Leadership in healthcare

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Learning objectives

After reading this article, you should be able to:
- explain why clinical leadership extends beyond day-to-day healthcare provision
- list different leadership styles
- explain the difficulties that face leaders in healthcare and describe tools that are available to help overcome these difficulties

Abstract

Effective leadership by healthcare professionals is vital in modern healthcare settings. The major factor underpinning this is the drive to improve the quality of healthcare provision on a background of ever increasing healthcare demands and need for increased efficiency and productivity. There are many reasons why quality improvement programmes fail, however the lack of engagement of medical staff and their resistance to change are amongst the most important factors. Clinicians who assume leadership roles need to overcome these barriers and adopt a style of leadership that is inclusive and meets the needs of healthcare professionals. Ultimately however, a collective leadership approach is most likely to create and sustain quality improvement.

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

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A brief history of leadership in healthcare

Since the dawn of clinical medicine there have always been leaders inspiring future generations of clinicians and academics. These leaders were invariably viewed as highly charismatic, but potentially also arrogant and unchallengeable in their decision-making processes. Indeed this forms the basis of the ingrained hierarchies that have always existed in clinical medicine. This form of dictatorial leadership is difficult to justify in modern healthcare settings where organizations are comprised of complex interactions between a large number of professionals with multiple roles to fulfil.

However, the concept of the changing role of clinicians in managing patients at the bedside to possessing important managerial roles in healthcare organizations is not a modern one. The Cogwheel report of 1967 called for greater involvement of clinicians in management. During the 1970s and 1980s hospitals were run by consensus management. This gave tremendous power to those in authority and this could work well, but because decisions could be easily vetoed, often no decisions were ever made.

The Griffiths report in 1983 fundamentally changed how healthcare organizations are run, with organizational structures aligned more closely to that of the corporate sector. Multiple tiers of management have subsequently been introduced to healthcare organizations over the last 30 years. All hospital trusts within the NHS are managed by executive boards, charged with making recommendations on organizational development and policy that are implemented by layers of middle management. The board, and in particular its chief executive, is accountable to the Department of Health (and the Secretary of State for Health), and hence require individuals who possess considerable management and leadership skills.

As a result of this, in recent years there has been an unprecedented interest in developing clinical leaders in the NHS. One major driver for this was the publication of Lord Darzi's Next Stage Review[1] in 2008. This emphasized the need to invest in and promote the development of clinical leadership programmes, with the aim of eventually allowing clinicians to have more control over policy and budgets within their organizations. Another important factor has been the unprecedented pursuit of increased efficiency and productivity in an increasingly overburdened healthcare system. This requires effective leadership at all levels within healthcare organizations and cannot simply be solved by a top-down approach. Lastly there has been an important drive to improve the quality of healthcare provision, and this fundamentally requires 'change' to occur, with clinical leaders acting as agents of change.

Definitions of leadership

There is no shortage of literature on definitions and theories of leadership, and indeed everyone in their own right has ideas about what leadership is. Some definitions have become well known by virtue of who coined them. Warren Bennis, widely regarded as a pioneer of leadership studies, termed leadership as 'a function of knowing yourself, having a vision that is well communicated, building trust among colleagues, and taking effective action to realize your own leadership potential'. Peter Drucker, described as the founder of modern management, simply terms a leader as 'someone who has followers' and famously quoted that 'management is doing things right; leadership is doing the right things'. More recently, Kouzes and Posner,[2] who focus on the behaviours that successful leaders exhibit, state that 'Leadership can happen at anytime, anywhere and in any function'.

Theories of leadership

A number of theories on leadership have attempted to address what underpins successful leaders (Box 1).

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Theories of leadership

- Great Man theory
- Trait theory
- Behavioural theory
- Contingency theory
- Transactional leadership
- Transformational leadership

Box 1

Great Man theory. An early, outdated theory that suggests leaders are born, not made, shaping history through their personal attributes, such as charisma, intelligence and wisdom.

Trait theory. Developed in the early 20th century, with similarities to the Great Man theory. It states that some people possess certain traits that cannot be learnt (e.g. adaptability, ambitiousness, assertiveness) and are particularly suited to leadership in a number of different situations.

Behavioural theory. In the 1960s the focus of leadership theory switched from trait theory to behavioural theory (i.e. what leaders actually do). Successful leadership styles and behaviours can be differentiated from those that are ineffective.

Contingency theory. Effective leaders develop different ways of working with their followers depending on the situation and the needs and attributes of followers.

Transactional leadership. This is similar to dictatorial leadership where the leader motivates by reward or punishment.

Transformational leadership. This states that people will follow a leader who inspires them through vision, passion and enthusiasm.

Leadership in modern healthcare settings

It is increasingly apparent that clinicians need to demonstrate effective leadership qualities beyond those needed to treat individual patients. The clinician's role in globally improving the quality of healthcare provision is now seen as vital in healthcare systems that are under ever increasing demands.

Quality within healthcare settings can be defined in a number of ways. The NHS highlights patient safety, clinical effectiveness and patient experience as the key markers of quality of healthcare provision. The Care Quality Commission (CQC) looks into additional factors such as efficiency of services and value for money. Effective leadership is crucial in bringing about the changes necessary for quality improvement but the unique structure of healthcare organizations can prove a hindrance to change. Within healthcare organizations Ham[3] describes an inverted power structure with those at the bottom (e.g. hospital consultants) having greater decision-making power than those nominally at the top. Successful leaders in healthcare organizations must acknowledge this and overcome the considerable barrier to change (e.g. ingrained working practices and cultures) that this inverted power structure supports.

In this respect transformational leaders can truly be seen as change agents, placing the concern of their healthcare workforce above themselves. Engaging professionals to buy into a vision and allowing them to lead the process of change is likely to be more successful than other approaches.[4] Rather than toppling resistance to change, transformational leaders acknowledge and

deal with it. Moreover quality improvement initiatives are more likely to succeed if healthcare professionals believe they have ownership of the task.[5]

Leadership tools and programmes in healthcare

There are now many leadership programmes available to healthcare professionals. These range from short, self-directed courses to bespoke fellowship programmes that are fully funded and often entail major change management projects. The Medical Leadership Competency Framework[6] is a well-established tool that highlights and promotes doctors to develop competencies that will enable them to lead more effectively.

The more recent Healthcare Leadership Model has been designed to allow healthcare workers of all backgrounds to become better leaders and consists of nine dimensions (Box 2).[7]

- *Leading with care.* Recognizing the needs and behaviours of the team with mutual support for each other, enabling the spread of a caring environment beyond the team's area.
- *Sharing the vision.* Communicating with credibility and trust, having a clear direction for long-term goals and inspiring confidence for the future.
- *Engaging the team.* Trusting in the team and supporting creative participation.
- *Influencing for results.* Engaging with and adapting to others, to develop a collaborative approach to working and to build sustainable commitments.
- *Evaluating information.* Sourcing information from a wide area and thinking creatively to develop new concepts.
- *Inspiring shared purpose.* Whilst adhering to NHS principles and values, taking personal risks and making courageous challenges for the benefit of the service.
- *Connecting our service.* Reflecting on how different parts of the system relate to one another, understanding the politics of the organization, and adopting outside approaches that work well.
- *Developing capability.* Providing opportunities for individuals and teams to develop, enabling improved longer-term capabilities.
- *Holding to account.* Having clear expectations, challenging for continuous improvement and creating a mindset for innovative change.

Leadership programmes should not exclusively be for those who have a great desire to be leaders of the future. They should

Nine dimensions of healthcare leadership model

- Leading with care
- Sharing the vision
- Engaging the team
- Influencing for results
- Evaluating information
- Inspiring shared purpose
- Connecting our service
- Developing capability
- Holding to account

Box 2

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also promote the importance of followership as vital to quality improvement. This ties in well with the concept of collective leadership for healthcare.[8] With collective leadership everybody takes responsibility for ensuring the success of an organization, in contrast to placing the emphasis on a core group of leaders. In addition everybody is rewarded for such successes. Such an approach in healthcare is potentially more likely to yield an environment where problems can be solved and high quality healthcare promoted. ◆

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