

The “Boat Model”: A New Leadership Competency Model for Private Hospital Directors in Thailand

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Abstract. *The progress in the public health system has brought about other changes to Thai society. People's interests have been directed towards the “quality”, rather than “quantity”, of health care services. Patients are requiring a higher quality of services from hospitals. A hospital is a special service that involves high risk especially in the private hospital in Thailand. The tasks are concerned with the patient's life which cannot be exchanged like other products bought in the store. A patient's rights are also very strong and complicated in terms of the law. Arising from these difficulties in the management of private hospitals, leadership competencies, which are required of hospital directors, are the key for the success of hospital management. Therefore, the purpose of this article is to present the Boat Model, a new leadership competency model for private hospital directors in Thailand. It refers to six dimensions with 26 competencies: (1) Individual, (2) Management, (3) People, (4) Medicine, (5), Direction and (6) Sense of balanced management. The author is confident that this model will be beneficial for implementing policies of leadership development and also as guidance for a leadership development curriculum in private hospitals. Medical organizations can be effective if there are high potential leaders to manage effectively the hospital which will have a positive impact on the economy and society as well.*

Keywords: Boat Model, Leadership Competency, Healthcare Industry, Private Hospital Director, Thailand

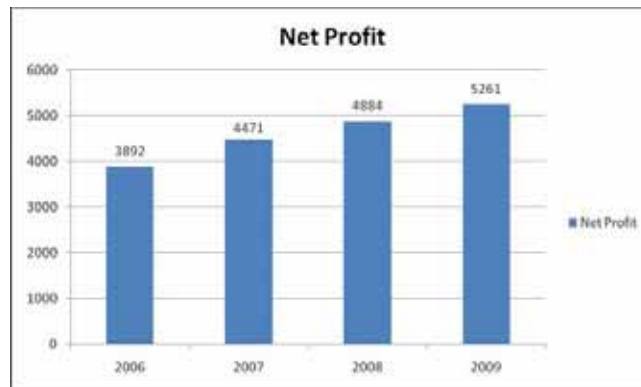
Introduction

The progress in the public health system has brought about other changes to Thai society. People's interests have been directed towards the “quality”, rather than “quantity”, of health care services. Patients are requiring a higher quality of services from hospitals. Thus, to meet the patient demand, hospital management mainly focuses on quality development. Some private hospitals have acquired their hospital accreditation from the U.S.-based accreditation institute. Thailand itself has a health care service accreditation system, the Healthcare Accreditation Institute, which conducts the hospital standard and health services in Thailand. The committees of the Institute, from various professional organizations, visit each hospital to survey and evaluate its quality by using the current issues (The Healthcare Accreditation Institute, 2010).

The hospital is a place that provides health care services to both Thais and foreigners, so that Thai and foreign experts are required as key factors of human resources in order to provide effective services, such as doctors, dentists, nurses, pharmacists, medical radiation technicians, accountants, marketing staff, public relations, receptionists and other staff. Since the Thai economy has been growing, as well as the Board of Investment (BOI) policy which has supported foreign investment, there are many foreign businesspersons and tourists who visit Thailand. Therefore, these foreigners become the targeted patients for private hospitals. Foreigners are considered to be an important source of revenue and their number is expected to keep increasing in the future. This is an opportunity for private hospitals to set strategies for their profit maximization to attract these foreigners by using the image of Thailand as a “land of smiles”, as well as other strong points, such as relatively cheaper medical expenses and the high quality of care and services. The data reported that the medical

expenditure by foreign patients continued to increase from 36 billion baht in 2006 to 106.6 billion baht in 2007, while the Department of Export Promotion expects that there will be approximately 107.4 billion baht in 2010, driven by their high purchasing power and more demand (Kasikorn Research Center, 2010). The private hospital industry has expanded for the past four years, according to Figure 1. This growth was caused by two main factors, the long economic boom and the tourism sector's growth. Another important factor is that the number of foreign patients, including both tourists and business persons, has been increasing using the hospital services, which offered the best quality service and met the patients' needs.

Figure 1 Net profit of Thai private hospitals



Source: Kasikorn Thai Research Center (2010)

The private hospital is one of the most crucial elements in the healthcare business. It is a special service that involves high risk, especially in the private hospital in Thailand. The tasks are concerned with the patient's life which cannot be exchanged like other products bought in the store. Patient rights are also very strong and complicated in terms of the law. Arising from these difficulties in the management of private hospitals, leadership competencies, which are required of hospital directors, are the key for the success of hospital management (Rubino, 2012). Thus, health care leaders are especially challenged to create work climates that motivate high-quality, patient-centered care and retain high-demand talent in a very competitive marketplace. In order to meet those challenges the leaders need certain skills, knowledge, and abilities to be successful. These are called leadership competencies.

The concept of competence has been used in the field of HRD for a long time, but there is no consensus definition, such as Dubois (1993), Spencer & Spencer (1993), Boyatzis (1982), McClelland (1973) and White (1959). There are two schools of thought concerning differences in the interpretation of competency. One school of thought represents competency as knowledge or skill. The second school of thought considers competency as any characteristic that supports performance. However, there have been many studies of competency in the health care sector in Thailand (e.g., Sringamchoic, 2011; Kitreerawutiwong *et al.*, 2010; Chadi, 2009; Callhoun *et al.*, 2008; Stefl *et al.*, 2008; Kowske & Anthony, 2007), but there are only a few studies creating the new model of competency that are based on private hospital directors' perceptions. As there are few studies of this issue in Thailand, this study may be beneficial for implementing policies of leadership development and also as guidance for a leadership development curriculum in private hospitals. Medical organizations can be effective if there are high potential leaders to manage effectively the hospital which will have a positive impact on the economy and society as well.

Purpose of the Article

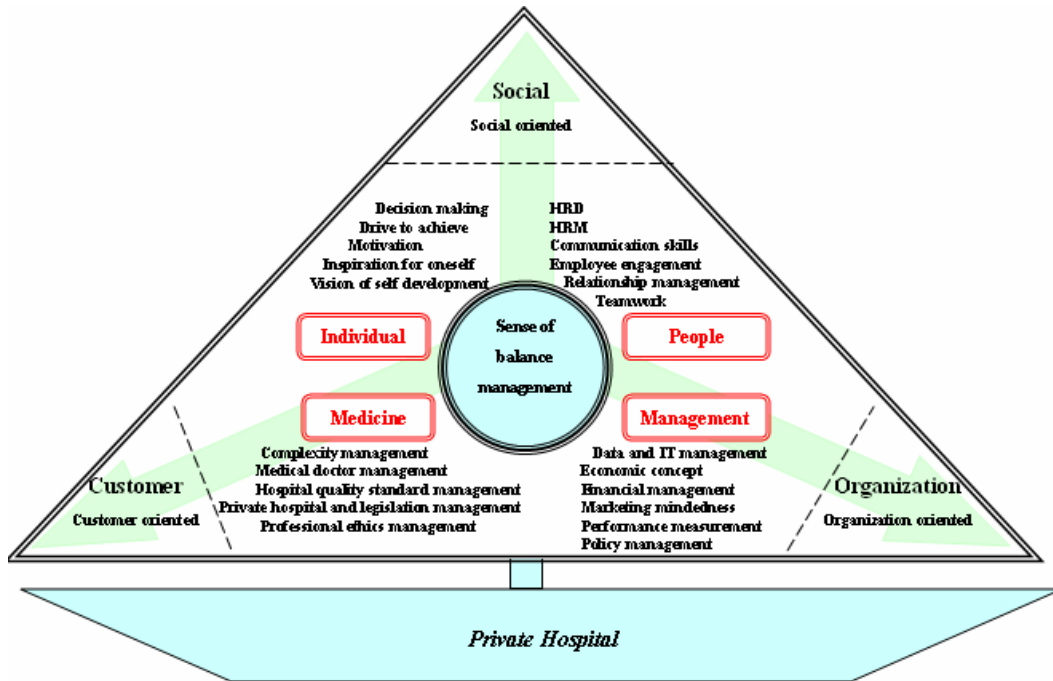
This article will present the Boat Model, a new leadership competency model for private hospital directors in Thailand

Overview of the Boat Model

It should be noted here that the Boat Model is a tentative model that was created from the findings that emerged in my PhD dissertation, which applied qualitative research by using a grounded theory approach. Data were collected through purposive sampling, using a snowball technique. There were 30 participants, private hospital directors whose interview responses revealed the theoretical dimensions of leadership competencies in the study. The participant profiles were 83% males and 17% females. The most common age group was 40-50 years old (40 %), the next was shared by 51-60 years old (30 %) and older than 60 years old (30%). Most of the participants were medical doctors (MDs) (80%), followed by those with other training (10%), nurses (7%) and pharmacists (3%). The locations of participants were 30% from the Northern region of Thailand, 23% were from Bangkok, 17% were from the Central region, and 10% were from the Eastern, Northeastern and Southern regions of Thailand, respectively. 53 % of the hospitals contained \leq 150 beds, while 27% had 151-250 beds, and 17% had \geq 251 beds.

This study used several methods to achieve trustworthiness: (1) the researcher made reflexive notes during the process of data collection and the data analysis process. These are about dependability and confirmation criteria; (2) a triangulation technique was applied, such as documents and other written evidence, including pictures that could assist what participants reported, such as newsletters, project documents, annual reports, individual reports, and pictures of activities. These are about credibility, dependability and confirmation criteria; (3) an audit trail of this study was established at the early stages of this research. There were research proposal drafts, pilot study files, participants' files, a list of interview planning, CD interview records, interview transcript papers, field notes, advisor contact and updated information files, final report text, pending files, and miscellaneous information. These are about dependability, confirmation and transferability criteria. Using the grounded theory approach, three types of coding were employed: open coding, axial coding and selective coding (Strauss & Corbin, 1998, pp.101-161). This study used open coding: line-by-line coding the data and describing the ideas or concepts (Strauss & Corbin, 1998, p.119). The open coding were 1012 items that were summarized through axial coding into 102 abstract concepts. In selective coding, the concepts were condensed into one central category or a few words to explain what "this research is all about" (Strauss & Corbin, 1998, p. 146). In this study, the leadership competencies of private hospital directors were classified into 26 categories and six dimensions. This study analyzed each participant's data by comparing and connecting them to others as categories and dimensions emerged. All the open codes were analyzed and the researcher named the categories by relating together the codes, using the ATLAS.ti 6.2 software program. In this study, the competency names are also presented by giving the meanings, as in Spencer & Spencer (1993), as behaviors and characteristics of the private hospital directors who work in alignment with their job description. Each competency name categorizes details of various behaviors which were extracted from the initial open codes that refer to the same cluster. The competency dimensions in this study are the joint groups of competency names, which refer to a similar group of competencies.

Based on the empirical research, six dimensions and 26 leadership competencies of private hospital directors in Thailand were found and a leadership competency model of a private hospital director in Thailand (LCM- PHDT) or Boat Model was constructed, as illustrated in Figure 2.

Figure 2. The “BOAT MODEL”

Source: Created by Nawasanan Wongprasit, 2012

The name “Boat model” was chosen because the boat represents a hospital of which the hospital director is the leader or captain. The leader works as a captain who is responsible for directing or controlling the boat towards its goal or destination as smoothly as possible, despite turbulence in the form of problems faced by the director. The captain needs the six dimensions and 26 competencies for the boat to achieve the organization’s goals. The leader needs direction for steering the boat in the right way, so that the society and the customers accept his orders. They need the people from both the non-medical and medical team to drive the boat following the mission of the organization. In addition, they must provide all the facilities to complete their processes. Importantly, they have to have individuals who drive by themselves before driving others. Finally, they should have balanced management of all the above processes in order to meet the needs of stakeholders in the boat.

The findings emerged from participants using purposive sampling, snowball techniques, and theoretical sampling. The findings were initially open codes and then developed as concepts and categories. It was found that 26 competencies emerged from this study. There are 1) Communication skill, 2) Complex management skill, 3) Corporate Social Responsibility, 4) Customer oriented, 5) Data and information technology management, 6) Decision making, 7) Drive to achieve 8) Economics concept, 9) Employees engagement, 10) Financial management, 11) HRD, 12) HRM, 13) Hospital quality standard, 14) Inspiration own self, 15) Marketing minded, 16) Medical Doctor Management, 17) Motivation skill, 18) Organizational focus, 19) Policy management, 20) Performance management, 21) Private hospital and legislation management, 22) Professional ethics management, 23) Relationship management, 24) Sense of Balancing management, 25) Teamwork, and 26) Vision own self development. The detail of these categories will be presented next.

Boat Model’s Competency Definitions

1. Communication skill refers to the ability to communicate understanding and clearly with senior level staff, the same level and lower levels. There is also negotiating a win–win outcome. Their

skills are effective meetings. There are speaking skills to reduce conflict with the positive feedback. There is a pair of friendly communication, a summary of the issues, listening, writing, and organizing them.

2. Complexity management skills refers to the ability to manage complexity. The difficulty is in judging needs for specific knowledge of the professional. Process changes at any time. The outcome depends on the competence of personnel. It has the ability to manage a variety of professionals in line with corporate policies.

3. Corporate social responsibility refers to the ability to manage corporate social responsibility by taking into account the needs of the community, receiving great support from the community, and no complaints from the community.

4. Customer oriented refers to the ability to design, both in the form of general services, the clinical services, and the process control services directly to customers to ensure customer satisfaction for both internal and external customers.

5) Data and information technology management refers to the ability to manage information both within and outside the organization, data collection, data analysis, synthesis, usage, and updates, which includes the use of appropriate technology for the enterprise.

6) Decision making refers to the ability to make decisions, solve problems of the organization. The strategy covers all levels of staff. The decision was accepted by all parties and to meet goals.

7) Drive to achieve refers to the ability to push the organization to achieve. The business success is determined, and they do not give up fighting the obstacles by self-reliance and subordinate them which cover all the process from the in put process and output.

8) Economics concepts refer to the ability to manage the existing resources more effectively and efficiently, with the use of resource-efficient strategies and in a profitable manner.

9) Employees engagement refers to the ability to design systems that motivate and engage employees with the passion and commitment to the organization, and which has low turnover.

10) Financial management refers to the ability to manage the income, the payment, and cash which are appropriate. The business can be expected to provide investment management and corporate earnings continuously.

11) HRD refers to the ability to develop human resources to meet the problems and needs of the organization that includes an extensive search process to develop throughout the plan. Additionally, there will be an evaluation of staff competency development increasingly and lead to the achievement of corporate goals.

12) HRM refers to the ability to manage human resources more effectively, ranging from recruitment to training. Employers who meet the requirements of the organization maintain an appropriate assignment of the tasks. Welfare is needed for the employees and the organization. There is also promoting quality of life for employees working happily.

13) Hospital quality standard refers to the ability of hospitals with quality standards appropriate to the context of the hospital and which have been accepted. Effective leaders analyze problems and develop both the medical and general quality of service using the appropriate quality.

14) Inspiration for oneself refers to the ability to drive himself to achieve consistently. There is a clear discipline and plan. It is a great inspiration to see and follow, along with the willingness to follow.

15) Marketing mindedness refers to the ability to plan and formulate a marketing strategy that covers both the inside and outside the organization to match product features and releases into the target, the price, and location appropriately. As a result, the customers impress and become disciples for the organization.

16) Medical Doctor Management refers to the ability of physicians that are accepted. The allocation of patients is to appropriate medical services. Listen to and resolve the problem, doctors have been satisfied since the medical staff, patients and organizations.

17) Motivation skill refers to the ability to motivate followers to work as assigned. Have the skills to persuade and motivated to agree with others with sincerity, both before and after the service is performed.

18) Organizational oriented refers to the ability to manage the organization's goal which is a major consideration. Analyze the organizational issues. There is strategic leadership to set policy that is linked to the success of the organization clearly and measurably.

19) Policy management refers to the ability to process the policy into practice in an organization, everyone involved thoroughly and smoothly. Communicate the policy thoroughly understand the variety of ways.

20) Performance measurement refers to the ability to design and evaluate the performance of the organization clearly to meet the policies and the goals, with the measurement and evaluation of all relevant staff accurately and fairly.

21) Private hospital and legislation management refers to the ability to manage a private hospital under applicable laws, even though no action was smooth. Understand and manage complex organizational characteristics that are associated with many professional people, most of whom have a strong ego and in the midst of a staff shortage. The ability to manage the expectations of patients and relatives of the service, but the treatment cannot be cured by the same people. It involve the ability to manage staff to ensure consistency in service to the patient experience and the ability to grow a profitable business ethically.

22) Professional ethics management refers to the ability to promote and support the professional and administrative personnel and all medical professionals. The performance of professional ethics, legal profession, and professional ethics act smoothly. No unethical action has occurred.

23) Relationship management refers to the ability to build relationships and maintain good relationships with everyone involved both directly and indirectly. Respect others and their feelings appropriately. This is an impressive and a good representation of the organization as director of the hospital.

24) Sense of balanced management refers to the ability to manage the organization to become a well-balanced coverage to meet the needs of customers, employees, shareholders and the doctors smoothly.

25) Teamwork refers to the ability to build a good team, achieve goals, understanding of the team. Know how to choose the right team with the mission, assignments, coaching the team and evaluation of the team.

26) Vision for own self development refers to the ability to constantly improve and love of learning in various ways to suit them. Use positive thinking when the problems happened, look for better opportunities in the crisis and can transfer them to the organization as a good role model.

In summary, Boat Model is a tentative model that was created from the findings that emerged in my PhD dissertation, which applied qualitative research by using a grounded theory approach. The name "Boat model" was chosen because the boat represents a hospital of which the hospital director is the leader or captain. The captain needs the six dimensions and 26 competencies for the boat to achieve the organization's goals. In the next section, the author will discuss why this model is needed for private hospitals.

Discussion: Why the Boat Model is needed

As mentioned above, the private hospital industry in Thailand has expanded for the past four years, according to Figure 1, as reported by the Kasikorn Thai Research Center (2010), and the private hospital is one of the most crucial sectors in the healthcare business. More importantly, Rubino (2012) concluded that leadership competencies are required of hospital directors, as it is a key for the success of hospital management, so that Boat Model may be one of the new leadership competency models that is needed for the future success of this sector. The boat represents a hospital where the hospital director is the leader or captain. The captain needs the six dimensions and 26 competencies for the boat to achieve the organization's goals. Indeed, the Ministry of Public Health (MoPH) is the Thai governmental body which is responsible for managing the whole public health system in Thailand. The expenditure on health has increased 12.8 times from 1980 to 2005, with the private sector's share of that increase being 67% and that of public sector being 33% (Ministry of Public Health, 2006). The

number of private hospitals in Thailand has increased over the past decade and this has enabled the extension of the capacity to provide health care services. Hospital directors are leaders with a specialized body of knowledge in health care management, who are appointed to a management position in a health care or related organization. The role of the hospital directors is different than that of business executives, although both may need to utilize similar knowledge and skills in managing or developing the organization. Health care provides a unique environment and a unique set of challenges for leaders (Ross, 1992). There exists uncertainty on both the demand and supply side in health and health care (Arrow, 1963). Patients cannot predict their health status and health care needs in the future because of this uncertainty. This situation suggests that the demand for health care is unpredictable in its nature.

On the other hand, uncertainty exists on the supply side as well. Doctors cannot predict the results of their treatment on patients. In addition, the nature of health care is very different from the production of general goods. Health care looks like custom-made goods. General goods, such as cars and clothes, have homogeneous characteristics (Fallon & McConnell, 2007). Beeman (2005) mentioned that leadership in health care is an important development for the production of ethical leaders who deserve the public's trust. Also, the patient's needs are different, depending on the disease of the individual, and the nature of private hospitals' service includes having to provide the service while dealing with the complex emotions of patients, many professionals, and many diseases, many different types of equipment or instruments and new medical technology. Thus, the leaders of private hospitals must have the leadership competency to make a difference to their business in order to attract more customers from the local and international environment, so that the hospitals will be able to increase their sustainable profit in the future. In this way, they can survive in this era of competitive globalization.

In summary, the Boat model is one of the new models for private hospital directors in Thailand. The boat represents a hospital of which the hospital director is the leader or captain. The captain needs the six dimensions and 26 competencies for the boat to achieve the organization's goals. However, they need to have individuals drive themselves before driving others. Also they should have balanced management of all the above processes in order to meet the needs of stakeholders in the boat. The next section will present the implications of this model.

How the Boat Model Supports the Private Healthcare Business in Thailand

This section presents the implications for practice, drawn from the findings of the research study. The implications are divided into four different levels with five implications for practice: individual level, organization level, national level, and ASEAN level.

Individual Level: *Implication for Practice #1: Guidelines for career paths for those who will become administrators or private hospital directors to prepare themselves in order to meet the criteria of leadership competency*

These findings are of benefit to the person who will be in the private hospital director's position when they wish to prepare themselves by using these defined core competencies. There are four domains-organizations, people, individual, and medicine-and 26 behavioral competency categories. If she or he lacks any competency skill, they should plan to undertake more training for improvement.

In this particular study, the researcher found that most private hospital directors graduated in Medicine and a minority graduated in Business Administration. Several private hospital directors came from a background of the medical treatment of patients, or a hospital partnership. When they become hospital administrators, they should take management training, school administration, learn by themselves, and some work and training in different countries. When they become administrators they still use their medical knowledge for making decisions, commands and to create a positive image to help facilitate administration. Thai culture typically praises the medical profession, even if he/she manages with low quality. The team will accept or not accept, but they cannot express their reservations. He/she is a personal physician, as well as a director, because he/she is a medical doctor, but he/she may not want to be an administrator. When he/she reaches the executive management

level, he/she is not quite happy because he/she lacks management knowledge, and his/her ego is quite high. Moreover, everybody typically has pride and confidence in the medical profession. However, when he/she becomes a senior executive, he/she must acknowledge the role that some people are more or less important than their own. There is a need to look at the whole picture, the organization's goal, working to achieve the goals, even though sometimes he/she is not satisfied being one of the team, cannot control emotional expressions, and sometimes is not satisfied with the policies and these require cooperation from everyone. That is the difficulty of being an administrator. In addition, private hospital directors are a challenge to the financial goals over time. If the administration does not reach the policy goals, some will be changed. It leads to instability, unlike the treatment of patients by doctors that can make for professional growth. Some doctors prefer to treat patients rather than become private hospital directors. Therefore, there are only a few doctors who would like to be private hospital directors.

Implication for Practice #2: Guidelines for private hospital directors to use in preparing, improving, and developing themselves

The findings should be helpful to any private hospitals directors who wish to prepare and progress by using the leadership competencies defined in this study. Any director who lacks any of the core leadership competencies should improve through training or coaching. For example, this study showed that the directors commented that hospital management is complex and difficult due to the high expectations of patients, relatives, doctors, and nurses who have their own professional identity. In addition, many business executives need to achieve the goals, as well as other people have diverse needs based on the therapeutic process which is not completed in one step. Moreover, there is a factor for the disease and recovery from it which is rather difficult to manage, such as the high expectations of patients in hospital to be cured and to recover from disease and anxiety. Additionally, the relatives of patients have to know the symptoms of the disease and to continue the treatment as necessary and be satisfied with the hospital services. Many directors commented from their experience that hospital management is a complicated and very difficult business. For example, in business travel, people go to Disneyland with an expectation of happiness. Service design is the same as the trains roll or somersaults occur, with nothing being complicated. The hotel's reservation and check into the room proceeds smoothly. However, the patients and relatives who come into the hospital each day are worried about a disease. There are many different diseases, emotions, and states of mind. The number of patients who come to the hospital will depend on the size of the hospital. The services are not the same for each patient. For instance, some people like the hospital food, whereas others do not like it. Therefore, the hospital director must have a good service plan to ensure management with satisfaction, and to meet the expectations of both different patients and relatives. The risks to patient health may also occur in the hospital.

This study found that most executives who had not entered the hospital profession used Competency in Complexity management skills, Communication skills, Customer focus, Human relations, and Private hospital and Legislation management. The competency priority in this group included: Medical Doctor Management, Hospital quality standard and Professional ethics management. Perhaps this group used the ability to manage relationships, effective communication, and a legal basis because they had no medical knowledge. This competency should be developed. The researcher proposes that their learning about Medical Doctor Management and Professional ethics management should be increased. So, the findings of this study will be helpful to private hospital directors who wish to prepare and progress by using the leadership competencies defined in this study.

Organization Level: Implication for Practice #3: Competencies criteria for organizations or private hospitals.

The results of this study indicated that leadership competencies are important for private hospitals directors who play a most important role for their hospitals. Therefore, the organization or private hospital should provide some special programs as needed for their staff, especially new doctors who want to become private hospital directors in order to fit the job requirements of the hospitals.

More importantly, in the future, there may be a shortage of private hospital directors. The private hospital director in a large group will train for both domestic and international management, and work

with the present director. The directors of the small and medium-sized hospitals undertook short-term training courses which educational institutions hold and studied from bachelors to the doctoral degrees to produce the medical administrators for all levels from department heads to hospital directors. Additionally, to solve the shortage of the medical profession, more people who graduate in administration will become directors in the future. For example, according to the results in this study there are four domains and 26 competencies. One of the important issues is work experience, so that the person who will become a private hospital director may need more practice in authentic work that relates to their position. They can gain more skills and abilities, and, at the same time, they also can learn more about the workplace environment when they are still working in their present positions. In other words, they need a mentor or coach to support them to improve their skills. The assessment or a checklist of competencies criteria of leadership competency for a private hospital director may also need to be set up, as well as a standard requirement for recruitment processes. This will help hospitals become consistently successful in their business, as they have better directors.

National Level: Implication for Practice #4: Guidelines for the Private Hospital Association and government policy makers

It should be noted here that, from the researcher's knowledge from working in private hospitals for over 15 years in Thailand as a registered nurse, HR position, and consultant, the researcher is confident that this study's findings may be beneficial to the Private Hospital Association and to government policy makers, especially the four domains with 26 competencies that were found.

This study found that most directors who were physicians used competencies in Complexity management skills, Customer focus, Hospital quality standard, Private hospital & Legislation management, and Medical Doctor Management. Competency priority includes: Human Relationships, Communication skills, HRD and HRM, because of their having previous medical knowledge. They have the ability and experience in the medical field. It has been used to solve problems or management issues. These competencies should be developed in this group. The researcher's view is that HRM competency should be developed. The medical profession learned as a way of reasonable academic thinking. After graduation, they needed to think with reason to find out the causes of diseases as well. However, hospital management and managing people were the most relevant because of using people services. Nevertheless, managing people was not always management based on reason, with emotions and feelings involved, not just numbers like one plus one equals two. Thus, from the nature of medicine, the researcher recommends that most doctors should focus on the development of people.

This study also found that the directors who were pharmacists and nurses used Competency in terms of Communication skills, Customer oriented, Human relationships, Hospital quality standards, Private hospital & Legislation management and Professional ethics management. The Competency priority in this group included: Medical Doctor Management, HRM, and HRD, perhaps because this group has some medical knowledge, but less than the doctors, so they had to use the ability to manage relationships with others, rather than to meet customer needs and improve the quality of the hospital. These competencies should be developed. The researcher proposes that their learning of HRD & HRM, and Medical Doctor Management should be increased. So, the findings of this study should be helpful to the Private Hospital Association and Government policy makers for the future, as we are now facing the complexity of the ASEAN ways, especially HRD & HRM, Medical Doctor Management and English communication skills when compared to our neighboring countries, such as the Philippines, Indonesia, Burma, and Malaysia.

ASEAN Level: Implication for Practice #5: Guidelines for the ASEAN Economic Community (AEC) in the near future

From the literature review and the findings in this study, Thailand is now facing a serious shortage of doctors and nurses. The Nursing Council found that there are currently 118,395 registered nurses under the age of 60 with a professional license, 79 % work in nursing services, 9 % work for support services, 5 % support other professionals, 4 % work in nursing administration and 3 % work as teachers. These are large shortages when compared to current needs (Thai Health Promotion Foundation, 2009). Sawaengdee (2009) conducted a long-term research project, monitoring the work lives and health of nurses for 20 years with the support of the Institute of Health and the Institute of

Research. The preliminary results found that the new generation of nurses at the age of 30 years old work in the nursing profession for only 3 – 4 years. If there is no job satisfaction, this group will be lost. After graduation, new graduate nurses entering the profession will be reduced to 99%, followed by 97-98% for the second year and the third year will be reduced to 95%. In five years, if we cannot change, this it will be reduced to only 80%, or 20 % will be lost to the profession. The factors that affect the resignation of nurses in health services at all levels are: employment status as civil servants, lack of honor, failure to obtain benefits, pensions, increased workloads both from the patient and the severity of the illness, remuneration, less welfare when compared to the workload, not equal to other professions, the stress of the workload increases, and the lack of progress in education.

This study found that hospitals in local provinces are experiencing a shortage of doctors and nurses. They also have to hire at a higher rate than Bangkok in order to attract doctors and nurses, but the problem is the compensation because it is not comparable to the compensation in Bangkok. The regional directors mentioned the problems of the shortage of doctors, nurses, and hospital personnel of the lower Northern region in the seminar on the management of a new era of competitiveness of hospitals at Naresuan University and Siwayathorn (2010) suggested that the theory of the basic needs of people was a possible explanation. The problem was similar in the United States which found that people prefer to stay in cities, but the hospitals need to motivate people, create things to compensate or find alternatives of the organization, and interview before leaving the job to find the reasons to be solved on that point.

The study also found that most hospitals have a shortage of doctors. Srithumma (2011), the Ministry of Health spokesman, said that the master plan of the public health in 2554 (2011) for the nationwide demand for medical doctors was around 40,620 people. At present, there are 13,083 doctors available, still lacking 9772 people. On average, a doctor has to respond to approximately 7,000 people. The study also found that there was a shortage of doctors in regional hospitals. The small size hospitals and large size hospitals are short of specialty physicians who naturally prefer to work at the hospitals connected to medical schools.

All of the problems mentioned above are not only found in Thailand, but may be one of the issues for ASEAN members to be aware of. Today, there are seven professions from the agreement of the ASEAN Council that can work anywhere in ASEAN countries. Most of these careers are in healthcare, such as doctors, pharmacists, dentists, and nurses. There is no doubt that the ASEAN community may need this tentative boat model which provides for leadership in four domains and 26 competencies in order to develop the leadership competencies of private hospital directors. This job will be one of the most important positions to manage consistently successful hospitals in the healthcare business for the ASEAN community in the near future.

Conclusion

This article presented the Boat Model, a new leadership competency model for private hospital directors in Thailand. The private hospital directors were selected through an exploratory, grounded theory interviewing method. The results of this study support the relevance of important leadership competency concepts which include six dimensions and 26 competencies. Overall, the results of the study point to the need for increased accountability of local governments, the private sector and non-profit organizations in private hospital management investment and offer the proposed leadership competency of a private hospital director model, as proposed by the researcher. It is hoped that the conclusions and implications of this study can be used as groundwork for future empirical studies and the practice of private hospital management stakeholders in Thailand.

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