LEADERSHIP AND HEALTHCARE MANAGEMENT

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Abstract

In today's healthcare environments, it is very necessary for healthcare practitioners to demonstrate effective leadership. In the context of ever-increasing demands for healthcare as well as the need for enhanced efficiency and productivity, the primary driver that is driving this is the desire to enhance the quality of healthcare that is being provided. Despite the fact that there are a number of elements that contribute to the failure of quality improvement programs, the most significant causes are the medical staff's reluctance to change and their lack of involvement in the program. Clinicians who take on leadership responsibilities are required to overcome these obstacles and create a style of leadership that is inclusive and caters to the requirements of healthcare professionals while also meeting their demands. Nevertheless, in the end, a leadership strategy that emphasizes group responsibility is the most likely to produce and maintain quality improvement.

Keywords: *Collective leadership; followership; leadership; leadership theory; quality improvement*

Introduction:

Effective leadership is crucial in healthcare administration to ensure the delivery of high-quality patient care, optimize operational efficiency, and navigate regulatory difficulties in the dynamic and complicated healthcare sector. This essay seeks to examine the tactics that contribute to effective leadership in healthcare administration, focusing on the distinct problems and opportunities within this domain.

Successful leadership in healthcare administration requires a wide range of skills and competencies. Integrity, empathy, and transparency are fundamental characteristics that promote trust and credibility among stakeholders. In addition, effective communication skills are crucial for effectively expressing a vision, promoting cooperation, and interacting with diverse teams in various healthcare environments. Leaders that possess competencies such as clinical expertise, strategic planning, and financial acumen are equipped to make well-informed judgments and effectively drive corporate success.

Healthcare leaders face numerous hurdles in their roles, including regulatory compliance, resource allocation, and labor management. The issues are further complicated by policy changes, evolving reimbursement structures, and technological improvements, necessitating leaders to quickly adapt and effectively innovate. Furthermore, the characteristics of the workforce, which encompass shortages in labor, burnout, and challenges related to diversity, present substantial barriers to attaining organizational goals.

A brief history of leadership in healthcare

Throughout the history of clinical medicine, there have consistently been influential figures who have motivated and guided succeeding generations of medical professionals and scholars. These leaders were consistently perceived as extremely charismatic, but possibly also haughty and invulnerable in their decision-making processes. Indeed, this serves as the foundation for the deeply rooted hierarchies that have perpetually existed in the field of clinical medicine. The justification for this type of autocratic leadership is challenging in contemporary healthcare environments, since organizations consist of intricate interactions among numerous professionals with diverse responsibilities. The citation for the source is "Wong & Cummings, 2020".

Nevertheless, the idea of professionals transitioning from bedside care to assuming significant leadership positions inside healthcare institutions is not a recent development. The 1967 Cogwheel report advocated for increased participation of doctors in the field of management. In the 1970s and 1980s, hospitals were managed under a consensus-based approach. This bestowed significant authority upon individuals in power, which had the potential to be effective. However, due to the ease with which judgments might be rejected, frequently no decisions were reached. The citation for the source is "Wong & Cummings, 2020".

The Griffiths report in 1983 brought about a major shift in the management of healthcare organizations, resulting in a closer alignment of their organizational structures with those of the business sector. Healthcare businesses have implemented multiple levels of administration in the past three decades. The management of all hospital trusts under the NHS is overseen by executive boards, whose responsibility is to provide recommendations on organizational development and policy. These suggestions are then executed by layers of middle management. The board, especially its chief executive, is responsible to the Department of Health (and the Secretary of State for Health), and therefore needs personnel who have significant management and leadership abilities. (Cummings et al., 2021)

Consequently, there has been an unprecedented surge of interest in cultivating clinical leaders inside the NHS in recent years. An important factor behind this was the release of Lord Darzi's Next Stage Review1 in 2008. This highlights the importance of investing in and advocating for the advancement of clinical leadership programs, with the ultimate goal of granting doctors greater authority over policy-making and budget allocation within their own organizations. Another crucial element has been the unparalleled drive to enhance efficiency and productivity in a healthcare system that is becoming increasingly overwhelmed. Effective leadership at all levels within healthcare institutions is necessary to address this issue, and it cannot be resolved just through a top-down approach. There has been a significant effort to enhance the quality of healthcare services, which necessitates the occurrence of 'change', with clinical leaders serving as catalysts for this transformation.

Definitions of leadership

There is an abundance of literature discussing definitions and theories of leadership, and it is true that everyone has their own ideas about what leadership entails. Certain definitions have gained widespread recognition due to the individuals who originated them. Warren Bennis, a highly respected figure in the field of leadership studies, defined leadership as the result of self-awareness, effective communication of a clear vision, the establishment of trust among colleagues, and the ability to take decisive action in order to fulfill one's own leadership capabilities. Peter Drucker, widely regarded as the pioneer of contemporary management, defines a leader as 'an individual who has individuals following them' and famously stated that 'management involves executing tasks correctly, whereas leadership involves executing the correct tasks.' Kouzes and Posner, in their study of great leaders, assert that leadership can occur in any context, at any moment, and in any role. (DeCicco & Laschinger, 2021)

Theories of leadership

A number of theories on leadership have attempted to address what underpins successful leaders: (Cummings et al., 2021)

- The Great Man theory. An antiquated notion posits that leaders possess innate qualities, such as charisma, intelligence, and wisdom, which enable them to shape history. This thought indicates that leadership is an inherent trait rather than one that can be developed.

- Trait theory. Emerging in the early 20th century, exhibiting resemblances to the Great Man theory. The statement suggests that certain individuals naturally possess specific qualities, such as flexibility, ambitiousness, and assertiveness, which cannot be acquired by learning. These individuals are particularly well-suited for leadership roles in various circumstances.

- Behavioral theory. In the 1960s, there was a shift in leadership theory from trait theory to behavioral theory, which focuses on the actions and behaviors exhibited by leaders. Effective leadership styles and behaviors can be distinguished from ineffective ones.

- Contingency theory. Effective leaders adapt their approach to engaging with their followers based on the specific situation and the unique demands and characteristics of their followers.

- Transactional leadership. This is analogous to autocratic leadership, in which the leader uses a system of rewards and punishments to motivate others.

- Transformational leadership. This statement asserts that individuals are more likely to adhere to a leader who motivates them by a compelling vision, intense dedication, and fervent excitement.

Leadership in modern healthcare settings

It is becoming more and more evident that clinicians must exhibit effective leadership traits that go beyond what is required to manage individual patients. The clinician's involvement in enhancing the quality of healthcare provision on a worldwide scale is now recognized as crucial in healthcare systems that face growing demands. The citation "(Merten & Porter-O'Grady, 2021)" refers to a source written by Merten and Porter-O'Grady in the year 2021.

Quality in healthcare settings can be defined using many criteria. The NHS identifies patient safety, clinical efficacy, and patient experience as the primary indicators of healthcare quality. The Care Quality Commission (CQC) considers supplementary aspects such as service efficiency and cost-effectiveness. Efficient leadership is

essential for implementing the necessary changes to increase quality, but the distinct structure of healthcare organizations can impede progress. Ham3 characterizes the power structure inside healthcare organizations as inverted, when individuals at the bottom of the hierarchy, such as hospital consultants, possess more decision-making authority than those who are theoretically at the top. Effective leaders in healthcare organizations must recognize and address the significant obstacle to change, such as deeply rooted working practices and cultures, that are supported by an inverted power structure. (Cummings et al., 2021)

Transformational leaders can be viewed as change agents that prioritize the well-being of their healthcare workforce over their own interests. Enlisting the participation of experts to embrace a shared vision and empowering them to spearhead the process of transformation is likely to provide greater results compared to alternative methods. Instead of overthrowing resistance to change, transformational leaders recognize and address it. Furthermore, the likelihood of success for quality improvement projects is higher when healthcare staff have a sense of ownership over the undertaking. (Sharma et al., 2020)

Leadership tools and programmes in healthcare

Currently, there is a wide range of leadership programs accessible to healthcare professionals. These options vary from brief, self-guided courses to customized fellowship programs that are completely funded and frequently involve significant change management tasks. The Medical Leadership Competency Framework is a widely recognized instrument that emphasizes and encourages doctors to cultivate competencies that will enhance their ability to lead with more effectiveness.

The Healthcare Leadership Model, developed more recently, aims to enhance leadership skills for healthcare professionals from diverse backgrounds. It comprises nine dimensions: (Sharma et al., 2020)

- ✓ Exercising caution and responsibility in leadership. By acknowledging the requirements and actions of the team and fostering a culture of mutual assistance, we can extend a nurturing atmosphere beyond the team's immediate scope.

- ✓ Collaborating on the vision. Establishing effective communication by demonstrating reliability and trustworthiness, setting clear objectives for long-term aspirations, and instilling confidence in the future.

- ✓ Motivating the team. Placing trust in the team and encouraging active and innovative participation.

- ✓ Exerting influence to get desired outcomes. Interacting with and adjusting to people in order to cultivate a cooperative method of working and establish enduring commitments.

- ✓ Assessing the validity and reliability of information. Gathering data from a broad range of sources and employing innovative thinking to generate novel ideas.

- ✓ Fostering a collective sense of mission and motivation. By upholding the ideals and values of the NHS, individuals are willing to take personal risks and make bold challenges in order to improve the service.

- ✓ Establishing a connection to our service. Contemplating the interconnections between various components of the system, comprehending the organizational politics, and embracing effective external methodologies.

- ✓ Enhancing proficiency. Facilitating chances for individuals and teams to enhance their skills, so fostering long-term improvement in their capacities.

- ✓ Enforcing accountability. Establishing explicit expectations, fostering a culture of constant growth and cultivating a mindset that embraces innovative transformation.

Leadership programmes should not solely cater to individuals with a strong aspiration to become future leaders. Additionally, they should advocate for the significance of followership as crucial to enhancing quality. This aligns effectively with the notion of communal leadership in the healthcare sector.Eight Collective leadership involves the shared duty of all individuals in an organization to ensure its success, rather than relying just on a small group

of leaders. Furthermore, everyone is duly rewarded for such achievements. An approach like this in healthcare has a greater chance of creating an environment where problems can be resolved and high-quality healthcare can be encouraged..

Leaders in health care

When examining the evidence, more focus has been placed on the medical and nursing professions compared to other leadership positions in healthcare, both clinical and non-clinical. Nevertheless, the research does encompass leadership at both the team and organizational levels.

1. **Medical leaders**

Dickinson, Ham, Snelling, and Spurgeon (2013) conducted a comprehensive analysis of medical leadership models and discovered that the level of medical or clinical leadership differed among the case study locations they examined. While management triumvirates consisting of medical, nursing, and administrative leaders were officially established at most locations, the collaboration between medical leaders and general managers was seen to be more significant. There were differences, both among and within organizations, in the degree to which doctors felt involved in the functioning of their organizations. Organizations that had high levels of involvement outperformed others on indicators of organizational success. Hamilton, Spurgeon, Clark, Dent, and Armit (2008) discovered in a previous study that interviewees in high-performing trusts consistently recognized greater levels of medical engagement. Nevertheless, these cross-sectional studies provide inadequate and unreliable data to definitively establish the probable direction of the association or causality.

Veronesi, Kirkpatrick, and Vallascas (2012) conducted a study on strategic governance in NHS hospital trusts. They collected several data sources including yearly reports, trust performance statistics, patient outcomes, mortality rates, and national patient survey data. The study revealed that the proportion of physicians serving on governing boards was significantly lower than worldwide standards. However, it was observed that increased representation of clinicians on these boards was linked to improved performance, higher patient satisfaction, and lower morbidity rates. In a study conducted by Goodall (2001), the influence of clinical leadership on hospital rankings in the US was evaluated. The findings revealed a significant correlation between clinical leadership and the rankings provided by the US News and World Report. The authors warn that the findings is correlational and may simply suggest that top performing hospitals actively recruit doctors to serve as leaders.

2. **Nurse leaders**

Nurses have a preference for managers who exhibit participative, facilitative, and emotionally intelligent leadership styles. These leadership styles are associated with team cohesion, reduced stress levels, and increased empowerment and self-efficacy. Nurse leaders that are effective possess qualities such as adaptability, cooperation, a willingness to share power, and the ability to utilize personal values to enhance performance of a high standard. Van Bogaert, Clarke, Roelant, Meulemans, and Van de Heyning (2010) investigated the impact of nursing environments and burnout on job outcomes and the quality of care. In this study, the researchers discovered a favorable correlation between nursing management and the perceived quality of care and staff satisfaction. However, other studies have shown associations between nursing management and medication errors, as well as staff levels of well-being, burnout, and turnover intention. Wong, Cummings, and Ducharme (2013) found that there is a correlation between nurses' relational leadership styles and reduced mortality rates and prescription errors, as mentioned in their research review.

Katrinli, Arabay, Gunay, and Guneri (2008) conducted a study to assess the level of nurse managers' relationships with their staff, the extent to which nurses identify with their organization, and if job involvement plays a role in mediating any connection between these parameters. Nurses who were given opportunities by nurse leaders to participate in decision making reported experiencing high levels of organizational identification and work performance as a result. The literature suggests that empowering nurses may be a crucial component in driving quality improvement. According to Wong and Laschinger (2013), authentic leadership has the ability to impact job satisfaction and outcomes by means of empowerment. Leaders that possess a deep comprehension of their fundamental principles and publicly articulate them, while also exemplifying ethical benchmarks, seem to effectively convey integrity and transparency to their followers.

The research strongly indicates that transformative and authentic leadership have a significant impact on the quality outcomes in health care settings. These styles are defined by leaders that provide exemplary role models that align with the values and vision for healthcare. They also prioritize personalized attention for staff, inspire

and motivate them, and encourage creativity and innovation. Authentic leadership is distinguished by its qualities of honesty, altruism, kindness, fairness, accountability, and optimism. Being authentic means being consistent with the objectives of delivering exceptional and compassionate patient care.

3. Team leaders in health care

Efficient collaboration among team members is crucial for achieving organizational success and is often mentioned in non-traditional published sources. The most extensive study conducted thus far involved evaluating leadership based on ratings provided by team members. The study included a sample of 3,447 participants from 98 primary health care teams, 113 community mental health teams, and 72 breast cancer care teams within the NHS. The findings indicated that leadership clarity was linked to well-defined team goals, extensive involvement, dedication to providing high-quality care, and encouragement of innovation. The team processes consistently forecasted team innovation in all three samples. Poor team processes and outcomes resulted from conflicts over leadership inside the team. Recent meta-analyses of research consistently show that shared leadership in teams predicts team efficiency across different sectors (e.g., D'Innocenzo, Mathieu & Kukenberger, 2014; Wang, Waldman & Zhang, 2014). These findings are consistent. Establishing a clearly defined team leader can reduce conflicts regarding leadership and facilitate team members seamlessly taking up leadership duties and responsibilities when their knowledge is applicable.

4. Organisational leaders

Shipton, Armstrong, West, and Dawson (2008) conducted two studies inside the NHS to examine how leadership and the climate for high quality care affect hospital performance at the organizational level. The initial study collected data on the top management team and supervisor/manager leadership from 5,564 employees at 33 hospitals. This data was then connected with information on employee job satisfaction, intention to leave the hospital, hospital 'star rating' (an evaluation of hospital performance conducted by an external audit body), and patient complaints. The second study involved gathering data on leadership within top management teams from a total of 18,156 employees across 108 NHS hospitals. This data was then connected to ratings from clinical governance reviews (which are akin to external audits), hospital star ratings, patient complaints, and patient satisfaction. The research findings indicate that top management team leadership has a significant impact on hospital performance. In both studies, strong and positive associations were observed between top management team leadership and clinical governance review ratings. Additionally, lower levels of patient complaints were reported. In the second study, top management team leadership was found to be linked to high hospital star ratings and high clinical governance review ratings. This study is among a limited number of research projects that investigate the relationship between leadership and organizational outcomes in health service contexts.

Conclusion

The primary obstacle confronting all NHS organizations is to cultivate cultures that guarantee the provision of consistently enhancing high-quality, secure, and empathetic treatment. The development of appropriate leadership behaviors, methods, and traits is crucial in establishing organizational culture as leadership is the most influential aspect in this process. The relationship between leadership and various crucial outcomes in health services, such as patient happiness, patient mortality, organizational financial success, staff well-being, engagement, turnover and absenteeism, and overall quality of treatment, is supported by compelling research.
The multitude and magnitude of difficulties confronting health care organizations necessitate a deliberate and strategic approach to leadership, rather than relying on random chance, passing trends, or fragmented methods. This review proposes that the development of leaders, leadership, and leadership strategy in the field of healthcare should be grounded in well-established theories that have substantial empirical evidence and demonstrate effectiveness. Health care organizations may effectively prepare for the future and provide excellent, empathetic care that aligns with their mission by creating and executing leadership strategies that cultivate the necessary cultures to address the healthcare requirements of the communities they serve.

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