Problems In Healthcare Leadership

Posted on August 27, 2019

Introduction

Leadership is a dynamic term that utilizes unique styles under different managerial positions. It is the responsibility of the leaders to realize the most significant leadership style by analyzing the challenge against the goals. Leadership in healthcare facilities has recently come under scrutiny in Australia. The main challenges in the facilities include non-prioritized funding, poor funding for research, non-equalized allocation of doctors, and differences in healthcare quality. To make a realistic report on the effects of leadership, five physicians from three different hospitals were interviewed for their opinions on the factors of leadership, their significance and their effects on both the physicians' activities and the health delivery process for the patients. First, the effect of leadership by physicians was analyzed based on their effectiveness and significance in the leadership style. Secondly, the various leadership styles were formulated, and their qualities were analyzed. The identified leadership factors in the interview were compared to the formulated major leadership styles and the factors linked to either of the leadership styles. Recommendations were then drawn from the effects of the various leadership styles in addressing various challenges. Problems faced in healthcare facilities require strategic management skills by the leaders. The choices leaders make are further determined by experience and preference over different leadership styles to curb unique challenges.

Literature Review

It is questionable whether physicians are better qualified to lead medical institutions compared to similarly qualified leaders without medical skills. Research has shown improved performance in healthcare institutions when a physician "who has excellent leadership skills would outperform a non-physician with equivalent leadership skills" (Dickson, 2016, p. 1 para2). Most significant in leadership is the understanding of the employees and doctors that is accorded by a physician leading a healthcare center. Because a doctor understands the theatrics and tricks of doctors, a leader picked from physicians detects anomalies and disingenuous acts fast and precisely. Also, because the physician understands the doctors, the physician leader stands a better chance to maintain credibility with fellow physicians. The credibility is attained because the physician leader relates to challenges in healthcare from the physicians' and nurses' perspectives, which a leader not trained in medicine wouldn't understand.

The relationship between the health facilities and federal governments affects the curative and preventive measures adopted against diseases and their causes. Better leadership in the hospitals could involve the government and ensure a reduction in the number of patients from preventable

diseases. While the hospitals identify preventive initiatives, they “do not reach out effectively to those most at risk” (Armstrong, Gillespie, Leeder, Rubin, & Russel, 2007, p. 485 para 8). The preventive initiatives are only administered at the hospitals because the leaders lack the funds and knowledge of the most affected areas. The poor population in Australia has no access to quality medical care (Armstrong, Gillespie, Leeder, Rubin, & Russel, 2007, p. 487). To realize equality in access to medical care, healthcare leaders are required to consult with the Australian Commission on Safety and Quality in Health Care. The commission was developed to analyze the differences in the delivery of quality medical care and funding of the hospitals.

Methodology and Approach

To create a realistic understanding of the challenges in hospitals as a result of leadership management skills, health practitioners from different hospitals were interviewed. The interviews were diversified to cover medical practitioners working in different departments. The interview majored in the challenges faced in healthcare facilities and their effects on both patients and physicians.

The questions asked regarding the challenges were crucial in identifying the similarity and repetition of problems. Thus the question on the challenges was not limited to the number of challenges. As a solution, the interviewees were to answer on the factors of leadership they felt were most effective. Personal opinions on leadership factors were used to argue the approach to the effectiveness of different leadership factors. Further, the interviewees gave the leadership factors they felt had a major effect on both their activities and the healthcare practice of the patients. Lastly, the physicians were to relate the effect of the various leadership factors to their relationships and services to patients.

Preliminary Findings

The interviews revealed the major leading factors and the associated benefits and limitations regarded with either. Because the employees answered open-ended questions, they did not give particular leadership factors and styles. Hence, a list of the various leadership styles was identified and the qualities identified by the clinicians compared to them. The identified leadership styles were (Knights, 2018);

1. Visionary- leaders whose vision for an organization is developed from the opinions of every employee through teamwork. The incorporation of all employees’ opinions is done to ensure their commitment to the realization of the vision. Its main characteristics are transparency in the processes, self-confidence among the employees, bringing about changes with all employees, and inspiring the employees to implement the vision because they relate to the vision (Knights, 2018, p. 2).

2. Coaching- leaders that allow their subjects to develop their careers by taking advantage of opportunities. This model of leadership helps “individuals become more independent and engaged and take greater responsibility as a result of building competence” (Knights, 2018). This model tends to support other leadership styles because it takes the opinions of all employees. Coaching by the leaders should be natural and assertive, which is lacking in most leaders; hence, leaders should understand the leadership style before implementing it. When correctly applied, it has the following qualities: improved relationship awareness by developing others, social awareness (hence, empathy), and emotional self-awareness (Knights, 2018, p. 3).
3. Affiliative- leaders that emphasize cohesiveness and harmony among the team members, group, or firm. The focus of this style is the emotional needs of individual employees, hence building emotional bonds. This method is used on a regular basis to emphasize emotional support in distressing situations. The leadership is limited because the focus on employees’ emotions deviates the attention of the employees; especially because it has no significance in the performance. Its main qualities are significant in conflict-solving and management, building bonds, and bringing about empathy (Knights, 2018, p. 4).
4. Democratic- leaders that emphasize engagement, buy-in, and commitment among all the employees and occasionally from the community, such as patients. Although similar to the visionary leadership style, democratic leaders do not decide the opinions and contributions of the employees to adopt in an organization. Consequently, the employees feel like a team when their ideas are debated and voted on by fellow employees. Its main qualities are self-awareness among the employees, transparency in the management, inspirational leadership and bringing about overall changes in an organization. It is most effective because it involves the affected parties in the development of solutions and the ideas of the implementing team (Knights, 2018, p. 5). In turn, it ensures maximum information on the method of implementation and the parties involved are committed.
5. Pace-setting- leaders that set high standards for the employees with the expectation that employees will follow their expectations. Because it is a goal-oriented leadership style, it ensures to realise of the maximum capacity and capability of the employees. In turn, the employees feel overworked which limits their self-awareness, empathy, and teamwork leadership qualities. Its positive qualities are that it ensures the achievement of goals and elicits initiative character among the employees (Knights, 2018, p. 6).
6. Commander- requires that the employees comply with their decisions and agenda. This leadership style neglects the input of other employees. The leaders rely on instincts and desire to bring about changes. It is backed by the desire for the leaders to set an example for the employees and assume a sense of authority. Its main qualities are bold leadership, exclusive of other employees’ ideas, and goal-oriented (Knights, 2018, p. 7).

The interviewed employees identified several challenges in the delivery of healthcare services. This research further sought an analytical understanding of the causes of the difficulties identified from the leadership perspective. The varied challenges prevent the distribution of healthcare services;

1. Outdated technology- amidst the policies “associated with pooling and cashing out of funds,

financing barriers still exist" (Wakerman et al., 2009, p. 90). The consequence of lack of funds is that public hospitals still use ineffective and outdated technology. The lack of proper funding was seen to emanate from the lack of a streamlined flow of information regarding the prioritization of the necessary machines.

2. Workforce supply- healthcare employees are unwilling to work in rural areas. This has led to reduced numbers of medical attendants in these regions with "serious shortages of general practitioners, dentists, nurses, and some key allied health workers" (Armstrong, Gillespie, Leeder, Rubin, & Russel, 2007, p. 486). This has led to an increase in non-indigenous doctors' percentage rise to 25% from 19%.
3. Health Inequality- health care services in the less affluent and bush areas are not as advanced as those in the city. The employee satisfaction rate is different due to differences in allowances and insurance benefits. Due to poor funding skills, the institutions in the less affluent areas offer little to no benefits and insurance coverage for physicians.
4. Private and Public Healthcare Funding- shifting access to medical services is noted due to the privatization of health services. Private hospitals provide equal but, in some cases, better and more advanced services. "The 57% of Australians without private health insurance" are left to pay for the procedures only offered by private institutions from their money (Armstrong, Gillespie, Leeder, Rubin, & Russel, 2007, p. 487).
5. Medical Research issues- although Australia has made breakthroughs in the medical faculty, the country lacks;

- Structures that integrate national health into the medical research plans
- Prioritization of research with regard to national health
- Deliberate objectives in the allocation of the available scarce funds

Factors for Effective Leadership

Establish Trust and Demonstrate Integrity

Integrity in leadership implies consistency in words and actions for the leaders. Thus, the leaders employing this factor should (Holcomb, 2006, p. 1 para 3);

- Only say what they mean to do
- Speak from experience and not mere opinion
- Be principled and courageous in standing for the right
- Practice transparency and authenticity
- Ensure the safety of sensitive information

"The honesty and transparency in activities are important because, mostly, it's the health of a patient that we deal with," Doctor, Mater Hospital. This comment serves to justify the importance of honesty. Consequently, honesty leads to trust between medical practitioners and patients. These attributes

show the application of affiliative leadership because the leadership at Mater recognizes the emotional attachment of the patients to their loved ones.

“Changes in the processes and guidelines are derived from prior experience, such as the introduction of covers for stretchers. It was through the Integrity factor that the hospital introduced this protective garment after a patient contracted a bacterial disease from the stretcher,” registered nurse; St Vincent’s Hospital. “St Vincent realizes that our individual opinions collectively matter. During the recent transfer of practitioners, the identified transfer candidates were asked to confirm. Few of us were allowed to stay because we still had projects that we had not completely implemented,” assistant nurse; St Vincent’s Hospital. These comments by the nurses outline the importance of honesty and integrity in leadership factors. The freedom of the employees and honesty make the leadership factor a visionary leadership style. Both affiliative and visionary leadership styles are seen to work efficiently in different hospitals to achieve a common goal: trust and integrity among the employees.

Set Clear Direction

The hospital leadership should be deliberate in its guidelines to ensure a precise sense of direction. Instructions such as timetables ensure that the processes are regulated and all employees are made aware. Other skills used in this factor include (Holcomb, 2006, p. 1 para 4);

- Consistency and simplicity of the formulated goals and strategies
- Elimination of short-term goals
- Hiring and deploying the right professionals
- Empowering people to realize the impact of their actions
- Consistent and compelling communication between the employees and patients
- Include other employees in setting the direction

“Consistency is important in creating normalcy within an organization. The kind of leadership as a result of the clear direction leadership emphasises professionalism in the conduct of the medical practitioners. This is important because the practitioners are limited to whatever is documented in the medical books. Changes are allowed, but they have to be approved by the majority of the team,” Chief Pediatric Officer: St Vincent’s Hospital. The empowerment of employees and regard for their opinions make this style of democratic leadership.

Focus on Results

This employs the personalization factor; employees are individually responsible for their actions. This factor employs the following skills (Holcomb, 2006, p. 1 para 5);

- Keeping track of the realization of the objectives and holding individuals accountable.

- Patience in removing and overcoming obstacles
- Use of all the available resources
- Recognize the individual efforts of the employees
- Allow short-term goals; these are allowed to realize the primary goals

“The true definition of a situation is the final results of it. The pace-setter leadership style emphasizes individual success. This way, individual practitioners are made aware of the consequences of their actions. While it emphasizes perfection, it reiterates the importance of patience in the process,” Chief Operations Manager; Royal Prince Alfred Hospital. This comment emphasizes the importance of the leading factor in realizing individual efforts and growth in the medical field. This style of leadership focuses on goals to implement changes; hence, it is pace-setting leadership.

Potential Outcomes of Effective Leadership

These leadership factors are important in the identification of errors in the medical industry and provide both long-term and short-term solutions. Leadership is important because of the “achievement of health reform objectives, timely care delivery, system integrity and efficiency in the healthcare system” (Daly, Jackson, Manix, Davidson, & Hutchinson, 2014, p. 77). The leadership styles can be used individually or simultaneously because they all have different impacts on an organization (Knights, 2018, p. 1). The democratic leadership style seeks to have the opinions of the health practitioners on areas of improvement while the pace-setting leadership style calls for all members to act following the laid down processes. The resulting leadership demands that all employees be responsible for their actions and, hence, be creative in forming alternatives.

Recommendation

From the interviews and the leadership factors, some recommendations for the management of hospitals were developed;

- Improved communication between the healthcare facilities’ leaders and the federal government to plan on funding and allocation of health facilities. Teamwork is necessary because while the government manages the funds, it falls short on the prioritization necessary in the funding to its people (Wakerman et al., 2009, p. 90). Further, healthcare leaders should engage in commissions such as the Australian Commission on Safety and Quality in Healthcare because it was developed to expand the limits of healthcare facilities (Armstrong, Gillespie, Leeder, Rubin, & Russel, 2007, p. 8).
- Motivation is critical in the management of employees, and hence, the government should ensure that all physicians receive bonuses and insurance coverage. This will implore the physicians to work in any area their superiors post them.
- Research-based activities in medicine should be exempted from tax (Henry, 2009, p. 7). The

result is reduced funds in the search for a cure and better preventive measures, hence allowing further research with the scarce funds available.
- The identified leadership styles have different results and, hence, should all be considered in the management of a healthcare center. However, the visionary leadership style should be used along with other styles due to its ability to motivate all employees to implement successful healthcare practices.

Conclusion

The interviews were critical in showing the different leadership styles and their effects on addressing various challenges in healthcare facilities. The six major leadership styles were tabulated, and their qualities were compared to the qualities that the interviewed physicians identified as leading factors that were most effective. Recommendations made to the healthcare leadership personnel were formed from the generalized impact of the effects and challenges of each. Because the leadership styles have different results for unique challenges, none was recommended for a particular challenge. The leaders should, therefore, utilize the most effective leadership style in realizing a successful healthcare delivery system.

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