly valued qualities in careers within healthcare.³⁵ Research also found that ethical behaviour such as compassion and integrity builds personal reputation, which is necessary for both leadership advancement and sustaining a leadership position.³⁶

The findings also suggest that collegiality could also be an important trait for effective AHPs. The nature of work for an AHP is diverse, and they typically have to work as part of multidisciplinary healthcare team made up of doctors, nurses, and other AHPs. To function effectively, an AHP would need to have the ability to work well and build trust with their staff and the other stakeholders they come into contact with. This accumulates social capital—networks of alliances and relationships with others—which can help increase career success through leveraging on these networks.³⁷ Findings from a survey conducted in a nursing unit also noted the importance of this value in retaining and promoting staff, and found that the most reported reasons for working five or more years was mentoring and collegiality.³⁸

Limitations

Our study has limitations. First, the cross-sectional nature of our study may establish an association but not necessarily causality. Furthermore, due to the ecological study design, we were limited to exploring associations at the group level rather than at the individual level. Hence, our findings can only be used to inform more general intervention efforts - and not individual-level interventions. Future longitudinal studies with individualised data could be conducted to track individuals with more favourable perception of employee engagement, and study if they stay longer in the institution and/or are promoted faster. However, due to the sensitive nature of the EES, the anonymity of respondents is crucial in improving response rate and reducing any respondent bias, thereby increasing the likelihood of honest and reliable responses.

As this study was conducted on AHPs, it remains uncertain if our findings are applicable to other healthcare professionals such as nurses, physicians, and hospital administrators. Future studies should be conducted to evaluate whether this association can be seen in other healthcare disciplines or settings. However, we were able to maximise the internal validity of our results by utilising AHEAD, which may be more applicable to this group of healthcare professionals because it was developed by AHPs.

Implications

Our study has potential implications for healthcare professionals. Our findings suggest that apart from hard skills, the “softer” components of leadership competency could also play a part in the perception of career advancement. As leadership skills and values can be cultivated and improved with education and practice,³⁹ AHEAD items are actionable components of leadership competency. Directing resources into developing the leadership competency of healthcare professionals with a focus on both soft and hard skills, could potentially help develop strong healthcare leaders and build an engaged and productive workforce,⁴⁰ which can positively influence health systems, and patient outcomes.

A possible roadmap for career advancement could also be plotted; involving a combination of hard and soft skills, as well as value-centric behaviour. Indeed, the competencies demanded from healthcare professionals are as complex and multifaceted as the ever-evolving healthcare landscape, and go far beyond just the scope of clinical skills and domain knowledge.^{41–43}

Conclusion

In conclusion, our findings show an association between some components of leadership competency and the perception of career advancement. The fast-paced and complex nature of an AHP's job makes it challenging to meet the needs of their patients, and it takes a myriad of skills and values to be successful and advance in one's career as an AHP. While hard skills remain important, soft skills may play an equally (or more important) role in influencing the perception of career advancement. Finally, as the AHEAD items are actionable,

future studies using individual-level data, are warranted to determine whether targeting and improving AHEAD components can increase employee engagement.

Acknowledgements

The authors wish to thank the various Allied Health Division Heads of Department and study participants for their support and cooperation.

Author contributions

KMYJ—acquisition of data, analysis and interpretation of data, drafting of manuscript, revising manuscript, final approval. AHG—conception, design, revising manuscript, final approval. LJ—conception, revising manuscript, final approval. YHP—conception, design, analysis and interpretation of data, revising manuscript, final approval.

Declaration of conflicting interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

Availability data and materials

The dataset supporting the conclusions of this article are included within the article (and its additional file(s)).

Ethical approval

The institutional review board approved the study with a waiver of informed consent (SingHealth CIRB 2020/2317, Singapore).

Informed consent

Informed consent was not sought for this article because this study involves the use of aggregated and de-identified dataset.

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