

Competencies required for the performance of primary health care managers: a systematic review

Competencias necesarias para el desempeño de los gestores de atención primaria de salud: una revisión sistemática

Competências necessárias para o desempenho de gestores de atenção primária à saúde: uma revisão sistemática

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Abstract

This study aimed to identify the competencies required by primary health care managers for the effective performance of their functions. A systematic review was conducted according to PRISMA, in the databases PubMed, Scopus, Web of Science, and CINAHL, up to May 2023, in the last 10 years. The inclusion criteria were quantitative, qualitative, or mixed studies that evaluated the competencies required for primary health care managers and published in English, Spanish, or Portuguese. Methodological quality was assessed using the Mixed Methods Appraisal Tool. This article identified 171 studies, including six to the analysis. The importance of leadership, teamwork, and communication was highlighted. Furthermore, the need for disciplinary training in the health area, knowledge in administration, and use of management indicators, as well as an autonomous and flexible attitude to challenges were highlighted. The evaluation of methodological quality showed an overall good performance, except for some studies that do not report sufficient information to determine sample representativeness. Primary health care managers must possess specific competencies to effectively perform their roles, given the relevance of primary care in each country's health system. This study provides a general framework of the required competencies for managerial responsibilities in this area. However, it is necessary to consider the particularities and local contexts of each center to develop managerial profiles adapted to their specific needs.

Primary Health Care; Health Services; Health Administration; Health Personnel

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Introduction

The *Declaration of Alma-Ata* in 1978 marked an important milestone for health development worldwide, highlighting the need for governments to formulate policies and plans that can incorporate primary health care (PHC) as part of a comprehensive health system, promoting access and participation of people in planning their health care system ¹. According to the World Health Organization (WHO), PHC is a key factor for the universal and sustainable coverage of a health system ^{2,3,4}, being one of the most effective strategies to respond to current health challenges. These challenges include problems derived from unhealthy lifestyles, acceleration of unplanned urbanization, or demographic aging that leads to an increase in noncommunicable diseases, increasing the demands to be met by the health system ⁵. Forty years after Alma-Ata, the Pan American Health Organization (PAHO) convened the Fifth Regional Forum entitled *Universal Health in the 21st Century: 40 years after Alma-Ata*, aiming at developing recommendations for people's right to health to be effective. Among the recommendations that emerged from this forum, the need to ensure an institutional model that guarantees people's right to health and to strengthen the PHC-based care model stand out, incorporating the rational use of resources, the development of a financing model that safeguards the system's equity, coverage, and sustainability. The valuation of Human Resources also stands out ⁶, in which adequate planning and development is crucial for the effective implementation of a comprehensive health system and the PHC-based care model ^{7,8}.

The challenges derived from PHC are multiple, requiring trained and competent professionals to provide an effective response to the health demands of the population; the definition of policies and plans that ensure the incorporation of professionals prepared for the changes that arise in health systems, in addition to the generation of adequate and challenging work environments that promote the commitment of workers to the institutional mission constitute one of the most relevant challenges in terms of Human Resources ⁹. To achieve the best performance expected from professionals, the concept of competency emerges. Such concept comprises knowledge, skills, and attitudes required for a successful performance in a specific activity ¹⁰, playing a fundamental role in achieving the objectives of PHC teams ¹¹.

The study of competencies in PHC managers has evolved significantly in recent decades, reflecting the growing recognition of the critical role these leaders play in the health system. Recent literature emphasizes the need for a comprehensive understanding of both the managerial and clinical competencies required for effective leadership in PHC settings ¹². Studies have identified key competencies such as strategic vision, interpersonal communication, and the ability to drive organizational change as essential traits for PHC leaders. Moreover, the importance of continuous professional development and training tailored to the unique challenges faced by PHC managers has been highlighted as a priority in current research ^{13,14}.

The essential elements that constitute PHC-based health systems are a concrete orientation of the competencies that teams should have to respond to the situations and contexts defined in them. To achieve an adequate functioning of these teams, committed managers are required, with knowledge in Health and Administration, a vision of the context in which they work and a range of managerial skills that allow them to lead their team effectively to achieve goals defined for the unit ¹⁵. Leadership is an essential skill in any manager, however, there is still a need to develop a deeper knowledge on leadership skills for the implementation of an integrated health system ¹⁶.

Given the relevance of having suitable professionals to lead the implementation of a PHC-based health system, in addition to the growing challenges experienced by the Health sector, which must be responded efficiently and effectively, this systematic review aims to identify the necessary competencies for the optimal performance of PHC managers.

Material and methods

A systematic literature review was performed following the guidelines of the *Preferred Reporting Items for Systematic reviews and Meta-Analyses* (PRISMA) ¹⁷. The review protocol was previously registered and can be found at: <https://inplasy.com/inplasy-2023-9-0013/>.

Search strategy

The systematic search for articles was conducted in the MEDLINE (PubMed), Scopus, Web of Science and CINAHL databases with a deadline of May 2023. Box 1 shows the search terms. The studies were exported to Rayyan.ai (<https://www.rayyan.ai/>) for identification of duplicates and document selection ¹⁸.

Selection criteria

The selection criteria for studies were: (i) primary studies of quantitative, qualitative or mixed type; (ii) assessing the competencies required by PHC managers for their performance; and (iii) published in the last 10 years.

Study selection

Two authors independently evaluated the identified studies, first reviewing them by title and abstract, and then examining the remaining studies in full. Discrepancies were resolved by a third reviewer. Reasons for exclusion were recorded for all studies.

Box 1

Search strategy in each database.

DATABASE	SEARCH STRATEGY
PubMed	(((((("personnel management") OR ("social skills") OR ("professional competence") OR ("management competencies") OR ("managerial skills")) AND (((("executives") OR ("health managers") OR ("managers")) AND ("Primary Health Care")) OR ("Primary Care")) OR ("health care primary")) Filters: in the last 10 years
Scopus	((("personnel management") OR ("social skills") OR TITLE ("professional competence") OR ("management competencies") OR ("managerial skills")) AND (((("executives") OR ("health managers") OR ("managers")) AND ((("Primary Health Care") OR TITLE ("Primary Care") OR ("health care primary")) AND PUBYEAR > 2013 AND PUBYEAR < 2023
Web of Science	1: "personnel management" 2: "social skills" 3: "professional competence" 4: "management competencies" 5: "managerial skills" 6: "executives" 7: "health managers" 8: "managers" 9: "Primary Health Care" 10: "Primary Care" 11: "health care primary" 12: #1 OR #2 OR #3 OR #4 OR #5 13: #6 OR #7 OR #8 14: #9 OR #10 OR #11 15: #12 AND #13 AND #14 and 2013 or 2014 or 2015 or 2016 or 2017 or 2018 or 2019 or 2020 or 2021 or 2022 or 2023 (Publication Years)
CINAHL	("personnel management" OR "social skills" OR "professional competence" OR "management competencies" OR "managerial skills") AND ("executives" OR "health managers" OR "managers") AND ("Primary Health Care" OR "Primary Care" OR "health care primary") Filters: in the last 10 years

Extraction and analysis

Two authors performed a qualitative synthesis of the selected studies that considered two data extraction tables; the first included information related to the characteristics of the sample of each study, including: (i) author; (ii) number of participants; (iii) sex; (iv) training; and (v) years of experience. The second table, which reflects the competencies required by PHC managers, considered: (i) author; (ii) country; (iii) design; (iv) knowledge; (v) skills; and (vi) attitudes. The information was recorded in an Excel spreadsheet (<https://products.office.com/>) in both cases. To evaluate methodological quality, two authors independently applied the *Mixed Methods Appraisal Tool* (MMAT), which enables the critical evaluation of systematic reviews of mixed studies, i.e., reviews that include qualitative, quantitative, and mixed methods studies¹⁹.

Results

After reviewing the four databases, 171 studies were identified. After eliminating duplicates, 122 records were obtained. Once examined by title and abstract, 12 studies were read in full, eliminating 110 records. The main causes of exclusion at this stage were nonattendance to the central theme of this review or secondary studies. Finally, only six studies met the selection criteria and were included in this review^{20,21,22,23,24,25}, the remaining six were excluded because the sample included non-managerial PHC professionals, focused on the level of self-perceived competencies without informing the competency they actually required, evaluated competencies as predictors of effective health center management, or their methodology was not in accordance with the inclusion criteria^{26,27,28,29,30,31}. Figure 1 details the complete study selection process.

Characteristics of the included studies

Of the six studies selected, three of them have a qualitative methodological design, two correspond to descriptive quantitative studies, and one to a prospective design with Delphi methodology. Regarding the country where they were conducted, four correspond to Brazil, one to Serbia, and one to Bhutan. Overall, the sample comprises PHC managers, with work experience ranging from one to 30 years. There is a predominance of women among primary care managers and different academic background. Table 1 shows the details of the sample characterization.

Methodological quality

After the application of the MMAT¹⁹, it was observed that three of the six studies achieved the maximum score in each of the five items evaluated, they correspond to qualitative designs. The remaining three studies present scores ranging from two to four points. Note that the lack of detailed information by the authors affects the studies' score in items related to the representativeness of the sample regarding target population and appropriate choice of measures. Table 2 shows the score obtained by each study.

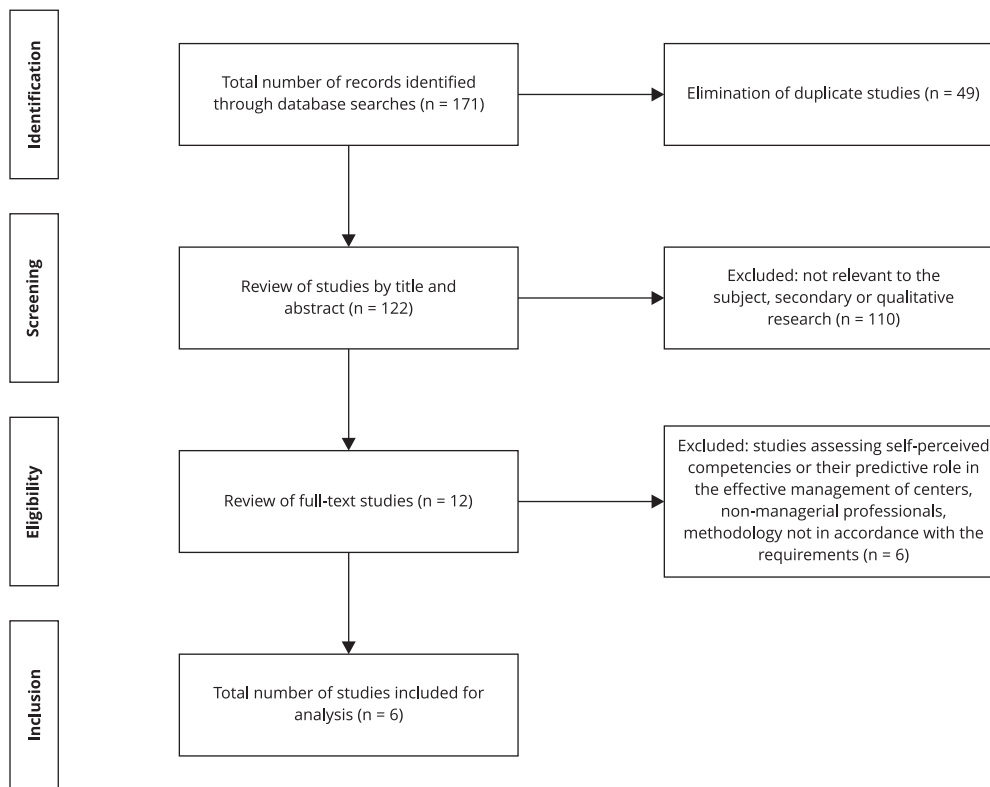
Competencies required in PHC managers

According to the definition of competency, which includes the knowledge, skills and attitudes necessary to conduct a specific task or activity¹⁰, training in the field of Health is identified as a necessary knowledge for managers to adequately perform their role^{24,25}; they also highlight the need to have knowledge related to the health care network, work flows, information management, and use of management indicators^{20,24}. Farah et al.²¹ emphasize the need to have previous knowledge in Primary Care and Human Resources; the importance of an Administration background is also emphasized²⁰.

Regarding skills, leadership emerges as the most mentioned one, being identified in five studies^{20,22,23,24,25}; teamwork (the ability to form or perform adequately in a team) is identified by four studies^{20,21,23,25}, as well as the ability to plan^{20,21,23,25}. Skills related to communication or listening also

Figure 1

PRISMA flowchart of the selection process.



acquire a relevant role ^{21,22,23,25}, as well as recognizing skills in other team members ^{20,21,24}. Conflict management ^{20,24}, negotiation skills ^{20,24}, delegating tasks ^{20,21}, decision-making ^{20,21} and change management ^{22,25} are also mentioned by the authors.

Finally, for the attitudes required for PHC managers, there is an agreement between two authors on aspects related to the capacity for autonomy and flexibility ^{20,21}; other attitudes also emerge, such as empathy and proactivity ²⁴, as well as motivation ²¹, acting ethically, and social responsibility ²⁵. Box 2 shows the complete detail of the competencies identified for each study.

Discussion

This review analyzed the available evidence related to competencies primary health care managers needed to effectively perform their work, considering the important role of PHC and its constant challenges to respond effectively and efficiently to the population's health demands.

Regarding the knowledge required to manage PHC centers, authors point out that training in the Health area is essential for their performance via specific courses ²⁴, a degree ²⁵, or to know the evolution of medical and management practices ²⁴. These background options should aid to informed and effective decision-making in the management of PHC units ²⁵. This was also shown in a previous study in Chile that characterized the managerial profile in PHC, in which the 46.3% of the respondents mentioned having a master's degree is important to hold managerial positions in PHC ³².

Table 1

Characteristics of the sample of selected studies.

Study (year)	Participants	Sex	Education	Years of experience
Fernandes & Cordeiro ²⁰ (2019)	10	Women: 80% Men: 20%	Graduate: 100%	> 5: 100%
Farah et al. ²¹ (2017)	16	Women: 93.75% Men: 6.25%	Master' degree: 25% Diploma: 75%	6-30: 100%
Dorji et al. ²² (2019)	339	Women: 34.4% Men: 64.6%	Graduate: 3.3% Bachelor: 25.4% Diploma: 3.0% Certificate: 68.3%	> 15: 45.4% 11-15: 10.3% 6-10: 17.4% 1-5: 26.8%
Dikic et al. ²³ (2020)	106	Women: 67.9% Men: 32.1%	Graduate: 50.9% University: 34.9% Technical training: 11.3%	20 or more: 39.6% Managerial function > 1: 54.8%
Silva et al. ²⁴ (2022)	8	Women: 87.5% Men: 12.5%	Secondary education: 75% High school: 25%	1-2: 37.5% 4-5: 37.5% > 5: 25.0%
André et al. ²⁵ (2013)	10	NI	NI	NI

NI: unidentified.

Table 2Results of methodological quality assessment with the *Mixed Methods Appraisal Tool* (MMAT).

Study	MMAT score
Fernandes & Cordeiro ²⁰	5
Farah et al. ²¹	5
Dorji et al. ²²	4
Dikic et al. ²³	2
Silva et al. ²⁴	5
André et al. ²⁵	3

However, there are difficulties such as lack of economic resources, low training offer, and lack of time and motivation to access this level of improvement ³². Fernandes & Cordeiro ²⁰ pointed out that training in Administration is important for PHC managers because it helps them to develop the managerial competencies necessary for the effective performance of their functions. This could enable them to acquire technical knowledge in areas such as resource management, planning, coordination, monitoring, and evaluation of health actions. Nevertheless, Health Administration constitutes an essential element of Health Economics, providing analysis and practical instruments to achieve efficiency in health systems ³³. Fernandes & Cordeiro ²⁰ and Silva et al. ²⁴ indicate the need for managers to have knowledge regarding management and use of management indicators. This becomes relevant at all levels of care, since the information they provide enables informed decision-making and continuous improvement of processes ³⁴. The same authors also emphasize the need to have knowledge of workflows and health care network, which is complemented by Farah et al. ²¹, who indicate a manager should have knowledge of Human Resources and primary care operations.

Regarding the skills required for PHC managers, leadership, which can be defined as the ability to guide others toward a common goal ³⁵, was the most identified ^{20,22,23,24,25}. Possible reasons for such finding are based on their role in influencing and driving teamwork to achieve established goals and

Box 2

Description of the competencies required by primary health care managers.

STUDY	COUNTRY	DESIGN	KNOWLEDGE	SKILL	ATTITUDE
Fernandes & Cordeiro ²⁰	Brazil	Qualitative, descriptive, and exploratory (focus group and Bardin content analysis)	Knowledge of the health care network and workflows; Information management and use of management indicators; Training in Administration; Management of supplies and materials	Leadership; Teamwork; Planning, monitoring and evaluation; Recognizing skills in others; Conflict management; Negotiation; Delegating tasks; Decision making; Articulate	Autonomy; Flexibility; Resilience; Neutrality; Coping; Creativity
Farah et al. ²¹	Brazil	Qualitative and descriptive (semistructured interview and dialectical hermeneutics)	Knowledge of guidelines and protocols; Knowledge in primary care and human resources	Teamwork; Planning; Listening skills; Recognizing skills in others; Delegating tasks; Decision-making; Persuasiveness	Autonomy; Flexibility; Motivation; Adaptation
Dorji et al. ²²	Bhutan	Quantitative and cross-sectional (self-administered questionnaires)		Leadership; Communication; Relationship building; Change management; Analytical thinking; Innovative thinking	Professionalism
Dikic et al. ²³	Serbia	Quantitative and cross-sectional (U.S. Centers for Disease and Control and Prevention questionnaire)		Leadership; Team building; Planning and prioritization; Communication; Problem solving; Evaluating performance	
Silva et al. ²⁴	Brazil	Qualitative (semi-structured interviews)	Training in the Health area; Knowledge of processes and workflows; Knowledge of unit objectives, indicators, and goals	Leadership; Recognizing skills in others	Active and decisive stance in the face of demands; Proactivity; Empathy; Professional self-fulfillment
André et al. ²⁵	Brazil	Prospective study (Delphi method)	Bachelor's degree in Health; Specialization in Health Services	Leadership; Working with and developing teams; Planning, monitoring and evaluating; Effective communication; Conflict management; Negotiation; Change management; Systemic and comprehensive long-term vision	Acting with ethics and social responsibility

to obtain the necessary information to manage ²⁰, or in promoting the intersectoral actions necessary to respond to the health requirements of the population ¹¹. Moreover, adequate leadership not only improves the quality of care, but also results in greater satisfaction, both for patient and staff, while increasing efficiency ³⁰. Other skills linked to leadership from the selected studies are negotiation skills ^{20,25}, decision-making ^{20,21}, change management ^{22,25}, persuasion skills ²¹, relationship building ²², and the ability to delegate ^{20,21}. This last skill becomes relevant in PHC contexts, in which effective delegation of functions or tasks is essential for proper functioning of teams and implementation of user-centered models ³⁶.

Training and teamwork also acquire relevance within the competencies required for PHC managers^{20,21,23,25}. Farah et al.²¹ point out that teamwork in primary care is collective, interdependent, and established by continuous and intense relationships, in which conflicts may be common, needing the figure of a leader to overcome challenges and safeguard the working relationships of the team. Dikic et al.²³ conclude that team building is a crucial competency for the performance of managers, who consider themselves highly competent in this area. This is corroborated by authors who identify this skill as necessary to meet goals in various healthcare contexts, emphasizing the need to train teams to successfully develop this skill^{37,38}. Acknowledging skills are also identified as a key competency for PHC managers^{20,21,24}. In healthcare settings, acknowledging and promoting the development of each team member's own skills is an important element for creating high-performance teams, more effectively achieving the clinical and financial objectives of the unit³⁹.

Communication and listening skills are also identified as key competencies for the professional practice of PHC managers^{21,22,23,25}; emphasizing the importance of listening to the team and providing space to raise ideas and create participatory environments²¹. Previous literature also indicate that communication is a key skill for the structural function of teamwork, as defined in the PHC Team Competency Matrix¹¹. Other authors indicate that clear and effective communication is fundamental to create changes in health organizations⁴⁰. In addition, a more informal or close communication style, based on closeness and personal interaction, can positively influence the collaboration and participation of team members in problem solving and decision-making⁴¹. The effective communication of the PHC manager with staff linked to the unit allows adequate planning of health actions, establishing priorities of care and rational use of resources¹¹.

Regarding the attitudes identified, autonomy and flexibility are stated as essential to perform the role^{20,21} because it contributes positively to the sustainability of health systems⁴². Professionalism also stands out, described by the authors as commitment to the development of others, one's own, and that of the profession, in addition to acting ethically and balancing with personal and professional life²².

Among the limitations of this review, it is possible to point out the low number and low geographical diversity of the studies analyzed, since only two of them were conducted outside Brazil. Furthermore, this review has multiple designs included, so the articles provide very diverse information and results, which may make it difficult to synthesize these results in a single review. In addition, the low performance of some studies in the evaluation of methodological quality stands out, specifically in the item of sample representativeness regarding the target population. These factors, together, compromise the applicability of the results in other locations. For future research, the development of competency profiles that consider the specific environment in which PHC managers operate is suggested. Likewise, it is important to evaluate the self-perception of the required competencies, with the purpose to establish training and support programs to strengthen their management. Finally, primary care units, their management, and the professionals in charge may differ in each country. Therefore, the results should be applied with caution, considering local contexts and the type of professional in the management role. This is reinforced by Kakemam et al.⁴³, which underline the importance of adapting management competencies to local contexts in PHC. It highlights competencies should be relevant to particularities of each health system and the specific needs of the population, promoting more effective and contextualized management.

Conclusions

PHC managers require training in the health area, as well as Administration knowledge and use of management indicators. Among the fundamental skills to perform their role, leadership, teamwork, training, communication, and the ability to recognize skills in others stand out, which, with a flexible and autonomous attitude, allow an adequate performance in the face of the diverse needs and challenges presented by PHC in the different contexts in which it operates.

Contributors

K. Soto-Schulz contributed with the study design, data collection, writing, and review; and approved the final version. R. Herrera-Echenique contributed with the data analysis and review; and approved the final version. R. Brito-Díaz contributed with the data collection and review; and approved the final version. N. Pérez-Romero contributed with the review; and approved the final version.

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Conflict of interest

The authors declare the absence of conflict of interest in the creation of the study.

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Resumen

El objetivo de este estudio fue identificar las competencias necesarias para que los gestores de atención primaria de salud puedan desempeñar eficazmente sus funciones. La revisión sistemática se realizó de acuerdo con las recomendaciones de PRISMA en las bases de datos PubMed, Scopus, Web of Science y CINAHL, considerando publicaciones de los últimos 10 años hasta mayo de 2023. Los criterios de inclusión fueron los siguientes: estudios cuantitativos, cualitativos o mixtos que evaluaron las competencias requeridas para los gestores de atención primaria de salud y que estaban publicados en inglés, español o portugués. La calidad metodológica se evaluó utilizando el Instrumento de Evaluación de Métodos Mixtos. Se encontraron 171 estudios; y seis se agregaron al análisis. Se destacaron la importancia del liderazgo, del trabajo en equipo y de la comunicación. Es necesaria una formación disciplinaria en el área de salud, además de conocimiento en la administración y gestión de indicadores, así como una actitud autónoma y flexible frente a los desafíos que se presentan en su trabajo. La evaluación de la calidad metodológica presentó, en general, un buen desempeño, a excepción de algunos estudios que no aportan información suficiente para determinar la representatividad de las muestras. Los gestores de atención primaria de salud deben contar con competencias específicas para desempeñar sus funciones de manera efectiva, dada la relevancia del nivel primario en los sistemas de salud de cada país. Este estudio proporciona una visión general de las competencias requeridas para las responsabilidades gerenciales en esta área; sin embargo, es necesario considerar las particularidades y contextos locales de cada centro para desarrollar perfiles gerenciales adaptados a sus necesidades específicas.

Atención Primaria de Salud; Servicios de Salud; Administración en Salud; Personal de Salud

Resumo

O objetivo foi identificar as competências necessárias para que os gestores de atenção primária à saúde desempenhem efetivamente suas funções. A revisão sistemática foi realizada de acordo com as recomendações PRISMA nas bases de dados PubMed, Scopus, Web of Science e CINAHL, considerando publicações dos últimos 10 anos até maio de 2023. Os critérios de inclusão foram: estudos quantitativos, qualitativos ou mistos que avaliaram as competências necessárias para gestores de atenção primária à saúde e publicados em inglês, espanhol ou português. A qualidade metodológica foi avaliada utilizando o Instrumento de Avaliação de Métodos Mistos. Foram identificados 171 estudos, sendo que seis foram analisados. Destacou-se a importância da liderança, do trabalho em equipe e da comunicação. Além da necessidade de formação disciplinar na área da saúde, foi ressaltado o conhecimento em administração e gestão de indicadores, assim como uma atitude autônoma e flexível diante dos desafios que surgem em seu trabalho. A avaliação da qualidade metodológica apresentou, de modo geral, um bom desempenho, exceto por alguns estudos que não fornecem informações suficientes para determinar a representatividade das amostras. Os gestores de atenção primária à saúde devem possuir competências específicas para desempenhar suas funções de forma eficaz, dada a relevância do nível primário nos sistemas de saúde de cada país. Este estudo oferece um quadro geral das competências necessárias para as responsabilidades gerenciais nesta área; no entanto, é necessário considerar as particularidades e os contextos locais de cada centro para desenvolver perfis gerenciais adaptados às suas necessidades específicas.

Atenção Primária à Saúde; Serviços de Saúde; Administração em Saúde; Pessoal de Saúde

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