

Leadership for Health Professionals

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Abstract:

The characteristics of health systems and organizations are unique and that warrant a tailored approach. The leadership and managerial role of a health professional is more important in today's world of globalization, digital technology, advancement in communication, health being demanded as human right and warranted practice based on evidences. The good thing about leadership is that it can be learned. Many in-service courses have been introduced in some programs and are being offered by many institutions. We need a government led comprehensive approach to strengthen these skills essentially by doing three things. Leadership development is not done solely to improve the leadership skills of one individual but is an essential component of the development of the organization as a whole. Progressive health systems that invest in leadership development for the entire senior management team will have the more significant return on investment in terms of organizational effectiveness.

Keywords: leadership, health Professionals

Introduction:

Whenever leader or leadership word hits our brain then we forget ourselves and start thinking about other political leader. Health care management system has political leaders and assisted by top level managers like secretaries and deputies at apex level. They possess wide experience and formal training in leadership and management. They are responsible for vision, mission, policy decisions and planning of health care system in our country. However; at middle and lower level health leaders do not possess formal training in health leadership. They are responsible for task performance-monitor and control activities, processes and system through day to day activities. Therefore in this modern health care system it is mandatory to know about health leadership and its implications.

Leadership has been described as "a process of social influence in which a person can enlist the aid and support of others in the accomplishment of a common task".(1) For example, some understand a leader simply as somebody whom people follow, or as somebody who guides or directs other, while others define leadership as "motivating and organizing a group of people to achieve a common goal".(2) Leadership is a process whereby an individual influences a group of individuals to achieve a common goal.(3) It is the activity of leading a group of people or an organization, or the ability to do this. In its essence, leadership in an organization that involves establishing a clear vision, sharing that vision with others so that they will follow willingly, providing the information, knowledge, and methods to realize that vision, and coordinating and balancing the conflicting interests of all members or stakeholders.(4)

The need for leadership in health has been recognized for a long time. In the words of Florence Nightingale, "Let whoever is in charge keep this simple question in her head (not how can I always do this right thing myself, but) how can I provide for this right thing be always done.(5) Lack of effective leadership in health is further aggravated by a weak public health capacity, one of the bottlenecks in achieving millennium development goals in south Asia and sub-Saharan Africa.(6) The healthcare scenario is changing due to factors such as health being demanded as a human right, concern for inequity, demand for accountability of the government and care providers, improving utilization of services and client satisfaction. Health promotion is being referred to as an effective tool for global health for addressing both communicable and non-communicable diseases.(7) The politicians are becoming more concerned about public health issues. Dr. Man Mohan Singh, the then Prime Minister of India, called high malnutrition rates a 'national shame'.(8) The National Urban Health Mission (NUHM) as a sub-mission of National Health Mission (NHM) has been approved by the Cabinet on 1st May 2013. NUHM envisages to meet health care needs of the urban population with the focus on urban poor, by making available to them essential primary health care services and reducing their out of pocket expenses for treatment. This will be achieved by strengthening the existing health care service delivery system, targeting the people living in slums and converging with various schemes relating to wider determinants of health like drinking water, sanitation, school education, etc. implemented by the Ministries of Urban Development, Housing & Urban Poverty Alleviation, Human Resource Development and Women & Child Development.(9)

Swachh Bharat Abhiyan: Clean India Mission is a national campaign by the Government of India, covering 4041 statutory towns, to clean the streets, roads and infrastructure of the country.(10) This campaign was officially launched on 2 October 2014 at Rajghat, New Delhi, where Prime Minister Narendra Modi himself cleaned the road.

India's unprecedented economic growth is applauded but there is a concern about India's slow progress in social indicators. Only Afghanistan, Cambodia, Haiti, Myanmar and Pakistan outside of Africa do worse than India in child mortality; only three countries (Bolivia, Cambodia and Haiti) have lower levels of sanitation and none has higher proportion of underweight children.(11) These recent developments make strategic management and effective leadership in health sector more relevant in India than ever. One important aspect of developing leadership skills is that it is a continuous learning. It starts with self-assessment of leadership skills, address weaknesses and build on strengths, review the progress in application of these skills. The leadership and managerial role of a health professional is more important in today's world of globalization, rapid changes in technology, health being demanded as human right and demand for accountability. This article is a small effort to sensitize the reader about leadership in health care. It will include introduction to leadership in health care, management skills, concepts and models of leadership and their application, managing self for leadership, leading and managing a team, managing while leading a team and leading with an eye on external environment – case studies – real experience. Leadership in health: India

The medical curricula at undergraduate and postgraduate levels lack the managerial and leadership teaching. Public Health Administration is included to some extent in the MD Preventive and Social Medicine and Public Health. But, leadership training is missing in almost all these curricula except Community Health Administration. This leaves a big gap in managerial and leadership skills among the doctors as they reach senior positions. The MBBS curriculum in India is a legacy of the British pattern and is outdated with vague and unstated methods of acquiring the desired competencies.(12) This is a serious issue and needs deliberation.(13) An average health professional reaching leadership position acquires these skills, if at all, essentially in three ways:

1. Hit and trial
2. By observing others (14)
3. Through individual driven self-learning by reading or taking up some available courses.

All the doctors and nurses play a leadership role right from their first assignment. They have to exhibit leadership skills to the team of staff working

with them and manage their own clinical work related to the beneficiaries they look after and deal with their attendants and other influencers. Now a days dealing with patient and their relatives have become complex process; either we explore an issue extensively or taken into granted for lay personnel. This is a modern era of digitalization and internet; hence community is aware of health problems and solution. Moreover; second opinion for any clinical problem is a usual trend in urban clinical practice. Knowledge and management skills are equally important as like clinical knowledge and skills. Therefore all doctors-professional need to evolve leadership qualities to take appropriate decisions so that they become good clinician or health care provider. The scope of leadership expands as they move into senior leadership positions by virtue of length of service and not because they have acquired managerial and leadership skills. Some institutions, such as the National Institute of Health and Family Welfare, New Delhi; Indian Institutes of Public Health; Institutes of Health Management Research; South Asia Public Health Leadership Institute; International Clinical Epidemiological Network Trust (health research) offer in-service leadership and strategic management courses with funding from Government of India, WHO, or self-payment. These fragmented and disjointed efforts to improve leadership and strategic management approach need to be mainstreamed in both basic and in-service training. One good example of in-service managerial and leadership training is in the armed forces where training is imparted at regular intervals. Similarly, the civil service officers have to undergo such training before every promotion. The government has established in-service training institutes at the national, state, divisional, district and even block level to conduct induction, in-service and on the job training for the health professionals. Most of the institutes do not attract skilled faculty, are understaffed; and lack a motivating environment, pay scales or technical independence. The training courses are not mandatory before promotion. The monitoring/evaluation of the training courses or the performance of the trainees after they go back to work needs to be strengthened. (15)

Many countries are investing in strengthening leadership skills in healthcare professionals. For example, National Health Services (NHS) in UK has set up Leadership Academy to develop leadership skills in healthcare professionals.(16) We need a similar comprehensive approach to develop leadership skills among healthcare professionals in India. This article s is a small effort to sensitize the reader about leadership in health care and health research. (17)

Leadership and management skills:

Leadership and managerial skills are often described as mutually exclusive skills. However, both these skills are complementary and synergistic. The good leaders are those who know and apply the managerial and leadership skills as the situation demands. One comes across many individuals who have moved into leadership positions and continue to manage the routine work and "micromanage" the work of their subordinates. These leaders are still stuck in transactional style and have not moved to transformational style, which is necessary for a leader. The leadership actions are more focused on creating vision, mission and mandate, developing and transforming the organizations and individuals, creating right environment, anticipating future and adapting the organization for it. Whereas managerial

actions are focused on creating structures to achieve specific targets through effective and cautious use of available resources with stability. The table below summarizes the various aspects of managerial and leadership actions in our work [Table 1] adapted from Haider. (18)

The Healthcare Leadership Model is useful for everyone because it describes the things you can see leaders doing at work and demonstrates how you can develop as a leader – even if you’re not in a formal leadership role. The model is made up of eleven leadership dimensions, which you can explore in your own time, at your own pace. You’ll find brief descriptions of each dimension – why it is important and ‘what it is not’ – so that you can fully understand it in relation to your role.

Table 1: The Healthcare Leadership Model (18)

Aspects of work	Leadership actions	Managerial actions
Vision, Mission and Policy	Create Vision, Define Mission, mandate and achieve them	Create structure for Vision, Mission, Policy and plan.
Interactions	Quality focus and bring out the best in oneself and others. Look at the overall outcome and Impact	Achieve specific goals and targets
Focus of work	Develops the organization, creates the right environment and sets direction beyond the results.	Run the organization to achieve the results
Resources	Find, Maximises resources and innovates	Use resources effectively
Interactions with	Outsiders and lead and adopt organization with an eye on the outside world	Insiders and align the people with existing systems, monitors organizational activities and its culture
Risk	Takes calculated risk	Cautious and minimizes risk
Task performance	Challenges activities, processes and system and find new ways to keep them strategic	Monitor and control activities, processes and system through day to day activities
Authority	Based of influence	Based on hierarchical position
Change	Challenges status quo	Protect status quo
Work for	Leading change and futuristic approach	Stability and delivering results
Style	Transformational	Transactional

Leadership model: Health professional

The changing role of a health professional as s/he moves up the ladder can be explained well using Jim Collins' model of five levels of leadership. The term "Level 5" refers to a five-level hierarchy [Figure 1]. Level 1 relates to a highly capable individual who makes productive contributions through her talent, knowledge, skills and good work habits. Level 2 refers to team skills. Level 2 refers to ability to work in a team. S/he contributes individual capabilities to achieve the team objectives and works effectively with others in the team. At Level 3, the leader also has skills to organize people and resources toward the effective pursuit of objectives. At Level 4 is an effective leader who "catalyzes commitment to and vigorous pursuit of a clear and compelling vision, stimulating higher performance standards. And Level 5 leaders possess the skills of levels 1 to 4 but also have an "extra dimension": a blend of personal humility and professional will. They are incredibly ambitious-but their ambition is first and foremost for the institution and its greatness, not for themselves. [19]



Figure 1: Jim Collins hierarchy of five levels of leadership

Role of leadership in a tertiary health care institution like Medical College:

Government Medical College and hospital, Nagpur is well-known in bringing laurel in terms of academics and patient care. Since 3-4 years, organization was unable to resolve important basic issues related to quality patient care and institutional physical environment e.g. poor hospital sanitation and biomedical waste. It was a great concern for all of us as a health care provider and as a user i.e. Patient and relatives of patients. Lot of attention was paid to resolve those issues by earlier health leaders or administrators but in vain. One simple desire to do something with the help of leadership dimensions certainly creates positive impact at organizational level. Just change in leadership and execution of innovative techniques helped lot to change the external environment. One of the technique “Quality circles” which was established at this hospital; in turn brought drastic improvement at this institution without any additional resources. This model works at the attitudinal level of every member of this institution(21). Quality Circles are not only limited to manufacturing firms but for variety of organizations where there is a scope for group based solution of work related problems. If lucratively implemented in the tertiary care hospital it resulted in acceptable level of sanitation. Tremendous improvement in capacity building resulted in strong sense of ownership, supportive monitoring and supervision. Quality circles assure immediate recognition and solution for the minor to major problems and assures administration about

sustainability. Where we can save majority of energy for best patient care and providing learning environment. Hospital sanitation has become an integral part of everybody’s life whom so ever enters in this hospital. Qualitative research in this direction corroborate the findings of successful model-A sustainability model.(20) Likewise we can choose any health issue and with the help of leadership dimensions in health will always change the situation provided the leader takes a calculated risk.

Another case study(22) related to doctor patient conflict and termination of patient care: Termination of doctor-patient relationship leads to College complaint and strike of Junior Doctors in tertiary health care institution. This paper addresses a neglected area of medical student education--terminating the doctor-patient relationship. During entire processes almost all teaching and learning opportunities were lost. We have tried to explore various issues and outcome of conflict between doctor and patient/patient relatives as leadership perspective/administrative perspective.

Most vulnerable and affected are the patient attending outpatient and inpatient department. Little, however, is known about the root causes of conflict and ending of relationships in tertiary health care facility. With this background present case study was carried out to find out the root causes of conflict and solutions for adverse outcome (strike by junior doctors, police complaints and defamation of institution-bad publicity) at tertiary care teaching hospital. In this case study we have tried to find out exact root cause of conflict and taking remedial

measures to avoid recurrence of similar problem while dealing with conflict. We have adequately addressed this issue by implementing the remedial measures—separating medical and surgical emergency units, delay in CT, MRI (as approach to these facility was shorten by creating short distance passage), establishment and strengthening of public relation wing which one is looked after by round the clock by Chief public relationship officer; guided and supported by Deputy superintendents and superintendent of Hospital. Since eight months there are no untoward incidence pertaining to patient care and strike from junior doctors at this institution. This is the impact of dynamic leadership of head of the institution, Dean, and his team at Government Medical College, Nagpur.

Conclusion:

One important aspect of developing leadership skills is continuous learning. It starts with self-assessment of leadership skills, address weaknesses and build on strengths, review the progress in application of these skills. This cycle of identification, learning, application and review of progress in leadership skills continues throughout one's life. Yet we have little understanding of how and why some persons are more effective leaders than others. The approaches taken in corporate leadership development programs are contrasted with the way in which leaders have been developed in healthcare. The authors assert that there are unique characteristics of health systems and organizations that warrant a tailored approach.

The leadership and managerial role of a health professional is more important in today's world of globalization, digital technology, advancement in communication, health being demanded as human right and warranted practice based on evidences. Effective use of hospital management information system supports for accountability. Jim Collins Level 5 leadership model illustrates a health professional acquiring higher levels of managerial and leadership skills as s/he moves from highly capable individual to contributing team member, competent manager, to effective leader and strive to become Level 5 Executive while moving up the ladder. The good thing about leadership is that it can be learned. Many in-service courses have been introduced in some programs and are being offered by many institutions. We need a government led comprehensive approach to strengthen these skills essentially by doing three things. 1. Curriculum reform 2. Uniform National in-service training and 3. Strengthening of state health in-service training program for health professionals. Leadership development is not done solely to improve the leadership skills of one individual but is an essential component of the development of the organization as a whole. Progressive health systems

that invest in leadership development for the entire senior management team will have the more significant return on investment in terms of organizational effectiveness.

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References:

1. Chemers M. An integrative theory of leadership. Lawrence Erlbaum Associates, 1997, Publishers. ISBN 978-0-8058-2679-1.
2. Leadership available on: <http://en.wikipedia.org/wiki/Leadership>. [Last accessed on 2015 April 23].
3. Northouse G. Leadership theory and practice, 6th ed. Thousand Oak, London, New Delhi, Sage Publications, Inc;2013.
4. Free Miriam Webster Dictionary. Available from: <http://www.businessdictionary.com/definition/leadership.html#ixzz1ugVpIluF> [Last accessed on 2015 April 21].
5. Oliver S. Leadership in health care. *Musculoskeletal Care* 2006;4:38-47.
6. Travis P, Bennett S, Haines A, Pang T, Bhutta Z, Hyder AA. Overcoming health-systems constraints to achieve the Millennium Development Goals. *Lancet* 2004;364:900-6.
7. Kumar S, Preetha G. Health promotion: An effective tool for global health. *Indian J Community Med* 2012;37:5-12.
8. BBC News-India 'shamed' by child malnutrition, says PM Singh. 10 Jan 2012. Available from: <http://www.bbc.co.uk/news/world-asia-india-16481731> [Last accessed on 2015 April 23].
9. National Urban Health Mission. Available on: <http://nrhm.gov.in/nhm/nuhm.html>. [Last accessed on 2015 Jan 21].
10. "Swachh Bharat campaign should become mass movement: Narendra Modi". *The Economic Times*. Retrieved 2 October 2014.
11. Swachh Bharat Abhiyan Available on: http://en.wikipedia.org/wiki/Swachh_Bharat_Abhiyan. [Last accessed on 2015 Jan 21].
12. Dreze J, Sen A. Putting growth in its place. *Outlook*, 14 Nov 2011.
13. Sharma K, Zodpey S. Public health education in India: Need and demand paradox. *Indian J Community Med* 2011;36:178-81.
14. Garg R, Gupta S. Are we really producing public health experts in India? Need for a paradigm shift in postgraduate teaching in community medicine. *Indian J Community Med* 2011;36:93-7.
15. Kutz RM. Necessity of leadership development in allied health education programs. *Int J Allied Health Sci Pract* 2004;2. Available from: <http://ijahsp.nova.edu> [Last accessed on 2015 Apr 21].
16. Kumar S, Adhidash V.S, Nandan D. Introduction to strategic management and leadership for health

- professionals. *Indian Journal of Community Medicine* 2012;39(1):13-16.
17. NHS Leadership Academy. Available from: <http://www.leadershipacademy.nhs.uk/> [Last accessed 2015 April 23].
 18. Leadership in health research. Available from: <http://www.nihr.ac.uk/about/collaborations-for-leadership-in-applied-health-research-and-care.htm/> [Last accessed 2015 March 22].
 19. Haldar UK. *Leadership and Teambuilding*. New Delhi: Oxford University Press; 2011.
 20. Collins JC. *Good to Great*. New York: Harper Collins Publishers Inc.; 2001.
 21. Thakre S B, Thakre S S, Niswade A K. Quality circle technique in tertiary health care system: A Sustainability model. *International Journal of case studies* 2015;3(12):16-20.
 22. Thakre S B, Thakre S S, Ughade S N, Niswade A K, Hedau J. Dealing with conflict in the doctor-patient relationship: An administrator's perspective at tertiary health care teaching institution of central, India. *International Journal of case studies* 2015;4(3):1-5.