

Doctors and leadership of healthcare organizations

Ali M. Al-Shehri, MRCGP, FRCGP, Tawfik A. Khoja, FRCGP, FFPH.

Challenges facing healthcare organization in the twenty-first century are unprecedented: rising customers' expectations, financial crisis, high cost care, new sets of diseases, crisis of equity, accessibility, and leadership of healthcare systems.¹ Management of healthcare needs to respond efficiently and effectively to these challenges in order to meet the expectations, and survive current turmoil. It has been recognized that "commonality and interaction between medicine and management dictates more involvement of doctors in management, and scientific evidence supports the need for more involvement of doctors in managing healthcare systems."² In fact, doctors "ought to be playing a central role in making the changes in the health care system that will allow the system to offer better outcomes, greater ease of use, lower cost, and more social justice in health status."³ For doctors to respond well to the above challenges they have to be leaders.²⁻⁴ This paper addresses leadership in health care systems: meanings, types, and how to be a leader. The aim is to share and initiate scientific debate on the subject with interested parties particularly doctors in healthcare management.

In addition to being care providers, doctors occupy many senior management positions in healthcare organizations. Some administrators may argue that doctors must be reserved for care provision only, and leave management to administrators. This argument does not take into consideration the ground reality, and the fact that "in the context of clinical practice, management forms part of the basic structure of the medical consultation, and doctors in management role will ensure that patients care is provided and supervised by staff with appropriate skills."² The existing trend of appointing doctors to senior positions in many healthcare organizations, both in developed and developing countries has to be welcomed. But, also it has to be acknowledged that most of doctors in these

senior positions exhibit management style more than leadership style. This explains, at least partly, why most health care organizations stuck in day-to-day business, and fail to survey the horizon for opportunities, and anticipation of change. Looking into the dynamic of existing health care systems, one would say with confidence that healthcare organizations are over managed, and under led.

Doctors particularly those occupying senior positions in their organizations need to be leaders rather than managers. Leaders innovate, while managers administer; leaders do the right things, while managers do things right; leaders' eyes is on the horizon, while managers' eyes is on the bottom line; and leaders challenge the *status quo*, while managers accept the *status quo*.⁵⁻⁷ Managers concentrate on daily businesses, subjects, and materials, while leaders concentrate on developing people and creating change.⁵⁻⁷

Change is perhaps the keyword of the twenty-first century, for example, USA President-elect Barack Obama emphasized the need for change in his campaign. Globalization and world financial crisis called for change at all levels of management, and for all type of organizations. Healthcare organizations in its existing way of management are costly and ineffective. This has to change into a more cost-effective healthcare organizations that addresses the expectations of both customers and governments. This is a difficult task without doctors playing leadership role in introducing and managing change. Leadership is the cure for the degenerative arthritis that affects healthcare organizations at an early age, and makes them stiff and inflexible to change. So what is leadership?

Many definitions are found in literature, but the definition of Northouse⁶ seems more relevant to our purpose: leadership is "a process whereby an individual

From the Department of Public Health (Al-Shehri), King Saud bin Abdulaziz University for Health Sciences, and the Gulf Cooperation Council Health Ministers Executive Office (Khoja), Riyadh, Kingdom of Saudi Arabia.

Address correspondence and reprint request to: Dr. Ali Al-Shehri, Public Health Chairman, King Saud bin Abdulaziz University for Health Sciences, Riyadh, Kingdom of Saudi Arabia. Tel. +966 (1) 2520088 Ext. 43668. Fax. +966 (1) 2520088 Ext. 41006. E-mail: Shehria3@ngha.med.sa

influences a group of individuals to achieve a common goal.”⁶ This definition is chosen because of the following key words: leadership is a continuous process (a journey not destination), where one individual (the leader) influences (without influence no leadership) a group of individual’s (followers, teams, workers, and so forth, who can be 10’s or 100’s or 1000’s depending on the size of the organization) common goals (not personal or one man show). These key words in the definition are important for leaders to consider in their way of influencing followers. The continuous process of building teams, and working as a team to achieve common objectives is in the heart of healthcare provision. Patients require multidisciplinary team to provide the highest possible care for them. Leadership by this definition influences all individuals involved in patients care, to rise to the challenge of working together to achieve the highest quality of care, and respond to the challenges of the twenty-first century in a cost-effective manner.

Leaders influence followers in many ways that determine their type of leadership. Taffinder,⁵ identified 7 patterns of leadership, but for simplicity, leaders can be classified into 3 main types: transactional, transformational, and charismatic. Each type has certain characteristics that can be summarized as follow. Transactional is classical in using ‘carrots and sticks’ in persuading followers to work, such as, leader utilizes his/her management position to influence followers by giving rewards or punishment. This type enhances external motivation, but fails to inspire people. This type has a short-term and weak influence on followers. Transformational leader utilizes his/her personal skills rather than position or power, to enhance and energize followers. He/she will go with the right flow, invest in followers, and promote unique vision, and be workaholic to achieve such vision. Transformational leader inspires followers to adopt new way of thinking and doing, and transforms work from routine to innovative and exciting business. Here followers have intrinsic motivation to change and to succeed. Charismatic leader shares the same characteristics of transformational, but add to it personal charisma inherited in his/her stamina. It is important to emphasize here that presence of charisma is a bonus in the presence of other characteristics, but mean nothing in their absence. Transformational leader are very much needed to lead professional bureaucracies such as health care organizations, because they are known to be visionary, passionate, curious, and with a strong sense of integrity.

Unfortunately, doctors in the senior management positions in healthcare are buried in day-to-day management of their organization to the extent that they have no time to survey the horizon and lead. Leadership is required to direct healthcare organizations to the right

path, and to put the ladder on the right wall: “If the ladder is not leaning against the right wall, every step we take just gets us up to the wrong place faster.”⁷ Most of healthcare management are transactional, and occupied with day-to-day routine: committees, meetings, policies, guidelines, check lists, sign in, sign out, numbers of visits and procedures, and so forth. These daily ‘busyness’ consume the time of doctors in the senior management posts in health care, and prevent them from leading. Millions of dollars are spent on management courses to create managers, but few if any, on leadership and development of competent leaders in healthcare. It is worth remembering that: “Efficient management without effective leadership is... like straightening deck chairs on the Titanic.”⁷

In Saudi Arabia, a major change is bound to happen in the way healthcare is provided once the new proposal of the Ministry of Health (MOH) is implemented. Top managers and politicians cannot impose change via top-down mechanism, because the professional weight and autonomy of doctors can block, or at least confound such change.⁴ Clinical units and departments are common findings in healthcare systems, and it is important to have strong alignment and communication between top-level leadership and those working at these levels. Here comes the importance of the type of top leadership: charismatic and transformational leaders will affect positively these units, and create followers who lead in the right direction. On the other hand, if top leadership is transactional “carrot and stick type,” or use memorandums as means of communication to followers, the whole organization will become a standstill bureaucratic organization resisting any change or development. Followers are the real agents of change on the ground, and if they are not motivated and guided by a strong and transformational leadership, they tend to be fragmented and indeed sometimes, under the pressure of the work, attack each others in a destructive way. The opposing behaviors and lack of trust among senior health care managers is not uncommon observation in our health care organizations. We need leaders with clear vision to enhance teamwork and trust, and create a pool of future leaders.

How to be a leader? The first step is for each doctor in the management position to declare from now on: I am into leadership, rather than management. This means looking carefully and critically to how you run your unit, department, or organization. Make sure you adopt leadership style that works in the light of what has been mentioned above. In addition, Taffinder⁵ argues that to be effective leader you must follow 5 essential steps:

- **Impose or set the context.** This step is about setting goals and direction clearly to yourself as a leader, and to your team. It has to be clearly stated and practiced

that you are into leadership pursuing common goals of great values for the whole organization. As a leader, you need to inspire and persuade people around you to adopt these goals, and feel the importance of these goals for them. Setting the stage clearly and honestly would encourage people to participate actively in the play, if they are convinced of its relevance to them and their organizations.

- **Make risks and take risks.** Any new initiative is bound to carry some risks in addition to creating opportunities. True leaders are those who are able to transform potential risks into real opportunities for people and organization. Making mistakes is unavoidable for those who work, and try new ways of doing things. People must be reassured that making mistakes is not a reason for punishment, but rather a normal occurrence in the line of challenging *status quo*, and pursuing noble goals. This does not mean encouraging mistakes and *laissez-faire* approach of management, but rather emphasizing that in the way of achieving great objectives, tiny mistakes are of little importance. People must be encouraged to try new things freely and safely in order to raise their confidence in going with the change even if it is surrounded by risks. Leaders must deal with risks in a positive way, and transform them into learning opportunities for the whole organization.

- **Challenge and change.** Leaders must deal with the well-known defensive mechanisms of human being in response to any change: fears and anxiety; skepticism and resistance; or withdrawal and isolation. Leaders use their personal skills rather than their position or power to work with their team to get rid of these negative and defensive behaviors, and participate actively in the change. This may require the leader to use different and perhaps unpredictable ways of challenging deep-rooted beliefs among workers on the service they provide. Transformational leaders have to get people out of their routine old-style boxes.

- **Have deep conviction.** Unless leaders believe “wholeheartedly in what they’re doing,”⁶ and demonstrate this belief to followers they cannot be effective leaders. As Taffinder⁵ puts it, leaders “talk on what they want to achieve, and they reveal their emotional involvement in it by showing their excitement, their impatience, and their determination.” Doctors in leading positions must always talk, and show their determination to lead, not to manage people. Your beliefs and acts must be coherent and explicit for all followers to understand and follow.

- **Generate critical mass.** Taffinder⁵ labels this stage as the most crucial step for leaders: “No matter how much conviction you have, no matter how rapidly and

effectively you mobilize your people, and get them to commit to achieving inspirational goals, no matter what risks you take - if you fail to channel the available energy of a group of people into tasks that make a difference, that make things happen, then you will have failed the toughest test of leadership.” This cannot be truer than in health care organizations. Just reflect on how many projects have been initiated in our health care systems and not finished? How many projects run in parallel lines without coordination in our health care systems, as if they are highways never crossed or aligned together? And how many projects that have shown their inadequacies and shortcomings, but still dragged on and on in our health care systems? Generating critical mass means you have to form a formidable team that can finish good projects to harvest their goods, a team that can work together in coordination and cooperation to optimize different projects and avoid duplications, a team with courage to stop failing projects, a team who can play together a nice symphony, albeit each has a different type of musical instrument. Generating a critical mass is regarding outcomes of all the processes and steps of leading people to achieve common objectives.

In conclusion, challenges facing the health care systems and organizations in the twenty-first century are multiple, and require major change. Ground reality and scientific evidences dictate the need to involve doctors in introducing and managing change. In order to be successful, doctors in management positions have to learn and act as leaders.

References

1. World Health Organization. Primary Health Care: Now More Than Ever - the 2008 World Health Report. (Worldwide news). Available at: www.who.int/whr/2008/whr08_en.pdf -
2. Al Shehri AM. Is there a need to involve doctors in management of healthcare in Saudi Arabia. *Saudi Med J* 2003; 24: 1165-1167.
3. Berwick DM. Eleven worthy aims for clinical leadership of health system reform. *JAMA* 1994; 272: 797-802.
4. Dickinson H, Ham C. Engaging Doctors in Leadership: Review of the Literature. Health Services Management Centre. University of Birmingham (UK). Updated January 2008. Accessed 14 February 2009. Available from URL: [http:// www.hsmc.bham.ac.uk/work/pdfs/Engaging_Doctors_Review.pdf](http://www.hsmc.bham.ac.uk/work/pdfs/Engaging_Doctors_Review.pdf) - Similar.
5. Taffinder P. The leadership crash course: how to create personal leadership value. 2nd ed. Philadelphia (PA): Kogan Page Ltd.; 2006.
6. Northouse PG. Leadership: Theory and Practice. 3rd ed. Thousand Oaks (CA): Sage Publication; 2004.
7. Covey SR. The seven habits of highly effective people. New York (NY): Simon & Schuster: 1990.