

# Leadership in healthcare: impact of globalization



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## An Overview of Leadership in Healthcare Course as It Relates to Globalization

As the advancements of technology granted ease with communication and trade between countries, the healthcare industry has utilized this trend to cut costs on capital resources (Pozo-Martin, et al., 2017). Some economic benefits can be seen in developing countries where higher income countries outsource to developing countries but the circulation of health professionals to higher income countries from developing countries can be detrimental to serving the needs of the population (Langlois, Haynes, Tomson, & Ghaffar, 2016). Also, globalization has given way to medical tourism where primarily Americans look outside the United States for cheaper medical services, especially elective surgeries. Some speculate an eventual onset of international standards for healthcare to establish a standard of quality care focused which could bring about lower premiums for payers and development of international accreditation agencies (Vogel, 2017).

With healthcare's dynamic nature and the expansion of any healthcare organization's reach throughout the world, it is necessary to create and mold leaders that are competent and charismatic equipped with the skills needed to guide their subordinates towards accomplishing organizational goals by empowering them and inspiring identification and commitment (Ledlow & Stevens, 2018). A common leadership style is transformational which is used to inspire employees by painting a vision in which they can contribute to and grow with as strive towards becoming an efficient, effective and efficacious organization (Ledlow & Stevens, 2018). In the next section, I will compare transformational leadership and the leadership styles found around the world.

## Global Leadership and Transformational Leadership

To assess leadership on a global scale, the GLOBE study was conducted using six constructs in attempts to bridge western and eastern thoughts on leadership (Ledlow & Stevens, 2018). Charismatic/value-based, team oriented, participative, autonomous, humane and self-protective leadership styles were evaluated based on nine variables – performance orientation, uncertainty avoidance, humane orientation, power distance, in-group collectivism, gender egalitarianism, assertiveness, future orientation, and institutional collectivism (Ledlow & Stevens, 2018). Charismatic/value-based and performance-oriented leadership styles were found to be the most desirable globally (Ledlow & Stevens, 2018).

Transformational leadership “ refers to the process of building commitment to the organization’s objectives and empowering followers to accomplish those objectives” based on four constructs -Charisma, Inspirational Motivation, Intellection Stimulation and Individualized Consideration (Ledlow & Stevens, 2018). The GLOBE study also found charisma to be an essential factor in inspiring employees and promoting employee buy in to organizational values, vision and mission (Ledlow & Stevens, 2018). Team oriented and participative styles also resemble the intellectual stimulation construct as it too increases increase the collaborative efforts of the teams as it explores innovative approaches to solutions (Ledlow & Stevens, 2018). Humane and autonomous leadership style also mirror transformational leadership construct Individualized Motivation as it focuses on the compassion, support and encouragement to subordinates especially for opportunities of professional growth (Ledlow & Stevens, 2018).

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Next, I will discuss the impact of dissemination of misinformation, refugee and migrants, and the reversal in healthcare worker shortage on the U. S. health care system and its stakeholders.

## Major Global Health Issues

### Misinformation

Fraudulent claims on Global warming, Ebola and Jade Helm 15 are only a few examples of the effects of misinformation. The dissemination of misinformation can encourage rumors and speculation caused by confusion (Vogel, 2017). Research has found that as user exposure to rumors increases the user perception of information becomes uncritical and trusting (Vogel, 2017). Although the ability to sharing information through social media is beneficial when attempting to improve patient-physician communication, most sites or platforms create controversy by presenting conflicting opinions and unprofessionalism across domains (Vogel, 2017). 80% of people seek health information online which increases the possible viral effects of misinformation can negatively impact public health (Vogel, 2017). Dr. Brittany Seymour, an assistant professor of oral health policy and epidemiology at Harvard University, recalls the largest measles outbreak in the United States in 2014 be in part due to parents finding scary information on internet and opted for their children to remain unvaccinated (Vogel, 2017). Misinformation can strain the patient-physician relationship, skew reputation of provider and negatively affect provider profitability.

### Refugees and Migrants

A refugee is a person who “owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality, and is unable to, or owing to such fear, is unwilling to avail himself of the protection of that country.” (Langlois, Haynes, Tomson, & Ghaffar, 2016). The UN Commissioner for Refugees (UNHCR) estimated 59.9 million people are forcibly displaced as a result of violence, human rights violations, conflict and persecution. In 2015, 19.6 million individuals were refugees with Syria as the leading country of origin. An influx of vulnerable populations creates many challenges in host countries with significant increase in stress on health systems (Langlois, Haynes, Tomson, & Ghaffar, 2016).

Research shows that refugees have acute mental health problems and trauma symptoms related to their migration experience mirroring depression and post-traumatic stress disorder (PTSD). Additionally, they migrate with medical histories of malnutrition, treatable non-communicable disease, physical disabilities, infectious diseases (Langlois, Haynes, Tomson, & Ghaffar, 2016). Refugees are offered restricted access to emergency medical care, pregnancy and childbirth care and immunization services, but the quality of medical screening is questionable as they usually overlook mental health problems (Langlois, Haynes, Tomson, & Ghaffar, 2016). Refugees can also be given waiting periods before granted access to services along with other barriers like no financial means, lack of transportation and translators and general awareness which exacerbates other health outcomes due to lack of preventative care (Langlois, Haynes, Tomson, & Ghaffar, 2016). The United States will be forced to foster equity and efficiency in refugee health

by addressing exclusion from health care services and unmet health needs of refugees by increasing access, changing policies and reinforcing a culturally competent healthcare workforce.

### Reversal in Health Worker Shortage

In 2014, the International Labour Organization report a shortage of over 10 million health workers, specifically doctors, nurses and midwives, affecting countries with the highest load of mortality and morbidity. Comparably, the World Health Organization predicts that by 2030 the shortage will be 18 million. Global leaders have convened with the World Health Organization's Global Strategy on Human Resources for Health to combat the health worker shortages (Pozo-Martin, et al., 2017). Pozo-Martin et al. states that attrition, exits from the workforce due to illness, death, retirement, immigration or voluntary exits, should be used in developing and implementing government's strategies to directly influence health worker motivation and retention (2017).

Analyzing attrition will allow governments and healthcare organizations to see the trends workload and distributions of public resources (Pozo-Martin, et al., 2017). For example, research has shown that high levels of attrition lead to a significant cost of public resources disbursed to education and training of health workers (Pozo-Martin, et al., 2017). Attrition in rural areas affects all countries despite income bracket including the United States (Pozo-Martin, et al., 2017). Additionally, attrition can significantly affect quality of care and patient health outcomes as it contributes to worse working conditions leaving the populations access to healthcare in an extreme deficit (Pozo-

Martin, et al., 2017). Although attrition was named by the 2014 State of the World's Midwifery Report as one of the 10 essential items needed for workforce planning, the data are not readily available in many low- and middle income countries who usually experience the lowest attrition rates (Pozo-Martin, et al., 2017).

Out migration is a key component of attrition as most health workers move from lower-income to higher-income countries, better known as “ brain drain” (Pozo-Martin, et al., 2017). Due to the HIV/AIDS epidemic, the sub-Saharan Africa region is most affected by this phenomenon stemming from large demands of health workers for aging populations in higher-income countries, pay dissatisfaction, lack of professional growth opportunities, lack of supervision, isolation, low motivation, weak regulatory environments and the increasing prevalence of non-communicable diseases (Pozo-Martin, et al., 2017). Pozo-Martin et al. suggest that the effects of brain drain can be more harmful than data show. For example, in countries with very few specialists, the migration of a relatively small number of health workers can eliminate education opportunities and derail country's ability to meet its population's needs (Pozo-Martin, et al., 2017).

#### Table of Cultural Characteristics

Results/ Charismat  
Performanc ic/Value  
e Oriented Based

Autonomous Team

Self-Oriented

Self-Participative

Protective

Benevolent Decisive

Integrity

in

Diplomatic

Leadership

person

(Ledlow & Stevens, 2018)

Conclusion

Globalization has proven to be both advantageous and detrimental to both developing and first-world countries as it continues to seek to provide quality health care while balancing costs and access. As the shortage of health workers increases, increase migration of refugees to developing countries, and the virality of medical misinformation, a dynamic leader is essential to every health care organization in order to maintain competitive advantage within its market.

## References

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