

# Leadership and Its Effect on Health Management

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Leadership in health care focuses mainly on achieving the goal of effective health care delivery as a team under the guidance of another team member. Leadership in the health sector has become a key point in improving patient safety and health management as a whole. Delivering effective health care services to patients may be more efficient when health care professionals unite and act as a single body that is patient oriented. By developing a structure where leadership influences health management, the outcome of services rendered to patients is being greatly ameliorated. The Institute of Medicine (IOM) has outlined a number of actions which health care organizations need to implement in order to improve patient safety. The Baldrige National Quality Program also recognizes the importance of leaders and has stated the roles of leaders and what is expected of them in order to achieve excellence in health care. Leadership models are the fundamentals of leadership, which determine whether the objectives will be met as in the interest of the organization. This research was aimed to determine the impact of leadership on health management. This explores the characteristics of a leader, leadership styles that may be implemented, and their effect on outcome in a health care organization.

*Keywords:* leadership, patient safety, health management, health care

## Introduction

Healthcare and adequate management of medical facilities is a large issue facing the industry today. From patient experience, specialized health care with competent professionals and transparency on operational costs among others are the major factors hospitals deal with (MH Life Sciences, 2020). In 2018, it was expected that healthcare organizations in the United States would spend more than \$1.5 trillion to adapt for evolving information services. A large aspect of patient care, is their medical history and accurate information being captured, so professionals are designing application programming interfaces (APIs) to streamline data sharing and doctor collaboration.

The role of leadership and leaders played within any organization is vital to maintain order and ensure processes and procedures are followed accordingly. The healthcare industry requires even more emphasis on the leadership styles employed within their facilities, as the lives of their patients are in the hands of the nurses and doctors that treat them.

Orlando in 2001 hosted the National Summit on the Future of Education and Practice in Health Management and Policy to discuss this educational emergency that the healthcare management programs currently in use at that time were not aligned to the correct syllabuses and there was a gap between the generic

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method of leadership used and the procedures that hospitals need in order to care for patients adequately (Begun, Butler, & Stefl, 2018). The unique characteristics of hospitals confirmed that an academic-practitioner focus would strengthen healthcare facilities if taught to prospect leaders and hospital managers.

Hospitals are progressive in nature and constantly evolve to the technological advancements within the global context of patient care. As new machinery is created and scientific breakthroughs on medicine and vaccines are discovered, hospitals must respond timeously to avoid negatively affecting their patients (Alloubani & Almatari, 2014). The skills required for an effective leader are often misunderstood and not many know what equates to a successful manager of a department, let alone hospital environments.

### **Leadership**

Historically, management and leadership styles were broad in context and not specific to an industry or sector, however over the last few decades, with technology expanding at such an exponential rate, the “one size fits all” notion is no longer viable (Alloubani & Almatari, 2014). In certain countries a formal degree of education and knowledge is required to run a healthcare facility, whereas in other regions the expertise required is not as developed, especially for development countries or those of middle-income status. Regardless of these points, there is a shared responsibility to improve patient care in all hospitals (Hahn & Gil Lapetra, 2019).

Across all researchers it is agreed upon that ethical standards, credibility, and trustworthiness are important factors when looking for a leader and developing management programs. Educators within the healthcare field have battled for years to successfully identify the ideal set of skills and abilities that a leader should possess, and in the late 20th century, management programs began to market their courses to the healthcare profession procedures (White & Nayar, 2006). In today’s advanced age, the learning needs are determined by audience profiles, academic techniques, and conveyance of information. This is to say that more programs geared towards the healthcare industry are being created in the educational sector to align the needs of patient care with the attributes of a successful leader that will manage hospital administration.

A key facet of leadership and leadership styles is the ability to achieve collaboration and motivate the performance of others. Effective leaders make for efficient teams. Thus, the role of influence and the positive effects of leaders on teams, and hence health outcomes were also investigated.

### **Qualities Needed by Leaders**

The nursing profession and by extension doctors and surgeons, have an extremely stressful job and can only function as well as the institution they employed in will allow. This requires that certain qualities and attributes be available in the leaders that are chosen to run hospital administration (Cherian & Karkada, 2017). Even in developed countries, many hospital environments are challenged by the demands of patient care, increasing need for access to patient-centered care, monetary constraints and even quality and safety of the medical facility. Clinical leadership is vital to ensure patients are treated with highest quality care within a timely delivery system of integrity and professionalism. An example study done in Australia focused on using nurse unit managers (NUMs) to take on clinical leadership roles. This was done by allocating 70% of the NUMs time to medical procedures and nursing functions while the rest was focused on administrative tasks and management support (Daly, Jackson, Mannix, Davidson, & Hutchinson, 2014). The notion to employ a professional who has knowledge and experience with patient care far outweighs the costs of instituting formal training programs or hiring management staff. This has its drawbacks in that fully working nurses have to limit

their time with patients in order to lead their team and ensure management procedures are followed to achieve expected outcomes. Coupled with an increased workload of varying functions, the chances of the NUMs burning out are greatly amplified.

White and Nayar (2006) conducted a study on competencies between healthcare education institutions and conclude that nine domains were used:

- (1) leadership,
- (2) healthcare delivery systems,
- (3) cost-finance,
- (4) technology,
- (5) accessibility,
- (6) professional staff relations,
- (7) marketing,
- (8) quality-risk management, and
- (9) ethics.

Seven clusters made up from 26 individual competencies were acknowledged. These clusters are similar to the sub-categories of the HLA model, though terminology differs. The specific clusters are:

- (1) charting the course,
- (2) developing work relationships,
- (3) broad influence,
- (4) structuring the work environment,
- (5) inspiring commitment,
- (6) communication, and
- (7) self-management.

Another model described by White and Nayar (2006) uses the following domains:

- (1) leadership,
- (2) critical thinking,
- (3) science/analysis,
- (4) management,
- (5) political and community development,
- (6) communication.

The authors found that four domains were common across various competency models. These are:

- (1) leadership,
- (2) communications,
- (3) business skills,
- (4) industry or business knowledge.

A model, derived from factor analysis for nursing executives specifically, listed core domains of competencies as:

- (1) personal integrity,
- (2) strategic vision/action orientation,
- (3) team building/communication skills,

- (4) management and technical competencies,
- (5) people skills,
- (6) personal survival skills/attributes (Carroll, 2005).

Baker (2003) lists the domains and competencies of the National Center for Healthcare Leadership (NCHL) healthcare leadership competency framework. These have been adapted below in Table 1 to provide examples of competencies under each domain.

Table 1

*Examples of Competencies*

Domain	Competency	Example
Leadership	Develop human capital	Coaching, mentoring, performance reviews
Collaboration and communication	Manage adverse events	Quality Action Team to determine why it occurred and measures to prevent it
Management practice	Manage resource allocation	Ensuring stringent lock-up measures and perform checks of stock
Learning and performance improvement	Improve the quality of patient care	Evidence-based best practices
Professionalism	Address the health needs of communities	Set up special education (e.g. skin cancer) or wellness clinics
Personal and community health systems	Understand the global, national, and community context	Online research to stay abreast of changes to legislation

Source: Adapted and extended from Baker (2003).

The characteristics that constitute an effective leader incorporate these competencies as a broad scope of learning objectives and behaviors (Standish, 2018). In relation to health management, leaders need to possess these skills and attributes before they can be further developed in the context of healthcare, as there are qualifying attributes when human interaction and care is involved (Baker, 2003).

Norzailan (2016) described strategic leadership competencies as vastly different from the general leadership, as it required high levels of management of an organization. The authors go on to state that discipline towards effective strategies requires critical thinking, while others dispute that “creativity and inventiveness” should be the focal point. Norzailan (2016) proposed five methods of strategic thinking that adds value to leaders and their individual management styles.

(1) Systems Perspective requires a micro and macro perspective of front-end procedures as well as internal activities within an organization to understand the complex connection between each component that creates an “interconnectedness” to the functions that are vital to the business. This allows the leaders to know the end-to-end dealings of all aspects and provides a broad outlook on whether all the departments are efficiently working together (Norzailan et al., 2016). For example, in the healthcare industry, there are certain medical cases that require urgent surgery or attention, and this takes up either another room, bed or operating room (and there is limited space). A hospital manager needs to understand the intricate medical terminology and factors that would support the professionals’ decision to move a patient above another in order to provide emergency care. In some incidents this is not always agreed upon between doctors and surgeons if more than one patient is in critical condition and will fight for their patient to be seen to first. This instance is where hospital administration must intervene to mitigate the situation by determining the risks and threats imposed if one patient is operated on before the other. If for further clarity, the former patient was scheduled for a heart bypass but another patient with multiple organ failure is rushed into the emergency room, the leader must use “systems

perspective strategic thinking” to decide whether the heart bypass patient should be moved to another facility or is his condition stable enough?

(2) Intent Focused is goal driven with specific aims in mind. A professional with this attribute can see the long-term focus of the organization and anticipate future changes in environments (Liedtka, 1998). The talks about the issue of technology advancement and a situation can be derived that hospital managers need to focus on the overall intent of their industry; to provide continual health care services. If one cannot foresee the needs of the organization, is not focused on the end goal, or does not adapt to medical progression then the system fails in its overarching mission.

(3) Intelligent Opportunism is the third instalment of competencies, in that a leader can evaluate new opportunities to adapt their strategies to evolving environments. A study done by Salavati, Veshareh, Safari, Veysian, and Amirnezhad in 2017 showed that most professionals can assess situations using this strategic thinking method, however it is not as well developed as it could be. Zakaria (2016) and fellow researchers concurred with Norzailan (2016), and even showed that managers and leaders who hold a certain level of academic qualification utilized this type of thinking more in comparison to other professionals that graduated earlier (Zakaria et al., 2016).

(4) Thinking in Time refers to the ability to connect the present, past, and future together, that assists in understanding the gap between the current environment and the ideal one of the futures. Norzailan (2016) describes it as “an appreciation for the past, gives us a sense of continuity and what can possibly be achieved”. This method of strategic thinking allows leaders to make decisions about current events based on past experience. For example, certain seasons of the year have significantly increased rates of car accidents and suicides, such as Christmas and Thanksgiving. Administrators will do well to remember the past and stock up on medical equipment and medicine in expectation of these events, and even employing additional nursing staff would be advantageous.

(5) The last model in this journal is Hypothesis-Driven strategic thinking refers to planning for the unknown future by testing assumptions in order to plan for certain occurrences. For the healthcare industry, it is important to anticipate any threatening event, whether it be a terrorist attack or a mentally ill patient that torments the other wards, would need a contingency plan in place.

This model is not limited to these five examples and intellectualized strategic thinking also includes aspects of: creative, vision-driven, systematic and market-orientated thinking that can be adapted to a multitude of industries that should utilize effective leadership techniques.

The Baldrige National Quality Award Program (MBNQA) annually awards various industry categories, recognizing companies that have integrated successful management systems. The criteria for the Excellence Framework emphasize leaders that can manage institutions as a whole within context of exceptional performance management (“Baldrige Consulting Coach|Core Values Partners”, 2020). These principles are measured based on aspects such as, leadership and how upper management leads an organization to achieve desired results; strategic plans and directions the organization plans to implement to improve performance; how they make use of information and data analysis to enhance procedures; operational coordination designs and customer satisfaction results and reputation (ASQ, 2020).

### **Major Theories/Models in Leadership**

Models of leadership and management used within healthcare institutions and compare various aspects of differentiating notions.

### The ACHE healthcare executive competencies tool

The American College of Healthcare Executives (ACHE) Healthcare Executive Competencies Tool was compiled by the Healthcare Leadership Alliance (HLA) and describes five leadership domains (Stefl, 2008, p. 360). These are presented in Table 2 below.

Table 2

#### *Description of ACHE Domains*

Domain	Description
Communication and relationship management	(a) Effective communication with internal and external clients; (b) Effective relationship building and maintenance; (c) Interact constructively with persons and teams.
Leadership	(a) Inspiring excellence; (b) Develop and motivate with a common vision; (c) Effective change management to meet strategic goals.
Professionalism	(a) Uphold ethical standards and professional conduct; (b) Take responsibility for patient and community outcomes; (c) Service orientated; (d) Continuous development and learning.
Knowledge of the healthcare environment	(a) Cognizant of the healthcare environment.
Business skills and knowledge	(a) Application of systems thinking; (b) Application of business principles to: a. Financials; b. Human resources; c. Governance and dynamics; d. Strategic planning; e. Marketing; f. Information; g. Risk; h. Quality.

Source: Stefl (2008).

ACHE makes use of the Dreyfus model to measure the level of skill development of an individual. The categories are: (1) novice, (2) advanced beginner, (3) competent, (4) proficient, and (5) expert. Stefl (2008) notes that a novice manager would check their policy manuals to ensure the correct procedures are being followed while more proficient managers can pick up clues from the environment and pattern recognition so that intuition plays a greater role in the decision-making process.

While ACHE and other models designed for the healthcare industry follow the same process of reviewing literature to determine competencies and make use of specialists and practitioners for validation, these competencies must be continuously updated as the industry changes. For example, technological developments may result in new skills being required, or new evidence-based techniques may change protocols. Staff in the industry have the challenge of keeping up with advances in the field; this requires a continuous learning approach and may result in new competencies being added to the tool. Evidence-based decision making (EBDM) demands that managers change to encompass new information that has been validated and act upon it, with improved outcomes for patient care (Janati, Hasanpoor, Hajebrahimi, & Sadeghi-Bazargani, 2018).

One advantage of ACHE is that the domains, being generic, and demonstrating a shared knowledge basis that crosses boundaries, increases collaboration and mutual respect in the profession, according to Stefl (2008). According to Begun, Butler, and Stefl (2018) healthcare managers want to be professionals which brings status, higher incomes, and job satisfaction. Effective leadership is an asset (Cherian & Karkada, 2017). There is also a call for greater association between professions regarding leadership competencies (Garman, Standish, & Wainio, 2020). These trends support better training for leaders and more relevant, generic competencies, making management worth striving for as an individual. As noted by Hahn and Gil Lapetra (2019), leaders must also ensure that they represent the professions they work for and share accountability for its standing.

A huge benefit of the assessment tool is that it can be utilized during the training period to ensure that nurses enter the field with the “knowledge, skills, and abilities” (KSAs) they will need in their careers (Stefl, 2008). This produces more competent staff who are already primed during education to embrace evidence-based protocols and reflective practices that promote ongoing learning. They will also be focused on self-development and having a Personal Development Plan (PDP) not only in place but utilized. The HLA is used by nursing staff as an instrument for progression in their careers (White & Nayar, 2006). Its directory provides all the necessary tools to determine certification and are linked to educational programs to improve competencies.

The drawback is the lack of evidence pointing to the attainment of a competency resulting in improved performance (Bradley, 2008). This requires ongoing research to map out the link between scores and work outcomes. For the competencies to prove themselves applicable, they must be able to demonstrate real connections to performance. Longitudinal studies that follow participants in studies may provide additional insight. In a field test, all respondents claimed that all the competencies were necessary though not equally so (Stefl, 2008). However, this does not indicate its connection to performance. White and Nayar (2006) highlight the importance of linking competencies to job performance and for educational programs to prepare students for the competencies they will require in practice.

Not all competencies and areas apply equally to all staff in the industry (Stefl, 2008). For example, the IT manager will require specific skills and in-depth knowledge that a nursing manager would not require. Thus, while some competencies are generic to all managers in the healthcare field, others are not relevant, or are less significant for performing required duties.

The ACHE tool provides a sound foundation for a PDP. This provides advantages to the industry as it produces more staff from training who are committed to continuous learning and self-reflection. The development path can be individualized while overall providing a broad base of commonality that steers staff in the strategic direction of their institutions and within the greater context of healthcare. The tool can also be used to prepare or assess job descriptions (Stefl, 2008).

From the viewpoint of healthcare managers, the evidence-based decision making (EBDM) model is vital in managing physician decisions of a patient. A study by Rousseau (2008) showed that only 15% of the tested hospital’s doctors made decisions on patient care based on past evidence. This statistic shows that not anyone can be a healthcare manager and that doctors would not do well to make administrative decisions. Hospitals that have high quality experiences with administration manager, tend to benefit the lower mortality rates, improved performance and overall better staff well-being (Agarwal, Green, Agarwal, & Randhawa, 2016). Conceptual framework of the EBDM model started in the 1990s (Barends, Villeneuve, Briner, & ten Have, 2015), was introduced as an innovative notion in the leadership and management sector. It encouraged the

process of healthcare managers learning to critically appraise evidence from specific research as the core functionality of the hospital. Various factors are vital to implementing an EBDM cycle, and in the first of two phases, roles of the system are categorized into: facilitators; barriers and predicators. This phase requires that the leadership style considers the facilities, possible red tape to hospital procedures and HLA specifications for healthcare management. Phase two of the EBDM cycle is to design management techniques that will take into account the past experiences and align decisions to evidence-based situations (Janati et al., 2018).

Developing a global competency was proposed by Hahn and Gil Lapetra (2019) to include specific objectives that would ensure effective leadership styles are implemented in precise characteristics of the healthcare industry. The goals of the initiative were to provide a professional discipline in healthcare management aspects across all geographical borders and to draw attention to leadership and management systems for communities. The objectives suggested (Hahn & Gil Lapetra, 2019):

- That an internationally agreed upon set of skills and foundational competencies are required for all healthcare managers;
- These core competencies must be used as a global framework to develop training and employment aspects of learning;
- Human resources managers should develop long-term pathways to direct careers for leaders in the health segment;
- Flexibility is considered in all aspects due to the fast-changing nature of the healthcare industry;
- A control of peers and development based on the formalization of this charter. Promotion and acceptance of these competencies must be worldly accepted and implemented.

Garman, Standish, and Wainio (2020) concurred with these factors that a widely used competency model be used to incorporate a strong leadership strategy across all healthcare professionals.

Many healthcare organizations have voiced concern that the quality of the knowledge and practical experience of health management graduates, is not ideal and will ultimately impact patient care and team morale in any medical facility. For this reason, the literature reviewed provides clarity as to the basic skill set that leadership professional should possess to successfully manage hospital administration procedures. The information gathered here is a steppingstone to testing competency programs that incorporate a more practical component, designed around the medical field and patient dynamics to ensure positive outcomes. Robbins, Bradley, Spicer, and Mecklenburg's (2001) assessment tool provides additional concepts of healthcare management that should be considered for all teaching programmes graduating competent professionals. The proposed tool focuses on developing (1) technical skills pertinent to the responsibilities of health facility leader; (2) industry knowledge specific to clinical processes; (3) conceptual reasoning that employs an inductive and deductive approach; and (4) emotional intelligence or EQ that determines the characteristics of effective leaders (Robbins et al., 2001).

To understand the connection to leadership skills, one must first define what the medical field determines as patient outcomes and then examine how positive outcomes are achieved (Tinker, 2018). Measuring outcomes is important to improve health of the population, lessen staff burnout and reduce cost of healthcare per capita. In 30% of studies done to research patient satisfaction, morbidity rates and clinical complications, errors in medication prescribed and mortality rates were the most common examined outcomes to be of concern (Taylor, Wheeler, White, Economou, & Osborne, 2015).



Doctors have a different idea of expected outcomes versus the patients that they care for. In the United States, healthcare is based on treating diseases and medical conditions, but only 1% of surgeries were reported to be measured. Medical professionals can achieve the outcomes that both doctors and patients want, through effective collaboration and communication. Kilpatrick (2015) defined four aspects of patient care that is vital to manage and keep up to date with:

In this example an eighty-two-year-old man has presented with blockages in three coronary arteries and all carotids (Kilpatrick, 2015). The patient will be having a cardiac bypass operation followed by another surgery to open up a carotid artery. Particularly this situation warrants special attention to the patients progress and recovery, and to achieve the expected outcomes the following requirements were defined:

- Symptom and conditions check, calls for continuous updates of patient files to monitor changing health problems. For the elderly patient, who experienced fainting spells would need to be recorded for official record;
- Functional status refers to being able to perform their normal daily living activities. This scenario for example could limit the patient's working capabilities due pain;
- Quality of life is held by the patient in their definition of what institutes quality of life. Doctors should collaborate with the patient to understand what life experiences they are missing out on based on these components; and
- Risk factors would incorporate the doctor's knowledge on the patient's medical history. Strokes are major risks of blocked carotid arteries, and this information is critical to monitor the patient's recovery.

An online study done selected 20 studies from eight databases and discovered that a clear and positive significance to patient outcomes was determined by "positive relational leadership styles". This study concluded that even though the evidence is strong and supports the hypothesis that implementing nurses into leadership positions were beneficial, further testing and updating management models should be examined (Wong, Cummings, & Ducharme, 2013).

A similar notion of linking transformational leadership (TL) skills through nurses was published in 2019. Job satisfaction (JS) and nurse-assessed patient outcomes (APO) was investigated with structural empowerment (SE) and quality of care (QOC) in a Pakistan hospital. Six hundred nurses working over 17 governmental facilities completed a survey on the hypothesis that a constructive influence occurs for patient outcomes when these five aspects are integrated with leadership training and development. The survey found that TL, SE, and JS complimented each other, whereas TL and APO, SE and APO, and JS and APO do not align efficiently (Asif, Jameel, Hussain, Hwang, & Sahito, 2019).

### **Ideal Leadership Styles That Will Achieve Expected Health Outcomes**

The medical profession is a highly stressful and fast-paced environment, and certain qualities are needed by a leader in order to effectively run a healthcare facility (Cherian & Karkada, 2017, p. 1). Some researchers state that critical thinking is the most important factor when one is studying to be a leader, while others disagree and say that creativity should be emphasized on. One researcher Norzalian (2016) suggested five methods that could assist leaders in managing their individual styles, while describing what aspects constitute a good leader. It was reviewed that strategic thinking was favored over creativity in management styles, as the medical field is analytical and objective in nature and requires a similar approach to maintaining hospital reputation of achieving expected outcomes.

Below a table outlines the strategic thinking competencies and the actions that make up a good leader.

Table 3

*Strategic Thinking Competencies*

Domain	Skill
Systems perspective	Understanding of the whole situation and how each department interlinks with each other
Intent focused	Being able to see the long-term benefits and consequences to decisions
Intelligent opportunism	Ability to evolve to changing environments based on industry standards
Thinking in time	Refers to having in-depth knowledge of past, present, and future events to anticipate future contingencies
Hypothesis-driven	Being able to anticipate events based on strategic planning for unforeseen circumstances

Source: Dechasakul & Jirachiefpattana (2014).

### **Positive Implications of Effective Leadership Styles**

It was reported that 13 studies were done over the span of 13 years, showing a large improvement in staff collaboration and patient outcomes based on the facilities that implemented team building and communication exercises. A narrative review by Weaver, Dy, and Rosen (2014) is shown in the results that each year the teambuilding exercises improved the environments and patient outcomes the more communication and working together was enforced in healthcare facilities. 10 out of the 13 studies experienced decreases in morbidity and mortality rates and their expected outcomes were met more frequently. Entwistle, Firnigl, Ryan, Francis, and Kinghorn (2012) conducted a synthesis of the available literature pointing out that the leadership models proposed are often specific to the doctor or nurse's profession and doesn't consider the personal experiences of each patient.

### **Connection Between Effective Leadership, Collaboration and Positive Health Care Outcomes**

Considering assessment tools such as HLA's Executive Competencies (Stefl, 2008) and evidence-based management (EBM) (Janati et al., 2018), the skills under each relevant domain title show basic management requirements that constitute a good leader. Under leadership, aspects of being able to motivate employees to work towards a common goal and inspiring the team to perform better greatly improve the working environment and promotes communication through teamwork activities (Garman et al., 2020). The connection here is that when employees such as nurses and doctors are happier in their profession, they want to perform better and take pride in their work. From minimizing work stress and employee depression through effective leadership skills, patient care is maintained at a higher degree of quality. If nurses are less stressed, fewer mistakes are made that could jeopardize expected outcomes.

Communication is a key factor of any effective team and being able to interact in a constructive manner that incorporates collaboration among team members (Cherian & Karkada, 2017) promotes strong management skills for all staff, allowing them to communicate with patients more efficiently. A leader that can bridge the gap between the service patients receive and the basic communication skills medical professionals require, is a vital management attribute of health facility leaders. This shows another positive relationship between acquiring these leadership skills and the ultimate outcome of patient care.

In the context of business skills and knowledge of the healthcare profession, skills such as applying critical systems thinking, being focused on intent and developing human capital are all agreed upon factors, and aspects of each are seen across multiple management models, including Baker's (2003) NCHL competency framework researched in Chapter 2.1. Understanding the dynamics of medical institutions and applying business principles such as risk management and human resources (to name a few) within in healthcare

environments is an important requirement for leaders managing health professionals. One method of managing construction staff for example, will not be effective for a nurse or doctor. And being able to distinguish management procedures through EBM is necessary due to the differing characteristics of patient care and people-orientated services.

One innovative idea by Asif and team (2019) reviewed was transformational leadership (TL) using managing nursing staff to take over hospital administration. The outcome of the study was not as hypothesized that the five mentioned elements would improve patient outcomes when integrated together. The participants survey answers showed that quality of care and patient approval is greater when transformation leadership is established, allowing the nurses to formulate respectable relationships (Asif et al., 2019). As solid evidence identified, nurse-assessed quality of care, adverse patient outcomes and transformational leadership were the greatest aspect influenced and alluded to the concept that TL is the most important measurement tool for evaluating areas that need improvement and reducing undesirable outcomes.

### **Managing Health Outcomes for Patient Care**

Various associations have been instrumental in identifying aspects that make up a good leader and creating frameworks of competencies and management tools that positively influence healthcare and patient outcomes. The HLAs approved model was researched and discovered to be quite effective, and as such many facilities incorporate aspects of the framework. This is in part due to the findings of studies done by the ACHE and EBM that showed such beneficial results. Mostly the combined perception of many health associations like HLA, IOM and MBNQP has had the most noticeable effect, as they have spent decades investigating and the characteristics of the healthcare industry and experimenting with leadership styles that achieve expected outcomes.

Simple concepts such as strategic thinking and problem-solving skills have been adapted on to customize educational curricula to focus on hospital management and the focal areas that allow future leaders to enter the profession with industry knowledge and vital skills that will efficiently run hospital administration. One alternative model using structural equations proposed that nursing staff who already have practical experience in hospital environments and understands expected patient outcomes, could be skilled up to take on a management role. Through the five elements, the nurses would consequently have increased satisfaction for their profession and feel empowered in their position of leader. Transformational leadership shows a great opportunity to decrease failed patient outcomes and improve quality of care, while also cutting out the process of employing a manager. Those studying to be in hospital leadership positions are not generally certified nurses or doctors, so developing the skills of the current staff is an interesting concept that could see the improvement of patient outcomes for many healthcare facilities.

Expected patient outcomes can be achieved with leaders who have the necessary skills and competencies that will see positive implications. Weaver, Dy, and Rosen (2014) and Entwistle et al. (2012) proved that leadership initiatives such as team building exercises and more integrated communication efforts vastly enhanced the quality of care given and overall decreased death rates. The psychological connection between staff feeling appreciated and encouraged to perform better and improved patient outcomes is a significant element to analyze and research in future.

The generalized concept of leadership in the health care sector is that it must provide safe and high-quality care services to patients and one successful way to achieve this and mitigate organizational issues is to manage

the departments at all levels (Ayeleke, Dunham, North, & Wallis, 2018). Growing interest and attention to the health industry and leadership has been viewed across the world, and researchers are understanding the delicate characteristics of hospital environments, realizing that skills, knowledge, and attitudes are essential attributes for effective leaders.

For years leadership styles have been incorporated as general models that can be utilized in multiple industries. However, with advancing technology and scientific innovation taking prevalence in the medical field, specialised leadership skills are necessary to correctly manage healthcare facilities. From being able to understand the bigger picture of how different medical procedures and patient outcomes interlink with each other, to focusing on long-term strategies (Salavati et al., 2017) that will anticipate plausible changes in the industry, it is clear that medical environments need to be discussed in detail. Utilizing the knowledge and skills of a medical professional that already knows the field, is the most effective leadership technique deduced from this study. The HLA Executive Competency Assessment Tool is of significance when incorporated into the nursing training and development syllabus as new graduates are already competent in the key factors of effective management.

### Conclusion

In all the studies reviewed in this dissertation, it is widely recognized that certain leadership styles fit for the medical profession have a comprehensive and clear benefit to improving expected patient outcomes.

An effective leader is one who can bring a team together to collaborate for the betterment of patients and the care they provide and is just as significant as having industry knowledge and experience. In many aspects of working environments, satisfied employees that are motivated to improve and want to develop themselves for personal advancement are just some of the reasons that communication is instrumental when managers are leading their team.

Discussion of the findings to this study indicate that very few negative implications exist when certain skills and leadership styles are utilized by management. Many studies have been done on different countries of alternating social and economic characteristics, and even developing counties have discovered that improved patient outcomes reduces the cost of healthcare per capita, subsequently refining the economy.

### Reference

- Agarwal, R., Green, R., Agarwal, N., & Randhawa, K. (2016). Benchmarking management practices in Australian public healthcare. *Journal of Health Organization and Management*, 30(1), 31-56.
- Alloubani, A., & Almatari, M. (2014). Effects of leadership styles on quality of services in healthcare. *European Scientific Journal*, 10(18), 118-129.
- Asif, M., Jameel, A., Hussain, A., Hwang, J., & Sahito, N. (2019). Linking transformational leadership with nurse-assessed adverse patient outcomes and the quality of care: Assessing the role of job satisfaction and structural empowerment. *International Journal of Environmental Research and Public Health*, 16(13), 2381.
- Asq.org. (2020). What is the malcolm baldrige national quality award (MBNQA)?|ASQ. [online] Available at: <<https://asq.org/quality-resources/malcolm-baldrige-national-quality-award>> [Accessed 15 May 2020].
- Ayeleke, R., Dunham, A., North, N., & Wallis, K. (2018). The concept of leadership in the health care sector. In S. D. Göker (Ed.), *Leadership* (pp. 83-96). London, United Kingdom.
- Baker, G. (2011). The contribution of case study research to knowledge of how to improve quality of care. *BMJ Quality & Safety*, 20(Suppl 1), i30-i35.
- Baker, G. R. (2003). Identifying and assessing competencies: A strategy to improve healthcare leadership. *Healthcare Papers*, 4(1). <https://doi.org/10.12927/hcpap.16896>

- Baldrige National Quality Program/Core Values Partners. [online] Core Values Partners. Available at: <<http://corevaluespartners.com/why-baldrige/challenging-your-focus/>> [Accessed 15 May 2020]
- Barends, E., Villeneuve, J., Briner, R., & ten Have, S. (2015). Managers' attitudes and perceived barriers to evidence-based management an international survey. In *Search of evidence*. VU University Press, Amsterdam.
- Begun, J. W., Butler, P. W., & Stefl, M. E. (2018). Competencies to what end? Affirming the purpose of healthcare management. *Journal of Health Administration Education*, 35, 133-155.
- Bradley, E. H., Cherlin, E., Busch, S. H., Epstein, A., Helfand, B., & White, W. D. (2008). Adopting a competency-based model: Mapping curricula and assessing student progress. *The Journal of Health Administration Education*, 25(1).
- Carroll, T. L. (2005). Leadership skills and attributes of women and nurse executives: Challenges for the 21st century. *Nursing Administration Quarterly*, 29(2), 146-154.
- Cherian, S., & Karkada, S. (2017). A review on leadership in nursing. *International Journal of Nursing Research & Practice*, 4(1).
- Daly, J., Jackson, D., Mannix, J., Davidson, P., & Hutchinson, M. (2014). *The importance of clinical leadership in the hospital setting*. [online] Dove Press. Available at: <<https://www.dovepress.com/the-importance-of-clinical-leadership-in-the-hospital-setting-peer-reviewed-fulltext-article-JHL>> [Accessed 15 May 2020].
- Dechasakul, N., & Jirachiefpattana, W. (2014). The influence of communication competence on software development management practices. *Journal of Advanced Management Science*, 2(2).
- Entwistle, V., Firnigl, D., Ryan, M., Francis, J., & Kinghorn, P. (2012). Which experiences of health care delivery matter to service users and why? A critical interpretive synthesis and conceptual map. *Journal of Health Services Research & Policy*, 17(2), 70-78.
- Garman, A. N., Standish, M. P., & Wainio, J. A. (2020). Bridging worldviews: Toward a common model of leadership across the health professions. *Health Care Management Review*, 45(4), E45-E55.
- Hahn, C., & Gil Lapetra, M. (2019). Development and use of the leadership competencies for healthcare services managers assessment. *Frontiers in Public Health*, 7. doi: 10.3389/fpubh.2019.00034
- Janati, A., Hasanpoor, E., Hajebrahimi, S., & Sadeghi-Bazargani, H. (2018). Evidence-based management—Healthcare manager viewpoints. *International Journal of Health Care Quality Assurance*, 31(5), 436-448.
- Kilpatrick, T. (2015, August 20). What are patient outcomes? We need to know. Health 3.0. <https://www.health3-0.com/patient-outcomes/what-are-patient-outcomes/>
- Liedtka, J. M. (1998). Strategic thinking: Can it be taught? *Long Range Planning*, 31(1), 120-129.
- Norzailan, Z., Othman, R. B., & Ishizaki, H. (2016). Strategic leadership competencies: What is it and how to develop it? *Industrial and Commercial Training*, 48(8). <https://doi.org/10.1108/ICT-04-2016-0020>
- Robbins, C. J., Bradley, E. H., Spicer, M., & Mecklenburg, G. A. (2001). Developing leadership in healthcare administration: A competency assessment tool/practitioner application. *Journal of Healthcare Management*, 46(3), 188-202.
- Rousseau, D. M., Manning, J., & Denyer, D. (2008). 11 evidence in management and organizational science: Assembling the field's full weight of scientific knowledge through syntheses. *Academy of Management Annals*, 2(1), 475-515.
- Salavati, S., Veshareh, E. J., Safari, H., Veysian, A., & Amirnezhad, G. (2017). Strategic thinking and its related factors in a medical science university in Iran. *Electronic Physician*, 9(5), 4332-4340.
- Standish, M. P. (2018). Competency models in graduate healthcare management education: Analysis of current practices and recommendations for getting to best practices. *Journal of Health Administration Education*, 35(2), 269-280.
- Stefl, M. E. (2008). Common competencies for all healthcare managers: The healthcare leadership alliance model. *Journal of Healthcare Management*, 53(6), 360-373.
- Taylor, M. S., Wheeler, B. W., White, M. P., Economou, T., & Osborne, N. J. (2015). Research note: Urban street tree density and antidepressant prescription rates—A cross-sectional study in London, UK. *Landscape and Urban Planning*, 136, 174-179.
- Tinker, A. (2020 May 20). The top 7 healthcare outcomes measures. [online] Health Catalyst.<<https://www.healthcatalyst.com/insights/top-7-healthcare-outcome-measures>>
- Weaver, S., Dy, S., & Rosen, M. (2014). Team-training in healthcare: A narrative synthesis of the literature. *BMJ Quality & Safety*, 23(5), 359-372.
- White, K., & Nayar, P. (2006). Evidence-based healthcare management competency evaluation: Alumni perceptions. *The Journal of Health Administration Education*, 335-350.

- Wong, C., Cummings, G., & Ducharme, L. (2013). The relationship between nursing leadership and patient outcomes: A systematic review update. *Journal of Nursing Management*, 21(5), 709-724.
- Zakaria., Hatam, N., Moraveji, M., Moradi, R., Ahmadzadeh, M. S., & Ghanavati, S. (2016). The relationship between strategic thinking and hospital managers' productivity in teaching hospitals of shiraz. *Biotechnology and Health Sciences*, 3(1).