

Research Article: A glimpse of organizational professionalism among administrators and Healthcare managers in Hospitals: A quantitative study in United Arab Emirates



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ABSTRACT

Introduction: Organizational professionalism is the set of competencies and behaviors that define professionalism for healthcare organizations. Those organizations have an opportunity to influence the behavior of healthcare workers and managers collectively. The resulting culture could have remarkable effects on patients, staff, and the overall performance and productivity of the organization. This article seeks to explore the concept of organizational professionalism among healthcare managers and administrators, who observe organization-wide practices such as a patient complaint and suggestion system, interaction with patients and their families, and coordination with health professionals on a daily basis, in Ministry of Health and Prevention, in United Arab Emirates.

Method: A quantitative descriptive approach was carried out using Administrators Professionalism Survey (APS). The survey was distributed to n=195, n=89 responded (response rate was 46%).

Results: The majority of participants were female (83%) and Emirati (76%), administrators (62%), and of middle age (31–40 years, 48%). The average overall agreement across five professional attributes was 76%. The highest score was for patient engagement (84%) and the lowest was response to community needs (71%). Healthcare managers perceived those attributes slightly higher than did administrators, except for certain domains like patient engagement and daily operation. Around one third of participants (26%) suggested that accountability can be cultivated through organization culture.

Conclusion: The perception of organizational professionalism has some variations among administrators who are at leadership positions than non. The author noticed that healthcare managers were more reluctant to agree or were undecided about many statements across all domains. By contrast, administrators were almost sure about their answers and showed more knowledge about daily operations and patient perceptions. Participants defined accountability as part of organizational professionalism as commitment to assigned roles and responsibilities. In addition, they perceived that accountability can be cultivated through leadership. However, they failed to relate accountability to overall hospital roles and responsibilities, which is a required competency for healthcare managers and leadership in the MOHAP.

Keywords: professionalism, healthcare managers, survey, governance, patient engagement, culture, community needs, accountability, hospitals.

Introduction

Professional organizations have the opportunity to influence the behavior of healthcare workers and managers collectively. The resulting culture could have remarkable effects on patients, staff, and the overall performance and productivity of the organization, The Foundation for Clinical Excellence [1]. The components of organizational professionalism vary widely depending on the context of the study. For instance, Egenger et al [2] and Levinson et al [3] identified competencies derived from ethical values, whereas others such as Salvatore, Numerato, and Fattore [4] conceptualized it as an identity, or as a culture by Carney [5]. Excellence and leadership are core values in MOHAP strategy, with professionalism as main attribute. Levinson et al [3] stated that healthcare organizations should endorse the ethical values of beneficence, dignity, justice, honesty, and self-discipline, just as individual healthcare professionals should do. To uphold these values, they suggested that organizations need to develop competencies and demonstrate professional behaviors. For instance, the value of beneficence means doing good

and acting with generosity. For an organization, this may mean providing services inside and outside their premises, such as patients in the community who may not come in but have health issues, noninsured individuals in the community or the ones with catastrophic health expenses. Those commitments in the form of actions or behavior can be described as organizational professionalism, which can also set the internal culture that shapes the work of healthcare professions, administrators and other members of the team. Healthcare organizations provide a powerful message about “how things are being conducted through written formal policies and procedures, incentives, and codes of conduct as well as through informal approaches such as role models from healthcare leaders” Levinson et al [3]. At the international level, there was an initiative from the Foundation of Medical Excellence (a nonprofit organization) called “the Organizational Professionalism Charter Project,” the foundation formed by a multidisciplinary workgroup, who developed and refined the Charter on Professionalism, which was based on four areas; patient partnerships, organizational culture, community partnerships and operations and business practices, Mason [6]. Bombard et al [7] stated that patient involvement can lead to: (1) reduced hospital admissions, (2) improved effectiveness, (3) efficiency, and (4) improved quality of life. Not-for profit organizations such as MOHAP shall consider such approach; as healthcare delivery systems move toward assuming greater accountability for costs and outcomes for defined patient populations.

If we will take one professional attribute within daily operations; patients are observing and perceiving service quality and signs of professional behaviors from healthcare workers’ attire or dress code. Positive patient experience leads to increased satisfaction and adherence to treatment, and hence better clinical outcomes Petrilli et al [8].

Culture is another professional attribute that shapes and leads people’s behavior collectively. Ukawa et al [9] in Japan, found that hospitals with a high score in organizational culture were three times more likely to adhere to local guidelines. Rabarison, Timsina, and Mays [10] proved that the implementation of a community health assessment and improvement plan does lead to improved public health, decision making and actions.

Empirical studies Brennan and Monson [11] showed that investment in organizational professionalism resulted in:

- Improved patient safety, satisfaction, and health outcomes
- Increased patient and community trust of the organization
- Improve organizational performance and reputation
- Enhance individual moral, engagement and being part of wider purpose that foster productivity.
- Enhance learning and thrive to continuous improvement

Therefore, the main objective of the study is: to develop a specific context of what constitutes professional organizational practices from the perspectives of healthcare managers and administrators in MOHAP. Focusing on five domains; patient engagement, daily operations, governance, culture and response to community needs.

Materials and Methods:

One important aspect of assessing professionalism is to know the sources of this value. Park et al [12] discussed the sources of learning professional behavior among the faculty of surgeries in two universities. The results revealed four sources: (1) morals and values learned from home while they have been raised, including premedical education; (2) from professional role models; (3) from surgery residency program; and (4) from formal instruction on professionalism. Participants in the same study

preferred three effective approaches of learning professionalism through: (a) observation, (b) reflection, and (c) reinforcement, which again highlight the importance of understanding the proper circumstances for cultivating this value, especially among diverse groups as in MOHAP hospitals.

Research Design and Settings

Professionalism assessment was conducted using quantitative approach using self-constructed survey. The Administrators Professionalism Survey (APS) was built after reviewing previous evidences from different sources: Egner et al [13], ACSQHC [14], Barnett [15], and NHS, UBH [16]. It consists of five sections: Patient Engagement, Daily operation and Administrative support, Organizational culture, Response to Community Needs and Governance (Appendix 1). The survey also included a section on sociodemographic data such as age, experience in years as independent variables, besides, job role, gender and nationality. Moreover, open ended questions about how they perceived organizational professionalism and accountability.

Study Participants

A random sampling method was used to collect data from 89 respondents including administrators working in hospitals, head of departments, directors, and quality officers in MoHaP, UAE. Table 1 below

Table 1
Demographic characteristics of the participants

Variables	n	(%)
Gender		
Male	15	17
Female	71	83
Age		
20-30 years	15	17
31-40 years	41	48
41-50 years	19	22
51-60 years	11	13
Experience in years		
1-4 years	13	15
5-8 years	21	24
9-12 years	15	17
13-16 years	15	17
17-20 years	7	8
21-24 years	4	5
25-28 years	6	7
29-31 years	5	6
Job role		
Administrator	48	62
Leadership position	9	12
Quality coordinator	15	19
Technician	6	8
Nationality		
Emirati	65	76
Non-Emirati	21	24

Inclusion and Exclusion Criteria:

The inclusion criteria were as follows: (a) staff working in the

administrative department (non-clinical), (b) recruited in the three hospitals (A, B and C) for six months or longer, while the exclusion criteria were trainees, or any other MOHAP staff not working in the three hospitals for more than six months.

Data Collection

The online built survey (using google form), sent to participants through a link to their MOHAP work emails, along with a bilingual information sheet about the study and their voluntary participation. In the first wave, the author target was 50 % from each administrative team (sample randomization were applied). However, the response rate was very low and in the second wave; the percentage was increased to include 100% of all administrators in the list in each hospital. The data collection was conducted during June–July 2019.

Data Analysis

Initially SPSS software (version 22), was used to analyze the data IBM [17]. The reliability of the tool was checked through Cronbach's alpha, based on standardized items and scored 0.926 (n=69 valid out of 89). At a later stage, Stata software for corporations (2015) version 14 was used. STATA, [18]. For the Likert scale-based questions (questions 1 to 27), relative frequency was used by summing similar agreements and presenting them in a percentage, similarly done with other demographic data. The P-value at (< 0.05) was used to test whether any significant relationship existed among healthcare managers compared with the other administrators and their age and work experience. During the analysis, the original responses for questions 1–27 were coded numerically to facilitate statistical analysis. The open-ended questions were first translated by the researcher from Arabic to English and then analyzed based on theming principles.

Ethical Approval

Ethical considerations underwent two processes, one for Hamadan bin Mohamed Smart University (HBMSU) and the other for MOHAP. Both processes required approval from ethical committees. All the documents were kept confidential. The Ethical approval committee granted the researcher the first approval on February 7, 2017, Reference #: MOHAP/DXB/SU BC/No-1/2017, renewed on April 7, 2019. Only the researchers and advisors would access collected data or reviewed documents.

Results

The highest response rate was 78% from Hospital (A), followed Hospital (C) (46%) and Hospital (B), (26%). Mean age of the respondents was middle aged (31–40 years) 48%, and 83% were females. When combining positive agreement versus negative ones, the highest mean score was for patient engagement (83.6%) and the lowest was for response to community needs (71.2%), as shown in Figure 1 below.

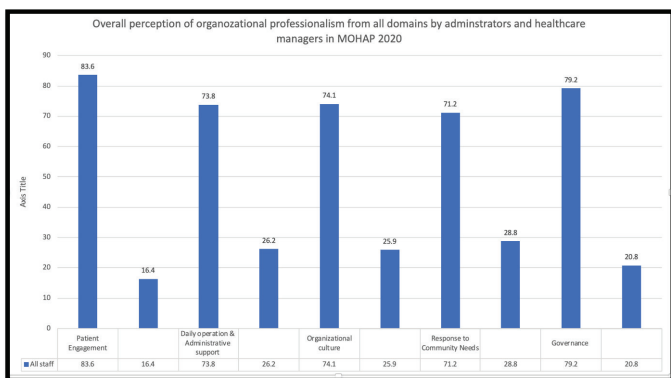


Figure 1 : Administrators' And Managers' Perceptions About Five Organizational Attributes From Three Mohap Hospitals (2019)

Healthcare managers in this study perceived significantly (at p value = 0.05), few aspects differently than other administrators. In the domain of patient engagement and specifically on the implementation of patient and family rights policies (Question 1), only 67 % of them agreed compared to 91% of other administrators, which is quite a large difference. Moreover, 33% of managers were undecided about it compared with only 9%. Besides, managers perceived patient involvement in care plans (question 4) lower than others (44% agreed compared with 73%). While they responded better in the proper selection of accurate measurements that capture patients' priorities (100 % agreed versus 88%). Figure 2 below

In another domain of organizational professionalism (Daily operation), healthcare managers perceived significantly (at p value = 0.03), the compliance with privacy and confidentiality policies (Question 6) lower than the others (55.5% compared to 87.7%). While both groups similarly agreed on their inability to manage conflict of interests on daily basis (44.4% of managers agreed versus 49.3% of administrators)

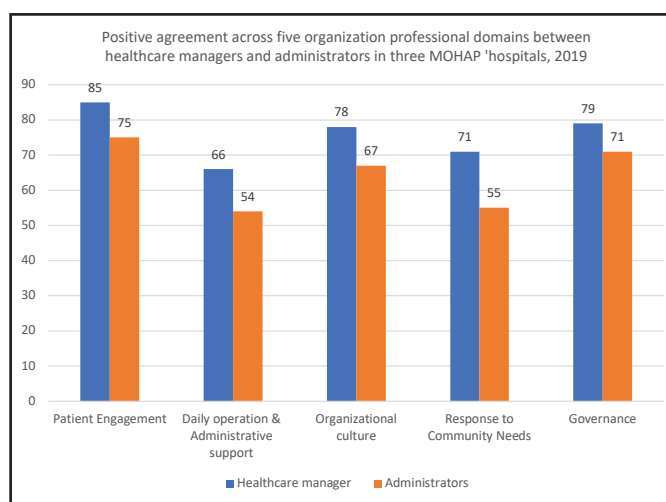


Figure 2: Positive Agreement Across Five Organization Professional Domains Between Healthcare Managers And Administrators In Three Mohap Hospitals (2019)

In the governance domain, there was a moderate to high level of agreement across all age groups. However, one significant finding at p value 0.04 was observed in question 27, regarding fair and transparent promotion and recruitment processes. Participants from both groups (healthcare managers and administrators) aged 20–30 years disagreed with this statement (83.3%) compared with senior participants.

As part of the APS, participants were asked to describe in their own words what does organizational professionalism means along with the value of accountability. A total of n=85 shared their views about Organizational Professionalism. The most frequent descriptions (34%) were related to the organizational culture domain, such as the feeling of ownership, presence of good leadership, commitment, and transparency. Followed by descriptions related to patient engagement (24%) and then Governance and response to community needs (both scored 21%). The majority of participants described accountability as commitment to assigned roles and responsibilities (26%, n=18 out of 69 descriptions). Appendix 2 shows the full descriptions. Similarly, 26% of participants suggested that accountability could be cultivated through hospital culture, followed by empowering staff, and through clear rules and regulations.

Discussion

The average agreement across the five domains was 76%. The highest score was for patient engagement (84%) and the lowest was response to community needs (71%). The discussion will be divided according to the five professional attributes below:

Patient Engagement (PE)

In this domain, all three hospitals were monitoring such engagement using the patient involvement survey according to standardized policy code (AML/Clin/021/V01) in MOHAP. Which is being observed closely by MOHAP leadership; which explains the high (83%) positive agreement on this domain. Another interesting aspect seen in the difference of perception among healthcare managers and others about patient and family rights policies, which are the gateway to gaining their trust and active involvement in their own health and decision-making process. This reveals a gap in either communication, knowledge and leadership follow up, which shall be addressed by cascading down hospital mission and vision from top management till front line staff. Many researchers have supported that PE can lead to lower healthcare costs, reduced hospital admissions, improved quality of services, and enhanced accountability Bombard et al [7] and Liang et al [19].

Daily operation attribute

In the daily operation domain, 93% of participants positively agreed on their awareness about MOHAP's dress code policy, which at first sight indicates a positive sign of effective endorsement of this code. However, we do not know about the perception of healthcare workers or their compliance to the dress code, as 81% of the average workforce in the three hospitals were clinical staff, and those perceptions from APS represent non clinical staff, (19% of total workforce). More concerns regarding dress code and infection control were related to healthcare professions, who interacting more with patients and hence demonstrated professionalism in different aspects. Professional dress leads to more patient satisfaction, compliance to treatment plans, better health outcomes, and trust; it indicates confidence; and the white color reflects cleanliness, respect, personal hygiene, and professionalism (Petrilli et al [8], Taibah [20], Yonekura et al [21], and Al-Ghobain et al [22]).

Response to community needs attribute

The response to community needs domain, had no significant differences between healthcare managers and administrators or an alarming discrepancy in responses. However, in relation to this context, MOHAP launched the National Health Survey in March 2018 themed under "Health Priority." The survey was aimed at strengthening the country's health database through the collection of reliable field data on the current health situation in the UAE, which would help in the development of policies and strategies designed to improve the quality of healthcare services based on key health indicators. The survey was approved by the WHO and targeted people aged 18 years old, married women, children under the age of five, and those aged 60 years. The survey included data collection and blood tests such as fasting blood glucose, HbA1c, blood lipid profile, hemoglobin levels, blood pressure, height, weight, and waist MOHAP [23].

Governance attribute

In the governance domain, question 27 about the recruitment and promotion processes showed significant differences between younger participants (aged 20–30 years) who disagreed more

(83% of them) than did senior colleagues. The author assumes that they recently joined MOHAP and underwent the process of recruitment, which would justify their response fairly as they were unhappy about the recruitment process. However, their greater disagreement on the promotion process compared with senior participants is somehow questionable, as they had not yet experienced full cycles of performance appraisal to judge it more than senior staff did. At the end, the construct of the question itself limited the ability to distinguish the participants' responses to disagree between the promotion or recruitment process.

Administrators and managers views on professional organization

Participants in the APS were able to describe a professional organization using similar terms and qualities mentioned by many researchers (e.g., Scholl et al [24], Mason [6], Levinson et al [3], Egenger et al [2] and Lesser [25]) in question 28. Their narrative descriptions listed a blend of actions and behaviors as discussed by Levinson et al [3], such as participation in health strategy, patient involvement, and values like transparency and respect. Their 85 descriptions were diverse in a way that covered three organizational attributes (patient and community partnerships and organizational culture) discussed by Mason [6]. The concept of organization culture was more evident in their responses. Healthcare leaders can infuse professional qualities such as teamwork, accountability, ethics, and transparency within the culture for enhanced organizational outcomes.

Administrators and managers views on accountability

The majority of administrators and managers descriptions were related to individual accountability, and a few mentioned system-wide accountability roles like risk management and safety or a fair reward system to all staff. This indicates a gap in understanding the wider role and commitment of hospital management to their staff, patients and to the community. In previous studies, accountability was established as an individual attribute, as stated by Genovese et al [26] but it has now moved to be at a wider level with the increasing complexity of healthcare systems. Researchers have listed different categories of accountability (e.g., HAAD [27], Brinkerhoff [28], and E. Emanuel and L. Emanuel [29]), and all widened the scope of their definitions beyond the individual level to include aspects such as accountability for overall hospital performance, economic accountability, community and patient involvement in selection of services, political accountability, and regulatory-based accountability. Therefore, cultivating personal and professional morals like accountability is helpful but must be endorsed along with organizational roles as well. Aveling, Parker and Dixon-Woods [30]. In the last question (30), participants listed strategies of how accountability culture could be cultivated in hospitals. Their suggested strategies themed under: (1) organization culture (which represents a set of values and attitudes), (2) staff-related strategies (empowerment, training, satisfaction, and selection of competent candidates), (3) fair implementation of policies, (4) leadership, and (5) adoption of patient-centered care. Garlough [31] listed a similar approaches using the concept of Eight Cs (for example, creating trust, commitment, and clarity). Also, O'Hagan and Persaud [32] shared three required actions to cultivate accountability similar to their suggestions; (a) the ability to monitor and manage performance, (b) ensure an effective channel of communication and (c) reporting of the quality of provided services.

Study Limitations and Strengths

Some of the survey questions in the HWPS and APS had dual queries and expected one single rating from each participant, which was challenging. For example, the question about promotion and recruitment in a single question. However, both observations have been addressed accordingly in the discussion. This article represents only one quarter of a holistic study about professionalism framework among healthcare providers in MOHAP. Where no study in the UAE has adopted or adapted a critically examined framework of professionalism in a healthcare setting. The author used extensive assessment and quadrable perspectives of individual and organizational professionalism in one context. Exploring the context of organizational professionalism among healthcare managers and administrators, revealed aspects of how each hospital culture, leadership style, or system may impact their views. A universal consensus about what constitutes professionalism remains absent; while in this study, the author focused on professionalism concept within UAE context, which might be applied at the Gulf region, with similar multinational workforce.

Recommended actions for enhancing accountability and professionalism values at organizational level

1. Strengthen the ethical framework in the hospital through regular training and awareness programs to maintain a consistent understanding of patient and family rights in hospitals.
2. Activate regular quarterly/biannual engagement activities by hospital directors for all employees, to communicate MOHAP or hospital strategy, update the team about hospital progress using the performance dashboard, and ask for their feedback.
3. Conduct frequent walk-the-talk visits to scan the impact of governance at all levels and directly from frontline staff, as observations of current practices during daily activities can act as a powerful monitoring tool for professionalism and accountability.

Conclusion

There was a moderate understanding of organizational professionalism across the five domains, considering patient engagement attribute and professional culture as the key drivers for excellence. Healthcare managers and administrators were able to conceptualize professionalism in a holistic manner, however, failed to relate accountability to MOHAP and hospital management. Their perception indicated a synergy between individual and organizational attributes, in spite of few discrepancies in the level of knowledge about the implementation and execution of policies from healthcare managers and other administrators.

Contribution to healthcare studies

Contemporary Manifestation of Organizational Professionalism

At the organizational level, excellence and leadership are one of MOHAP's strategic values and was defined as "Healthcare in line with highest standards of excellence and professionalism aiming at global leadership in health." The value of excellence is desired at all levels, and it represents many aspects starting from professionalism within patient safety, satisfaction on, and high-value organization as endorsed by MOHAP [33], NIST [34], ABIM [35] and MOCAP [36]. Therefore, the author proposed an expansion of MOHAP's value of excellence and leadership into a prominent definition and manifestation of how

"professionalism" can be cultivated in MOHAP, as shown in Figure 3 below.

The attributes and professional qualities may change at the individual or organizational level, as the health priorities and strategies change over time. Egenger et al [13] proposed a charter of professionalism discussed earlier, which consists of patient partnership, community partnership, daily operation, and organizational culture. Patient and community partnerships can always fit the organization strategy in this new concept, and for the daily operations, it is within the accountability of all healthcare providers and leadership as well, along with culture. See Figure 3 below.



Figure 3: Contemporary definition and manifestation of professionalism in Mohap.

Statements:

Acknowledgement: I would like to express my sincere thanks and appreciation to all the faculty, staff in Hamdan Bin Mohamed Smart University, and the team in Ministry of Health and prevention and to the research coordinators; Ms MH, Mrs LG and Mrs NT from MOHAP, for their time and support in this research.

Data access statement: The access to APS data are restricted for the following reasons: the ethical approval given stated clearly that only primary investigator will access the primary data for research purposes, and the outcomes are shared as part of knowledge contribution and for improvement. Besides, the author abides with UAE federal code of ethics and professional conducts [43] and MOHAP digital participation policy [44]

Statement of Ethics: This work was carried out under research program and as part of PHD dissertation in School of Health and environmental studies, Healthcare management program, at Hamdan Bin Mohamed Smart University. The author had ethical approval from Statistics and Research Center (SARC) in MOHAP (Reference #: MOHAP/DXB/SU BC/No-1/2017). The ethical approval process included all applicable international and national guidelines for conducting research in UAE. Including obtaining informed consents (the author shared information sheet for voluntary participation and contact detail of SARC for reporting any breach). This article does not contain any studies involving human subjects performed by any of the authors.

Conflict of Interest Statement:

The authors have no conflicts of interest to declare and no further

information to disclose in that regard.

Author Contributions

AS: the author of the article, who contributed to the conception of the design of the work, analysis, writing, and interpretation.

AA: the co-author, an academic advisor who contributed to the conception of the design of the work, analysis, writing, review and interpretation.

ZA: the co-author, an academic co-advisor who contributed to the analysis, and interpretation of the research.

Appendix 1: Administrators Professionalism Survey (APS)

Based on the values of the Ministry of Health & Prevention; which seeks to enhance the quality of healthcare services & support health care workers to abide with behaviors & attitudes that are professional & represent their profession, we would like you to participate in this survey about the value of professionalism in your profession as an administrator/healthcare manager. Completion of this survey will help in understanding the value of professionalism from your answers.

So, we kindly ask you to devote a few minutes of your precious time to complete this survey, it might take up to 15 to 20 minutes to complete this questionnaire. All responses will be analyzed anonymously

Section I: Patient Engagement					
Questions/Response	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1. Patient & family rights and responsibility policies and guidelines are being implemented in my organization	1	2	3	4	5
2. Patient's opinions & suggestions are being heard, addressed & considered seriously	1	2	3	4	5
3. My organization measure what really matters to patients for the sake of improvements	1	2	3	4	5
4. Patient's & their families are being part of decision-making-process regarding provided services	1	2	3	4	5
Section II: Daily operation & Administrative support					
5. My organization clearly align daily operations (Tasks & responsibilities) with MoHaP strategy	1	2	3	4	5
6. My organization is protecting patients and their health information through implementing privacy & confidentiality policies	1	2	3	4	5
7. My organization is promoting ethical operations, e.g. transparency and fairness in performance appraisal policies	1	2	3	4	5
8. There is clear frame work for transparent management of conflicts of interest	1	2	3	4	5
9. There is a system in place & an effective action for dealing with complains, complement & proper feedback in my organization	1	2	3	4	5
10. Am aware about MOHAP professional Dress code					
Section III: Organizational culture					
1. My organization communicate clearly MoHaP strategy (Vision, Mission & Values)	1	2	3	4	5
2. I can find a role model in my organization who demonstrates positively MoHaP values	1	2	3	4	5
3. My organization is promoting teamwork & collaboration	1	2	3	4	5
4. My organization is promoting transparency, responsiveness, and compliance to MoHaP Vision & Mission	1	2	3	4	5
5. There is a remarkable effort to improve occupational health & safety for staff here	1	2	3	4	5
6. There is a remarkable effort to support activities related to happiness & positivity like two hours of happiness	1	2	3	4	5
Section IV: Response to Community Needs					
1. We are regularly participating in activities related to community health assessment/ needs	1	2	3	4	5
2. We are participating in activities related to community health planning	1	2	3	4	5

3. We are regularly participating in activities related to community health evaluation	1	2	3	4	5
4. At my organization; we are aligned with UAE vision 2021 that addresses community needs, e.g. diabetes and cancer, increases quality of life ...	1	2	3	4	5
5. My organization has system in place for dealing with vulnerable patients with Catastrophic Health Expenditure (CHE)	1	2	3	4	5
6. My organization has system in place for dealing with other vulnerable patients like; people with determination, elderly, women & children	1	2	3	4	5

Section V: Governance

1. My organization using Evidence best practices in improving the quality & patient safety	1	2	3	4	5
2. Our leadership support patient safety culture & reporting for incidents & adverse events	1	2	3	4	5
3. There is clear framework for risk management & clear strategies to prevent possible risks	1	2	3	4	5
4. My organization supports continuing education & training & encourage professional development	1	2	3	4	5
5. The recruitment and promotion processes are transparent and fair in my organization	1	2	3	4	5

Section VI: General Information – part 1

28. In the previous sections; five domains of professionalism were defined; kindly describe on your own words your current & common concept of Organizational Professionalism

29. Describe what is accountability from your point of view

30. How do you build accountability culture in MoHaP?

Section VII: General Information – part 2 (kindly circle)

Age in years			
1	20-30	4	51-60
2	31-40	5	61-70
3	41-50	6	71-80??
Experience in years			
1	1-4	5	17-20
2	5-8	6	21-24
3	9-12	7	25-28
4	13-16	8	29-31

Gender

Male Female

Nationality

Emirati Non-Emirati, kindly specify

What is your usual job role?

Administrator Healthcare Manager

Technician Quality Coordinator

Thanks for your participation

Appendix 2

TABLE 4. 25 : Answers to Q29: Describe what is accountability from your point of view in APS		
#	Categorized Answers	Total
1	Commitment to assigned roles and responsibilities	18
2	Doing the best (excellence) and bearing all consequences, commitment to organization values, mission and vision	12
3	Being answerable to questions and queries	7
4	Being professional (trusted , transparency, collaborative and faithful, mutual understanding)	7
5	Acceptance of mistakes, being answerable to questions and queries	6
6	Clear roles and responsibilities	5
7	Confidence in bearing responsibilities and in achieving goals	3
8	Justice, fairness and transparency	3
9	Compliance to policies (human resources laws and regulations (code of conduct) and risk management)	2
10	Proper resource management and utilization	4
11	Staff monitoring, proper training and competency development	2
	Total	69

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