IMPROVING THE SERVICES OF HEALTH ORGANISATION WITH REFERENCE OF LEADERSHIP

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Abstract:

In many areas of the developed world, contemporary hospital care is confronted by workforce challenges, changing consumer expectations and demands, fiscal constraints, increasing demands for access to care, a mandate to improve patient centered care, and issues concerned with levels of quality and safety of health care. Effective governance is crucial to efforts to maximize effective management of care in the hospital setting. Emerging from this complex literature is the role of leadership in the hospital services setting. In this discursive paper, we discuss leadership in health care, consider published definitions of leadership, synthesize the literature to describe the characteristics, qualities, or attributes required to be an effective leader, consider leadership in relation to hospital care, and discuss the facilitators and barriers to effective leadership in the hospital sector. Despite the widespread recognition of the importance of effective leadership to patient outcomes, there are some quite considerable barriers to participation in clinical leadership. The goal of this research was to investigate effective leadership that drives organisational change in the public health sector to meet the changing environmental needs to improve services. The role of leadership is to deal with incompetent personnel as they are the cause of problems regarding inadequate services. Leadership must contribute to the main areas where competency development needs to take place. Healthcare 2030 requires transformational leadership from the ranks of managers and clinicians for collective and distributed leadership across all levels of organisations.

Key words: management, hospital care, leadership, discursive paper, services

1.0 Introduction:

The aims of this review are to understand the nature of leadership work of the hospital managers in order to examine their perceptions of the most essential roles, skills and training courses as hospital managers. It also aims to identify the challenges, obstacles and problems facing hospital leaders. Studies have compared hospital leaders to more traditional leaders, highlighting important yet subtle differences between them, such as the uniqueness of

hospital leader's roles in dealing with multiple layers of internal and external consumers. The healthcare field has changed dramatically in the past few years. Hospital leaders have had to respond to new technology, new organizational goals and new challenges. The most effective leaders have responded to the dynamism of the healthcare field by altering their leading skill set. Not only does this review clarify many components of the role of hospital leaders in this climate, but it also highlights differences in opinion between various researchers as to the requirements of such a unique job. This review provides an overview of leadership and leader work in general, detailing the most important roles, skills, challenges, abilities and goals that a hospital leader needs to employ in order to be successful. A review of the literature elucidates the role, skills, challenges and educational needs of health service leaders.

Healthcare organizations also have a rather unique characteristic. That is, the chief executive is not the only part of the organization's leadership that is directly accountable to the governing body. In healthcare, because of the unique professional and legal role of licensed independent practitioners within the organization, the organized licensed independent practitioners – in hospitals, the medical staff – are also directly accountable to the governing body for the care provided. So the governing body has the overall responsibility for the quality and safety of care, and has an oversight role in integrating the responsibilities and work of its medical staff, chief executive, and other senior managers into a system that that achieves the goals of safe, high-quality care, financial sustainability, community service, and ethical behaviour. This is also the reason that all three leadership groups – the governing body, chief executive and senior managers, and leaders of medical staff – must collaborate if these goals are to be achieved.

2.0 Literature Review:

Louise Fitzgerald, (2013) This article focuses on the pattern and impact of change leadership in complex, pluralistic, public sector settings, and specifically in English healthcare. The argument draws on evidence from ten comparative cases, exploring links between leadership patterns and organizational outcomes. Our analysis builds three themes. First, a pattern of widely distributed change leadership is linked to delivering improvements in service outcomes. Second, professional/managerial hybrids are shown to perform crucial lateral facilitation activities, adapting and extending their roles to suit their organizational context. Third, a foundation of good pre-existing relationships underpins the capacity of distributed leadership to implement service improvements. Conversely, poor relationships and conflicts erode the concerted capacity of distributed change leadership. The key contribution of this article thus concerns the establishment of links between situated patterns of distributed

leadership, and service improvement outcomes, based on the cumulative effects of actors – managers and clinical hybrids – at different organizational levels.

Daly J, (2014) In many areas of the developed world, contemporary hospital care is confronted by workforce challenges, changing consumer expectations and demands, fiscal constraints, increasing demands for access to care, a mandate to improve patient centered care, and issues concerned with levels of quality and safety of health care. Effective governance is crucial to efforts to maximize effective management of care in the hospital setting. Emerging from this complex literature is the role of leadership in the clinical setting. The importance of effective clinical leadership in ensuring a high quality health care system that consistently provides safe and efficient care has been reiterated in the scholarly literature and in various government reports. Recent inquiries, commissions, and reports have promoted clinician engagement and clinical leadership as critical to achieving and sustaining improvements to care quality and patient safety. In this discursive paper, we discuss clinical leadership in health care, consider published definitions of clinical leadership, synthesize the literature to describe the characteristics, qualities, or attributes required to be an effective clinical leader, consider clinical leadership in relation to hospital care, and discuss the facilitators and barriers to effective clinical leadership in the hospital sector.

Lorainne Tudor Car, (2017) Health leadership and management capacity are essential for health system strengthening and for attaining universal health coverage by optimising the existing human, technological and financial resources. However, in health systems, health leadership and management training is not widely available. The use of information technology for education (ie, eLearning) could help address this training gap by enabling flexible, efficient and scalable health leadership and management training. We present a protocol for a systematic review on the effectiveness of eLearning for health leadership and management capacity building in improving health system outcomes. Methodology and analysis We will follow the Cochrane Collaboration methodology. We will search for experimental studies focused on the use of any type of eLearning modality for health management and leadership capacity building in all types of health workforce cadres. The primary outcomes of interest will be health outcomes, financial risk protection and user satisfaction. In addition, secondary outcomes of interest include the attainment of health system objectives of improved equity, efficiency, effectiveness and responsiveness. We will search relevant databases of published and grey literature as well as clinical trials registries from 1990 onwards without language restrictions. Two review authors will screen references, extract data and perform risk of bias assessment independently. Contingent on the

heterogeneity of the collated literature, we will perform either a meta-analysis or a narrative synthesis of the collated data.

3.0 Methodology:

Population and sampling:

The population size was 18 consisting of key participants who are hospital Chief Executive Officers (CEOs), Chief Directors, directors and middle management. The sample size of the population was 55, 5% whereby only 10 responses were received compared to the target of 100% of the total 18 managers. The confidentiality of respondents was guaranteed as there was a requirement to disclose personal details or employee numbers. Demographics that were included were age, gender, race, number of years in the department, highest level of education, primary formal qualification, number of sub-ordinates, mentoring and coaching details.

Demographic details:

The demographic details of the sample prove that 60% of the participants are between the ages of 50 to 59 years. Fifty percent of the respondents have been less than 5 years in their current position.
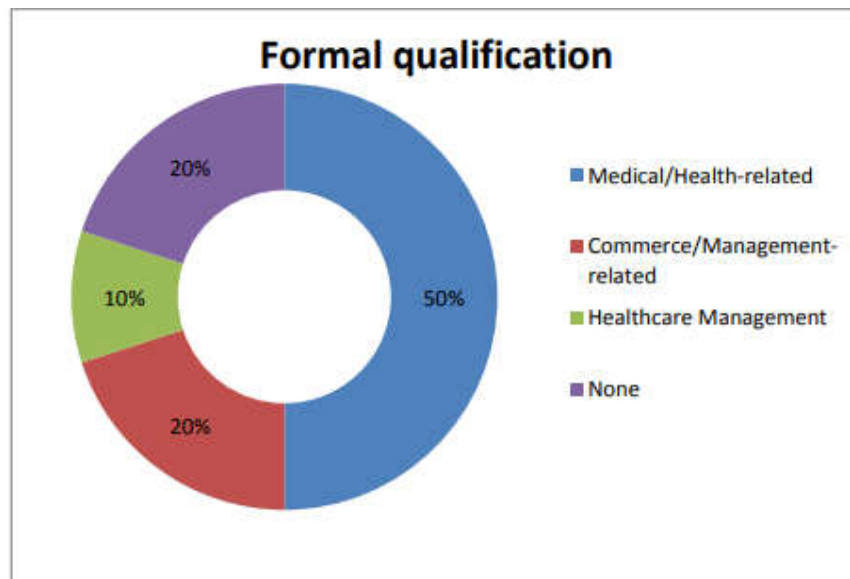
Figure 1: Formal qualification

The results shows that 50% of the managers have a medical or health-related qualification, 20% possess a commerce or management-related qualification, 10% have a qualification inhealthcare management and 20% have no qualification but on-the-job training. Overall the results show that the majority of the managers have a medical or health-related qualification. Only 20% (2 people) have a qualification in management.

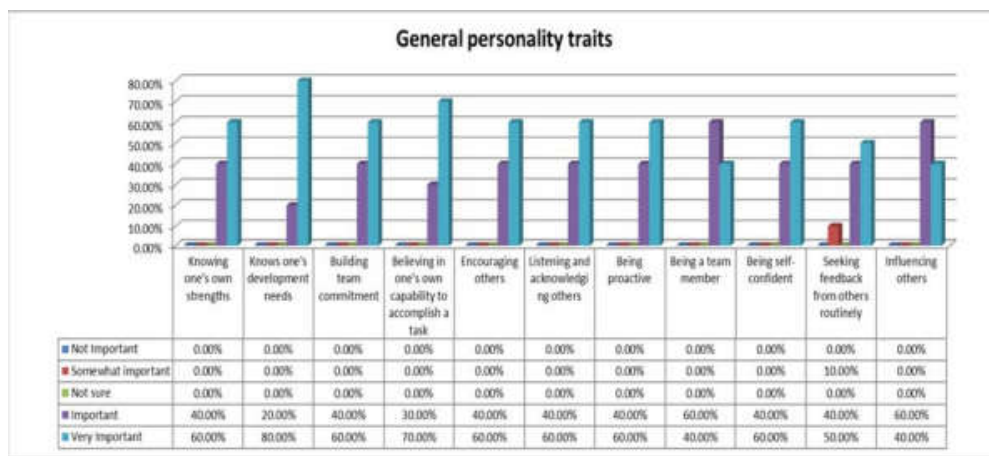Fifty percent of the participants had been involved in a mentoring course.

Fifty percent of the participants supervised less than twenty people while the remaining participants have more than sixty subordinates reporting to them.

Challenges and limitations:

The sample size of the population was 55.5% whereby only 10 responses were received compared to the target of 100% of the total 18 senior-level managers.

4.0 Results:

The following graphs are representations of findings and were analysed using a ratio of 10% equivalent to 1 person. Each question was scored according to very important, important, not sure, somewhat important and not important.

General personality traits

	Knowing one's own strengths	Knows one's development needs	Building team commitment	Believing in one's own capability to accomplish a task	Encouraging others	Listening and acknowledging others	Being proactive	Being a team member	Being self-confident	Seeking feedback from others routinely	Influencing others
Not Important	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Somewhat important	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	0.00%
Not sure	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Important	40.00%	20.00%	40.00%	30.00%	40.00%	40.00%	40.00%	60.00%	40.00%	40.00%	60.00%
Very important	60.00%	80.00%	60.00%	70.00%	60.00%	60.00%	60.00%	40.00%	60.00%	50.00%	40.00%

Graph 1 represents the general personality traits that are very important for managers leading
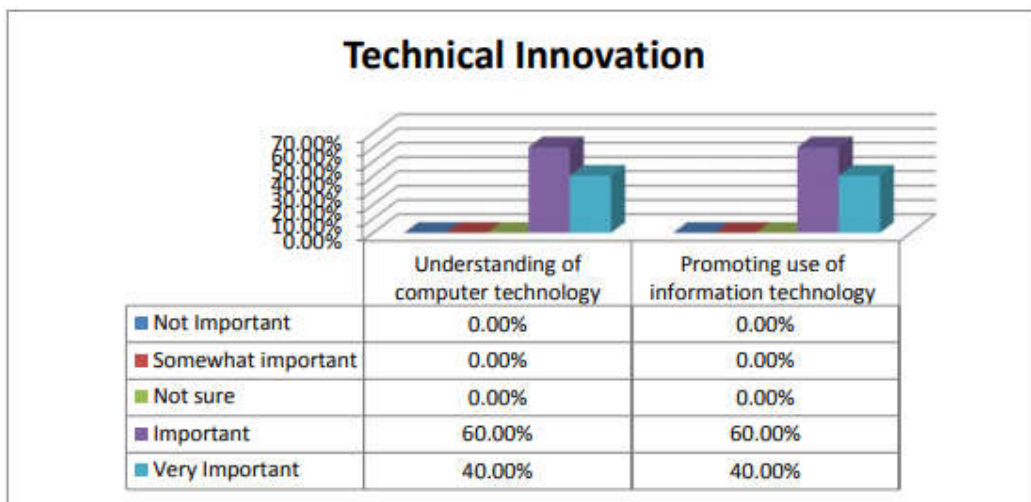
 in organisations. The assumption of the leader behaviour approach was that there were certain traits that would be universally effective for leaders. The questions focussing on general personality traits showed that in 9 out of the 11 questions the respondents indicated very important and none indicated not important. Important and very important were the mostpopular choices. All the respondents indicated that it is important or very important for managers in top management positions to possess certain general personality traits. Managers in top management positions identify themselves with these personality traits scoring 100% between important and very important. The only area scoring 90% is the question pertaining seeking feedback from others routinely. Ten percent (1 person) rated somewhat important.

Regardless of the great diversity among managers, there are some traits which most successful managers have. These are the "Traits" listed in graph 1. Very few managers have all the traits, but the most effective leaders will have most of them. A few managers will have

only a few of these traits such as seeking feedback or being a team member, but they are likely to have those few very well developed.

According to general personality traits refer to self-confidence which enables an effective leader to understand their strength and become pro-active. Explanation of humility enables an individual to know one's own development needs by also seeking feedback from others. Believing in one's own capabilities to accomplish a task signifies self-confidence and enables a leader to influence team members by motivating them in difficult or challenging situations for they improve organizational services.

HR leaders being proactive and identify possible trends that will affect the organisation. It is very important for a leader to determine the potential impact to proactively develop strategies.

Technical Innovation

|	Understanding of computer technology	Promoting use of information technology
■ Not Important	0.00%	0.00%
■ Somewhat important	0.00%	0.00%
■ Not sure	0.00%	0.00%
■ Important	60.00%	60.00%
■ Very Important	40.00%	40.00%

Graph 2: Technical innovation

Because of technical changes in the public health sector, technical innovation is important. The use of technology is less time-consuming and cuts costs. Various mechanisms used by the organisation maximises the use of resources, i.e. human resources; financial resources; and report writing. The results show the importance of technology influences within the WCDoH. Two questions pertaining to both understanding of computer technology and promoting the use of information management were asked. The managers involved in this study showed that the use of technical innovation by promoting and understanding / or understanding rated to be high importance. This proves that technical innovation is a key factor in the public health sector. Even though the use of information technology is used by means of different health programs, i.e. electronic use of monitoring and evaluation tools, there is still a gap in the number of staff trained in or capable of using these programs.

To technical innovation as being part of the environment is which must be known in leadership development. Part of leader behaviours is managing technical innovation. Graph 3 supports the literature which represents questions pertaining to managing technical innovation. Overall 60% indicated that understanding computer technology and promoting the use of it are important, respectively; while 40% indicated that understanding and promoting the use of information technology are very important, respectively.

The average age of managers is 40 to 49 years. It is necessary to recruit, train and develop younger people and undertake intensive planning. In support, to planning which involves organising personnel and ensuring that they have the correct competencies. In relation to this, coaching and mentoring are referred to which are aligned with leadership development aspects. Coaching and mentoring, according to mentoring is a long-term professional development method enabling organisations to benefit from the strengths and skills of talented staff these all are kinds help to improve their services.

Planning

	Not Important	Somewhat important	Not sure	Important	Very Important
Coaching and mentoring others	0%	0%	0%	70%	30%
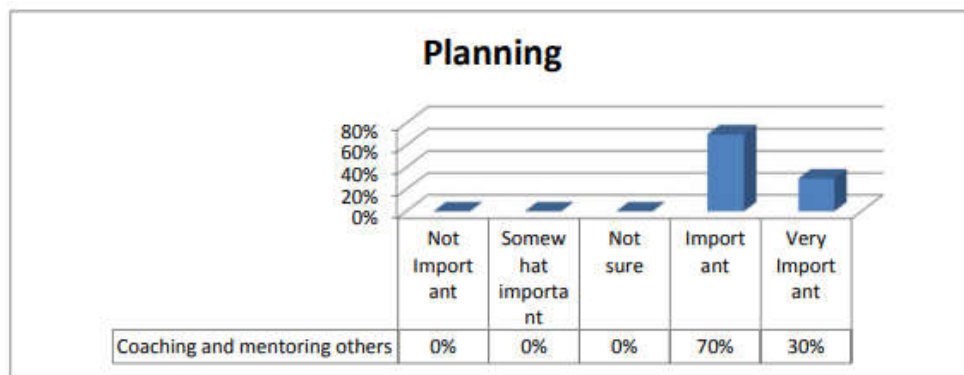
Graph 3: Planning

Question 14 focussed on planning. Seventy percent indicated that coaching and mentoring are important and 30% indicated that they are very important. It is evident that in order to encourage, develop and sustain team members, a coaching and mentoring process is important to serve the development needs of a team. Based on the findings, planning is a critical element. One hundred percent of the respondents rated coaching and mentoring as important or very important for their services.

Table 1: Understanding the organisation

Understanding the organisation	Not Important	Somewhat important	Not sure	Important	Very Important
Understanding organisational structures	0%	0%	0%	80%	10%

Look for future opportunities (for effective management of health service organisations)	0%	10%	0%	70%	30%
Being sensitive to cultural backgrounds of others	0%	0%	10%	50%	10%
Communication	0%	0%	0%	80%	90%
Managing teams	0%	10%	0%	70%	40%
Setting priorities on a rational basis	0%	0%	0%	60%	20%
Providing organisational integrity	0%	0%	0%	50%	30%
Identifying decision-makers in organisation	0%	0%	0%	80%	20%
Knowing factors that affect the organisation	0%	0%	0%	60%	50%
Drawing perspectives on long-term trends	0%	0%	10%	70%	40%
Sharing a vision for change	0%	0%	0%	60%	30%
Working cooperatively with each other	0%	0%	0%	30%	50%
Developing financial plans	0%	0%	0%	40%	40%
Being part of a team	0%	0%	0%	50%	20%
Confronting performance problems	0%	0%		50%	20%
Understanding others	0%	0%	0%	30%	30%
Developing strategic plans	0%	0%	10%	80%	30%
Using best practices	0%	0%	0%	70%	80%
Improving organisational performance	0%	10%	0%	60%	50%
Identifying individuals who influence decision-makers	0%	0%	10%	50%	60%
Creating favourable conditions for the team to succeed	0%	0%	0%	80%	70%

Motivation to develop talent	0%	0%	0%	80%	50%
Analysing organisational processes	0%	0%	20%	50%	60%
Promoting social responsibility	0%	0%	0%	40%	50%
Managing projects	0%	0%	0%	50%	40%
Understanding the Constitutional mandate	0%	10%	0%	30%	50%

The objective of these questions was to ascertain the level of understanding of the organisation from the respondents. The way an organisation is structured can be understood in terms of the following elements: the vision, understanding the factors that affect the organisation, strategising and the decision-making process. There is an average of 94% rating for important/very important. An average of 94% is reflected in the level of understanding the organisation. The ratings important and very important of these elements were selected to understand the organisation. In relation to managing organisational change, communication stood out as being rated as very important. The elements that influence managing organisational change were identified by the respondents as important or very important. Based on the findings in comparison to the empirical study there is a gradual move towards transformational leadership development from a service delivery perspective. Reasons for the variations are likely the result of the different environment the manager is exposed to, i.e. hospitals; service managers; head office administration managers.

5.0 Conclusion

Effective leadership is associated with optimal hospital performance. It is allied to a wide range of hospital functions and is an integral component of the health care system. Developing leadership skills among hospital nurses and other health professionals is of critical importance of services. However, despite the widespread recognition of the importance of effective leadership to patient outcomes, there are some quite considerable barriers to participation in leadership. Future strategies should aim to address these barriers so as to enhance the services with quality of leadership in hospital care. As the focus on hospital performance intensifies, leadership to increase efficiencies and improve quality will be of increasing importance.

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