

# Leadership in a health organization



**ASSIGN  
BUSTER**

## Introduction

The development of existing and future leaders is significant to driving the innovation and change essential to the continuity and sustainability of the healthcare system in Australia. The 2012 publication Leadership for the Sustainability of the Health System released by Health Workforce Australia (HWA) suggests that the “ momentum towards health service redesign must increase, and the workforce reform and innovation necessary to support it must also increase (HWA 2012).”

The healthcare system is challenged by diverse and varied complications which limit growth in key areas essential to sustainability. Immense pressure is being applied to the health workforce as Australia’s population ages, the presentation of patients with chronic disease increases, and the expectations of the community become more resolute.

Subsequently, new challenges exist such as “...rapidly changing technology; new approaches to training and education; an uneven distribution of the workforce across metropolitan, rural and remote areas; looming shortages in some professions and specialties; entrenched work practices; and constricted professional roles (HWA 2015).”

The HWA stated that the “ quality of leadership in the health system directly and indirectly affects the quality of patient care, and is shown to be an important factor supporting best practice (HWA 2012).” Clinical leadership which is effective and progressive is vital in the current Australian setting and in healthcare reform, innovation and change.

Whilst many theories exist which emphasise personality, behaviour, context or relationships as key elements impacting the effectiveness of a leader, the Five Practices of Exemplary Leadership propose those which are influential to fostering innovation and supporting the change management process necessary to sustain the Australian healthcare system.

## **Background**

In a separate publication released by HWA in 2012, the organisation concluded that without nationally coordinated reform Australia is likely to experience workforce limitations in the delivery of high quality health services by the year 2025 (HWA 2012). The National Health and Hospitals Reform Commission (NHHRC) have recommended targeted measures for clinical leadership to enable the development of a long-term health reform plan for a modern Australia (NHHRC 2015).

Future healthcare systems will develop, implement and foster a leadership strategy which systematically addresses priorities and is supported by leadership practices which achieve organisational goals, adapt to changes, and stand unwavering in the face of uncertainty (Browning, et al., 2011). The current challenge facing the Australian healthcare system is to instil within the current and future workforce the leadership skills necessary to reach the forecasted future.

In my experience, I have come to an understanding that individuals promoted, appointed, or recruited into leadership roles require support, encouragement, and development prior to and after commencement in the roll to ensure that they can be as effective as possible. Further, recruiting

practices witnessed within the healthcare sector have indicated that often the most clinically proficient individuals (or, subject matter experts) amongst medical professionals are those promoted into leadership roles with less regard placed upon the individual's ability to self-reflect, their emotional intelligence, their strategic perspective, their ability to inspire others, or other key capabilities characteristic of an effective leader.

**“Credibility is the foundation of leadership” (Kouzes et. al, 2007 p. 37)**

In an environment where individuals are promoted into leadership roles based on clinical expertise as opposed to the individual's ability to effectively lead, credibility of those in these positions can be an issue perpetuating negative workplace culture and personal attitudes. Leaders within the healthcare system must develop and maintain a level of credibility to be successful. A team of clinicians is influenced significantly by the level of trust and authority awarded to their leader. Susan Oliver (2006) suggests that a consensus of the workgroup is necessary for a leader to inspire and work with those they lead. However, consensus can be difficult to achieve in a climate where trust and authority are absent and the credibility of the leader is in question.

Achievement of consensus is possible with Kouzes et. al (2007) posing that admiration is attained from individuals where the person being admired believes strongly in something and are willing to stand up for those beliefs. Admiration begets trust, confidence and respect which are then precursor to consensus. Further, Kouzes et. al (2007) states that persons who aim to become leaders must be persons of principle if they want people to willingly

follow them. The principles, values, and ethics that leaders innately possess or adopt will dramatically influence their level of credibility. Consensus would be difficult to achieve in a leadership situation where the incumbent has poor moral values, inconsistent standards, or unclear principles. For leaders to attain consensus and impact change, those they lead must be able to recognise, support, and adhere to the level of authority held by the leader.

The level of authority associated to a leader is significantly different to the level of authority associated to a manager. Whilst the same person can occupy these two roles concurrently, there is a vast difference in the connotations of a “ leader” and that of a “ manager”. Maxwell (2011) presents the argument that leadership is a process as opposed to a position. In his work, he continues with stating that management at its best is when things stay the same whilst “ leadership deals with people and their dynamics, which are continually changing” (Maxwell, 2011 p. 10). For managers to be effective leaders they must be honest and be able to do what it is they say they will do (Kouzes et. al. 2007)

Kouzes et. al (2007) and Maxwell (2011) indicate in their writings that the credibility of leaders is fundamentally grounded in their behaviour characteristically driven by deeply held beliefs. Leaders must be able to commit to a set of values and function consistently within them to be effective. Ewens (2002) states that clinicians cannot elude the recognition of effective leadership as an important element of the healthcare environment. This critical element within the system is rooted deeply in an institutional need for strong leaders to exist, for them to be able to model desired

behaviour, build credibility and “ *align actions with shared values.*” ( Kouzes et. al 2012 p. 96)

### **“...By Imagining what might be possible” (Kouzes et. al, 2012 p. 104)**

Visionary leaders are needed within healthcare organizations to encourage and nurture employees, establish and maintain relationships, and stimulate multidisciplinary teams. Further key accountabilities are applied as the context, nature, situation, and environment are considered in application of the associated skills attributed to a visionary leader. Future healthcare leader will need to recruit talented individuals who can be developed into visionary leaders who have the potential to foresee and apply innovations and solutions which drive transformational change (Browning et. al 2011).

Fostering leadership talent is achieved through diverse methods; however, healthcare organisations should adopt a comprehensive strategy for the sustained retention of potential leaders. Browning et. al (2011) continues to state that “ healthcare organizations need comprehensive strategies for identifying, hiring, developing and retaining leadership talent.” Workforces which are culturally rich employ personnel which foster the established culture with reciprocal benefit.

Exploration of personal and individual beliefs, motives, and interests is among the transactional activities undertaken by effective leaders. Those leaders which inspire are those who are able to clearly convey their vision of the future, lead change management processes within organisations, and align the efforts of the workforce with the mission statement of the business.

Further, inspirational leaders have the capacity to inspire their constituents into achieving results which are greater than expected (HWA 2012).

## **Challenging**

Inspirational leaders are faced with challenges just as is the lay manager. “Clinicians should have an insight into leadership styles and responsibilities in order to gain a deeper understanding of the attributes required of being, or supporting, ‘leaders’ within the organization” (Oliver 2006 p. 39). The Australian healthcare system is faced with challenges driven by the increasing population, aging workforce, and demanding societal expectation. However, how these challenges present in the workplace will be varied and diverse depending upon the local context.

Browning et. al, (2011) stated that political, regulatory and marketplace factors drive forces which impact on healthcare reform resulting in uncertainty towards the future healthcare landscape. Change is inevitable in the current climate of technological advances, social networking, and immediate access to information. Effective leaders within the healthcare sector will be able to address the challenges ascribed of change. Further, leaders provide access to knowledge, skills, and the environment where change occurs whilst mitigating risks of the process and learning from unsuccessful attempts (HWA 2012).