

# The Impact of Leadership Styles on Innovation in the Health Services

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## Abstract

In Pakistan, the health sector has remained the victim of negligence on the part of all those who are responsible for the matters pertaining with this sector. The status of the health sector is one of the significant indicators of the social development as it places a very important role in building a health society leading a sound mind and ultimately a stable economy. Presently, the apathetic situation prevailing in the health related departments is telling upon the health of the entire nation in all respects. In this regard, the responsibility falls upon the shoulders of all the concerned especially people at the helm namely the leadership. Although, the problems are age-long rather entrenched yet a dedicated and committed leadership can resolve the situation through comprehensive and well-concerted efforts. There is a dire need to plan and implement certain well-consented measures to the grade of innovations to bring out the whole system from the clutches of status quo marked by lethargy, insensitivity and apathy. The aim and focus of all these innovative measures rests upon the smooth and timely provision of all the health services to those who seek them.

## 1. INTRODUCTION

Health and education are the foremost necessities of the humankind since the inception of this world. A healthy society is an indicator of social development which has a vast impact upon the economic development as well. The health of an individual and the society as a whole is a prime obligation of the state that plans, legislates, finances, facilitates and even looks after all the proceedings in this regard. In the health sector, there are state functionaries and the public representatives those who are responsible for planning, implementation, development and dissemination of the policies for the best interests and wants of the people (Imran & Anis, 2011). In the developing countries like Pakistan, the health sector has been persistently ignored rather neglected in all respects hitherto. Political instability, short sighted policies, rampant corruption, favoritism, inadequate budgetary allocation and last but not the least is the absence of political will and decision on the part of the leadership are the main reasons behind the above said phenomenon.

Health is one of the main determinants in gauging the physical, psychological and ultimately the professional worth of the human resources. Better health improves the efficiency and the productivity of the working force which contributes to the economic growth and leads to human welfare. To attain better, skilled, efficient and productive human capital resources, governments subsidize the health care facilities for its citizens (Shahin, 1991). In this regard, the public sector pays the cost of health care services as a whole or major chunk of the total. The size and distribution of these in-kind transfers to health sector differs from country to country but the fundamental question is how much of these expenditures are productive and effective as well? It is very much dependent on the volume and the distribution of these expenditures among the deserving people of different localities (Hakim, 2001). Parallel to it, the nature of the existing circumstances of the human resource, any marginal change in public sector spending's on health services may have positive impact on the human capital and the economic growth as a whole.

The healthcare system in Pakistan is partially vertical and in part, horizontal. "The vertical segmentation is reflected in the manner in which separate organizations such as the federal ministry of health, the provincial health departments, private sector healthcare providers, non-governmental organizations, armed forces and the employees' social security institutions raise and allocate their own funds, pay their own providers and deliver the due services" (Becher & Chassin, 2002). In certain cases, these are truly vertical as they serve non-overlapping populations as in the case of the armed forces and social security; however, a certain degree of overlap occurs in relation to the manner in which the ministry of health and the provincial health departments provide services vis-à-vis the private sector (Hafeez, Kiani, Din, Muhammad, Butt, Shah, 2004). "The system is also horizontally aligned in many areas as, for example, in the case of the federal ministry of health and the national programs and institutions that fall within its domain". The health department is generally listed among the provincial subjects in Pakistan. The role of the federal government is policy-making, coordination, technical support, research, training and seeking foreign assistance. The provincial and district departments of health are responsible for the management and the provision of health services by taking certain innovative measures to enhance their social credibility (Riaz, 2005).

The health professionals in Pakistan will be benefitted by the use of innovative technology and applications for the advancement of knowledge and skill in the health sector. In public sector hospitals of Pakistan, without the support of a competent leadership, the utility of the modern technology will become significant only when the competent workforce is hired and trained for successful implementation and use of technology (Goeschel, Wachter & Pronovost, 2010). The success of health programs and systems need multifaceted balancing of the conflicting views and concerns of the various stakeholders. "Some doctors and physicians raise their own concerns about the induction of new technology; as they fear that these new e-health systems are imminent threats to their professional independence and status". Patients often raise their eyebrows for the potential benefits of the e-health technology regarding their safety and the issues of privacy (Baker & Denis, 2011). On the part of the health professionals, the new applications must be introduced to bring real improvements in the patient care. There is a need to assure the policy makers about the success and the benefits of the initial expenditures upon the new technology in the health sector (Brian, Wasko, Bryan, Miller, Desirae, Maziar, 2012).

## **2. THE HEALTH SYSTEM & SERVICES**

The health professionals at different levels in the health system and with varied managerial backgrounds and responsibilities have found that an understanding of these terms helps them to lead and manage more effectively. "They improve their work climates, are better able to use the data that management systems provide and become more proactive in responding to changes around them that require them to modify their usual ways of operating" (Heinemann & Zeiss, 2002). One of the biggest challenges facing health managers, leaders and health service providers is how to turn a demoralized or overworked and stressed staff into a proactive, motivated team that delivers high-quality health services every day. "The weak management systems are major contributors to the frustration and the sense of futility that countless professionals feel when they are not able to make sustainable contributions to improved health outcomes" (Baker, 2003). "But any attempt to improve management systems without addressing the needs of the people who do the work is bound to end in disappointment, more stress and even lower morale, reinforcing a vicious circle of ineffectiveness and inefficiency". Addressing this challenge requires attention at every level to both systems and people.

Leadership and management skills are needed in the health professionals/service providers at all levels of the health system. "The ultimate aim of a health system is to equitably maintain or restore the health of all the people it serves. Many of the performance problems in the health system for example, a broken supply chain, rising infections in hospitals or low staff morale are related to weak or absent management and leadership skills" (Buchanan, Fitzgerald & Ketley, 2007). Doctors or nurses in charge of facilities or units might not be skilled enough at tasks such as dealing with staff complaints, advocating for resources or developing a good plan. "The absence of these and many other leadership and management skills may not be seen as a problem until it leads to a crisis that requires immediate attention, extra resources and setting aside other, less urgent activities that could prevent future crises" (Clark, Spurgeon & Hamilton, 2008). The responsibilities of leading and managing a unit, health facility, department, organization or entire ministry require skills that can be learned and practiced. "The individual can learn how to supervise better, communicate with stakeholder groups or manage a productive meeting". The individual can also learn how to plan, monitor and evaluate without having to obtain an academic degree in these subjects (Loevinsohn, Haq, Couffinal & Pande, 2009). Unfortunately, management and leadership skills are rarely included in the education of health care professionals.

## **3. THE ORGANIZATIONAL INNOVATION**

The professional settings, technologically advanced, over the last two decades have increased challenges for the health sector. "The health administration now faces the threats of global competition, technological changes and increasing customer expectations. This situation has increased the importance of promoting innovative workplaces for the long-term survival of the health organizations". Innovation demands personal involvement of the leadership as well as the employees, as they have to use their full potential and perform beyond expectation (Ekvall & Ryhammar, 1998). The health sector willing to maintain their competitive edge fosters the innovative work behavior of their doctors, administrative staff, supportive staff and the leadership. In the present scenario, innovation is not only confined to specialists, scientists and other research and development professionals but also for the health professionals for the long-term success, must encourage and develop the innovative potential of all of their workforces. "Through the knowledge and experience based work, the workforces are considered to be an important source and are encouraged to display innovative work behaviors for improved performance and for increased success in the health sector" (Ramamurthy, Flood, Slattery & Sardesai, 2005).

In the health system, the innovation includes; the new medical technologies to generate additional revenue, basic research in academic medical centers, keeping people healthy, improvements to the overall value, quality and

safety of care enabled in part by aligned incentives, rapid adoption of new knowledge and approaches through the use of clinical decision support tools. “Healthcare transformation requires the application of innovation, the intersection of insights and inventions, beyond its commonplace uses in academic research and product innovation” (De-Jong & Den-Hartog, 2005). “To support successful transformation, providers will have to consider how to apply innovation to goals like keeping citizens healthy, speeding the development and adoption of clinical decision support tools and improving the overall value, quality and safety of health care”. The mission statement is the one of the determinants of organizational culture that provides direction to the health system. The innovative mission statement leads towards innovation as it indicates that mission statement of a health system may facilitate the innovation (Axtell, Holman & Wall, 2006). A clear and motivational mission statement helps a health system to focus its attention on innovation.

#### **4. THE LEADERSHIP**

The leadership has been defined traditionally as a capacity of individuals in formal positions to influence the orientations of an organization or a group. “The image of the charismatic leader well represents this concept of leadership as something demonstrated by exceptional individuals who make a difference in their environment” (Baker, 2003). Although this representation of leadership may be valuable, it is also too restrictive and may not reflect the reality of leadership in health systems. The literature revealed that the leadership may also be collective, shared and distributed. For the purpose of this review, leadership consists of individual, collective and distributed efforts to engage doctors in improvement initiatives within healthcare organizations and health systems (Porter & Teisberg, 2007). “The leadership is necessary for broader doctors’ engagement, whereas engagement refers to the active interest and participation of doctors in organizational and system change and improvement activities”. Though, many authors noted that doctors are poorly prepared to take leadership roles in organizations and systems (Caldwell et al., 2008). As a result, there is growing emphasis on ensuring that physicians are well equipped with the knowledge, skills, attitudes and values needed to play system leadership roles.

In addition, some studies have focused on the advantage of having doctors’ participate on governing boards for the improvement of quality and safety. Research shows that doctor’s participation in the governing boards of hospitals can increase quality and safety. “The participation of doctors in the board can contribute to identifying specific, measurable and valid quality indicators consistent with organizational and system goals” (Clark et al., 2008). In their capacity as board members, doctors can contribute to continuing education initiatives on quality and patient safety and may help develop joint medical staff or board training to face common challenges regarding quality and safety. “The health system, in which there is stable leadership with a good relationship with individual doctors appear able to translate organizational values into sound clinical practice” (Atkinson et al., 2010). The doctors in leadership positions may even limit the risk of losing focus on quality and safety in situations of executive turnover. “A specific type of leadership behavior inclusive leadership seems to be associated with team effectiveness”. Three doctor leadership behaviors have been observed to promote team effectiveness: explicit solicitation of team input, engaging clinicians in participatory decision-making and facilitating the identification of non-team members with improvement goals (Baker & Denis, 2011).

This literature revealed a sense of movement toward a tighter coupling of interests, both psychologically and financially, between doctors and hospitals that resonates more with doctors engagement than with the development of doctors leadership. In this context, doctor leadership is seen as a resource to support efforts to engage physicians and to reinforce their accountability to the organization or system (Swanwick & McKimm, 2011). “Developing roles for doctors at the governance and managerial levels of decision-making facilitates broader engagement and performance improvement”. The specific leadership behaviors appear to be associated with team development. Two major types of behaviors have been identified: functional behaviors (used to manage team performance) and team development behaviors (used to build conditions that enable engagement and team performance). Functional behaviors include information gathering, planning and decision-making, and managing team members. Team development behaviors include team orientations and the establishment of team norms regarding functioning, co-operation and standards of care (Gillam, 2011). “Although team-based health system can provide a favorable context for physician engagement and leadership and it also perceived the challenge involved in developing effective teams composed of physicians of different disciplines”.

##### **4.1 The Leadership styles**

As there are many leadership styles, like; Democratic leadership, Laissez- Faire leadership, Authoritarian leadership, Transformational leadership, Transactional leadership, Servant leadership and Charismatic leadership. In the current study only two leadership styles like Transformational leadership and Transactional leadership are discussed categorically.

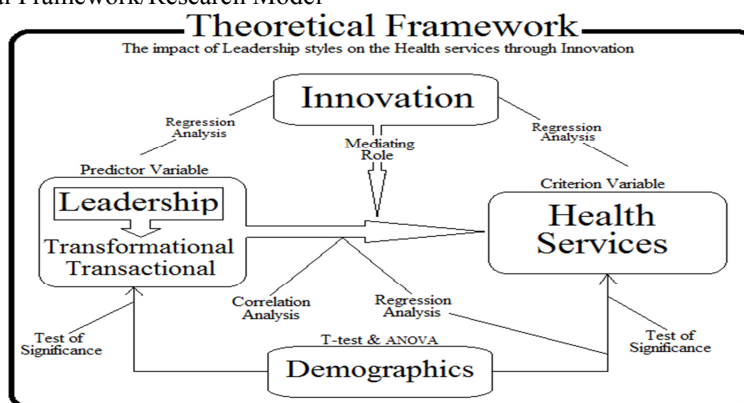
#### 4.1.1 Transformational Leadership

This leadership style produces trust and satisfaction. “Functioning for a transformational leader can be a wonderful and uplifting experience. The transformational leaders put passion and energy into everything”. They care about their subordinates and want them to succeed. The transformational leaders influence their subordinates by motivating them emotionally (Eagly, Johannesen & Engen, 2003). They seek to empower their subordinates by developing their independence and by building their confidence. “The transformational leadership has seven main features: raise subordinate awareness, help subordinates look self-interest, help subordinates find out for self-fulfillment, help subordinates understand need for change, invests managers with sense of urgency, is committed to greatness and adopts a long-range and broad perspective” (Bass & Avolio 2004). The transformational leadership style has five dimensions:

#### 4.1.2 Transactional Leadership

In contrast, transactional leadership is based more on exchanges between the leader and follower, in which followers are rewarded for meeting specific goals or performance criteria. Rewards and positive reinforcement are provided or mediated by the leader. Thus transactional leadership is more practical in nature because of its emphasis on meeting specific targets or objectives (Robbins & Davidhizar, 2007). “An effective transactional leader is able to recognize and reward followers' accomplishments in a timely way”. A transactional leadership style is appropriate in many settings and may support adherence to practice standards but not necessarily openness to innovation. “A transformational leadership style creates a vision and inspires subordinates to strive beyond required expectations, whereas transactional leadership focuses more on extrinsic motivation for the performance of job tasks” (Gamble, Hanners & Lackey, 2009). Thus it is likely that transformational leadership would influence attitudes by inspiring acceptance of innovation through the development of enthusiasm, trust, and openness, whereas transactional leadership would lead to acceptance of innovation through reinforcement and reward.

Figure 1.1 Theoretical Framework/Research Model



## 5. DISCUSSIONS

The globalization due to the scientific development has out-rightly changed the entire profile of every field of the human interest. Most significantly, the leadership has become very prominent regarding the health sector in Pakistan. In this regard, the health system occupies a pivotal role in upbringing the healthy status of the people because the healthy society is the only key to socio-economic development. In the present scenario, there are several public sector health units. Parallel to them many health units have been established by the private sector thus making the situation more competitive regarding the performance and leadership of the health professionals (Brian et al., 2012). The health systems must address the root causes of their predicament, rising costs, poor or inconsistent quality or inaccessibility to timely care as well the underlying drivers of globalization, consumerism, changing demographics and lifestyles, diseases that are more expensive to treat and a proliferation of new treatments and technologies that are exacerbating the challenges.

The public sector healthcare system in Pakistan is beset with numerous problems such as structural fragmentation, resource scarcity, inefficiency and lack of functional specificity, gender insensitivity and inaccessibility. “Given the fact that public private partnership or contracting in particular, can improve the performance of primary health care services, careful attention is needed to safeguard ethical, conflict of interest related, methodological, accountability, sustainability and governance issues in such relationships which should be governed by the norms and standards” (Atkinson, Spurgeon, Clark & Armit, 2010). Any type of health system reforms in developing countries specially need to focus on actual package of services to be provided, financing

and the concerns and perspectives of the end users i.e. the community. “There have been very sound arguments for countries like Pakistan to keep its role and influence not only in overall strategic policy leadership, financing of health care, provision of basic healthcare, but more importantly health care regulation” (Swanwick & McKimm, 2011). Government must define its role unambiguously in designing, implementing, monitoring and regulating such measures to ensure their sustainability.

Due to increased competition it is becoming important for the organizations to transform and go beyond their traditional management practices. “The leadership also feels pressurized to find high performance and transformational characteristics in them. As compared to transactional leadership, innovation is encouraged with the help of transformational leadership. The transformational leaders are future oriented, concerned about planning, open-minded and energetic” (Clark et al., 2008). The leaders with this style become role models for their subordinates by gaining their trust and confidence. They seek new and unconventional ways of working, build employees morale and commitment. “Such leaders encourage subordinates to think beyond themselves and become high performers. The leadership with transformational style encourages the workforces to think differently, look for new prospects and find new solutions to the problems” (Goeschel et al., 2010). The followers are motivated to perform beyond expectation, to adopt innovative approaches in their work and to analyze problems in innovative ways. The health system values are foundational building blocks of the culture and have an impact on the process of innovation. The innovation is derived from core actions of the organization (Dickson et al., 2012). The literature suggests that innovation supportive culture is reflected by the health system structure and daily practices of the organization and comes from core values of the organization as these values are backbone of the culture and foster the innovation process.

## 6. CONCLUSION

The health sector is facing numerous problems to be handled with certain innovative measures and result oriented changes. The financial allocation for the health sector is already below the basic requirements of the hospitals. The corrupt practices, in this regard, further aggravate the situation. Secondly, there is dearth of qualified and skilled doctors and the paramedics. Besides very few among them show their willingness to be posted in the far flung areas. Moreover, the doctors pursue the private practice during the duty hours which directly affects those patients who cannot pay their visiting fee. In the rural areas the peoples’ sufferings are comparatively more due to ignorance and poverty. Here, the non-availability of doctors and the medicine increases the death rate. On the part of the leadership, it is mandatory to legislate accordingly to bring all the anomalies and misappropriation under the umbrella of law and justice.

For the uplift of the health sector, with all their capacity and authority, can bring some drastic changes by introducing innovative measures as per the needs of the people and global standards. The leadership can pursue viva political wisdom, long-term policies, adequate funding, appropriate know-how, professionalism, related competency, thorough experience and vision. The available literature related to the leadership for health system pointed out an important new view of leadership that is more collective, distributed and relational. This concept blurs to a certain extent the distinction between engagement and leadership, suggesting the need to develop more active roles for the health services providers in improvement initiatives.

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