The Challenges Concerning the HealthCare Leadership towards Innovation in Developing Countries like Pakistan

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Abstract

In the developing countries like Pakistan, the health sector has been persistently ignored rather neglected in all respects hitherto. Poor governance, maladministration, praetorians, militancy and extremism, stagflation and poverty, institutional dilapidation, social degeneration, plummeting growth indicators, population explosion, illiteracy and incompetence, political instability, incoherent and short sighted policies, limited availability of funds and inadequate budgetary allocation for education, health and water and sanitation, are a few factor meriting consideration by all. Cultural dimension also plays a role in Pakistan case as epitomized by the prevailing apprehensions of the populace belonging to rural areas particularly FATA and Khyber Pakhtunkhwa towards international and national initiatives on eradication of various diseases.

1. INTRODUCTION

Today's health care executives are confronted with multidimensional challenges while leading their organizations through rising consumer demands, reduced funding, inadequacy of staff and economic and ethical dilemmas. Executives are starving for knowledge about how to develop and deploy their skills and expertise more efficiently to advance society health care needs and the goals of their respective organizations (Clark, Spurgeon & Hamilton, 2008). Additionally, hospital administration, especially, in rural underserved areas, seek guidance in supporting and selecting the most effective leaders to meet their hospital's needs. There are many determinants of poor health status and poor population planning outcomes, socio-economic, biological, environmental, cultural and institutional. In spite of all the stagy improvements in digital communication and connectivity, there is somewhat distinctively generative and powerful about conveying doers and philosophers together to cooperate in individual (Goeschel, Wachter & Pronovost, 2010).

The related literature revealed the numerous researches created a common health care vision for the future, defining six core competencies and values needed for leading the 21st century healthcare organization as serving public and community, redefining healthcare, continuous quality improvement, shared vision, systems thinking and mastering change. Due to the importance that patient satisfaction has a great impact upon the market share, marketing and hospital revenues (Blumenthal, Bernard, Bohnen & Bohmer, 2012). The healthcare executives are looking for leaders that can fulfill hospital missions while introducing creative and innovative strategies that will allocate resources at the lowest cost. A good leadership that enables a culture of communication, social exchange, clarity of purpose and learning must be presented through all tiers of organizations and united into the credence systems of each division (Ryan & Tipu, 2013).

2. LITERATURE REVIEW

2.1 The Healthcare System and Innovation

The opinion that the public sector is non-innovative due to a hostile culture to innovation, risk aversion, and a lack of incentives on innovation has persisted over time. The literature revealed the guidelines for private sector innovations, highlighted four types of innovation in the private sector: process, product, organizational, and marketing innovations (Clark, Spurgeon & Hamilton, 2008). Currently, there is no established typology for innovation in the public-sector organizations. The literature furthers revealed the manual definitions of private-sector innovations more comprehensively, identifying process, product, organizational and communication innovations, with the latter substituting marketing innovations. Other studies include two more types; service and organizational innovation (Goeschel, Wachter & Pronovost, 2010). The healthcare information technology is a term dealing with the application of computers systems in support of clinical and administrative work in healthcare services all over the world.

Nonetheless, this revolution is not linear across the world, given the massive investment and lacking information technology skills involved, particularly in developing countries. Healthcare information technology has significantly contributed towards improving the cost-effectiveness, efficiency, quality and safety of medical care delivery by reducing the healthcare mistakes resulting in patient injuries and overcoming the systemic delays (Blumenthal, Bernard, Bohnen & Bohmer, 2012). Healthcare information technology system has multidimensional benefits. In particular, seven information based innovations in healthcare are considered to offer large potential benefits to providers and patients: e-communication between patients and providers, e-prescribing, e-records with ambulatory computerized physician order entry, e-records with inpatient computerized physician order entry, regional data- sharing, e-intensive care unit surveillance, and disease

management systems (Ryan & Tipu, 2013).

2.2 The Leadership in Healthcare

Numerous factors completely challenge physician leadership skill to use their executive power to exercise evidence based prescription to influence their clinicians. The most prominent, among these factors, are the lack of organizational allegiance, collegial relationships and professional autonomy of the physicians (Sosik, Kahai & Avolio, 1998). The physician administrators are stressed by chronic disease management programs, pay for performance and managed care to reduce costs and to improve outcomes. At present, they have no or little empathetic about exactly how to convey about an efficient evidence based practices implementation. On theory, there is no standard work determined the leadership growth models for physicians among the health professionals, with projecting strength for scientific outcomes (Anderson & McDaniel, 2000).

Lacking an empirically validated model, healthcare organizations either ignore the potential gains to be realized from doctor leadership development or engage in sporadic trainings that use various combinations of strategic and interpersonal leadership concepts developed for the health system (Becher & Chassin, 2002). In the rural areas, the people sufferings are comparatively more complex due to ignorance and poverty. Here, the non-availability of doctors and the medicine increases the death rate. On the part of the political leadership, it is mandatory to legislate accordingly to bring all the anomalies and misappropriation under the umbrella of law and justice whereas, leadership at executive level is required to streamline the practices and processes deploying modern management and leadership skills (Heinemann & Zeiss, 2002).

A. Transactional leadership and innovation in Health Sector

Transactional leaders involve in a transaction so as to satisfy their respective wants (Burns, 1978), and offer extrinsic motivation to their followers. Transactional leaders basically aim at gaining subordination from followers which they realize by targeting their self-interests by acquiring the rewards and conditions that will follow the accomplishment of certain requirements (Amabile, Schatzel, Moneta & Kramer, 2004). The role of a transactional leader has also been debated to be closely linked with the refinement and reinforcement of institutionalized learning, which posits that this type of leadership style may be beneficial to the quest of management innovation, as it may contribute toward the decline of organizational complexity and uncertainty through laying down clear benchmarks and rewards that buttress underlying changes in products, practices, processes, or structures. Transactional leadership consists of three dimensions: contingent reward, management by exception (active) and management by exception (passive) (Anderson & Nijstad, 2004).

Through contingent reward, leaders shape commitment to the accomplishment of contracts with followers. The literature asserts that the establishment of such contracts hampers creativity and result in reduced initiatives towards addressing new ways of facing work; however, we maintain that the impact of contingent reward on innovation can be positive (Ramamoorthy, Patrick, Slattery & Sardessai, 2005). The related literature supports the stance arguing that an increased sense of justice and fairness in the workplace wherein unmet objectives and standards do not go un-noticed, whereas, success is dutifully rewarded. Similarly, management by exception (active), on the other hand, entails the leaders' active participation and involvement to oversee and rectify any departure from an established standard in the followers" work. Such participation highlights the way in which leaders as agents of change can drive the process of innovation within an organization (Spinelli, 2006).

B. Transformational Leadership and innovation in Health Services

Transformational leaders boost innovation within the organization; the propensity of the organizations to innovate. Leaders employ the inspirational motivation and intellectual stimulation as critical prerequisites for organizational innovation. These leaders are endowed with a vision that inspires their followers; enhance their readiness to perform beyond expectations, besides challenging them to embrace innovative approaches and strategies in their work (Caldwell, Chatman, O'Reilly, Ormiston & Lapiz, 2006). The consequent heightened level of motivation is likely to raise the organizational innovation. Several studies support such leaders' positive influence on innovation, empirically. These studies to examine the relationship between transformational leadership and organizational innovation gained the momentum in the recent past. Numerous researchers observed that transformational leadership meaningfully and positively relates to organizational innovation (De-Jong, 2006). Transformational leaders articulate a robust vision of innovation and demonstrate a sense of power and confidence directed organizational innovation.

Transformational leaders mobilize his followers to implement the innovations' success. The literature revealed that a leading professional employee might need more than a traditional leaders behaviors especially in R&D infrastructure where quality overshadows the quantity, is the fundamental performance criterion. The researchers also observed that transformational leadership, when combined with quality management, stimulated the quest for improved knowledge acquisition in healthcare establishments (Clark, Spurgeon & Hamilton, 2008). Numerous researchers conducted research on healthcare leaders and observed that "those with more transformational behaviors cultivated cultures which caused lower frequency of hospital acquired infection rates". Transformational leadership left positive impact in terms of low turn-over rate of the employees,

innovation implementation, staff satisfaction, and organizational success (Gamble, Hanners & Lackey, 2009). Therefore, this study proposes a positive relationship between transformational leadership and organizational innovation which is conceptualized in this paper as including both the tendency of the organization to innovate and the success of innovations.

Figure 1.1 Theoretical Framework
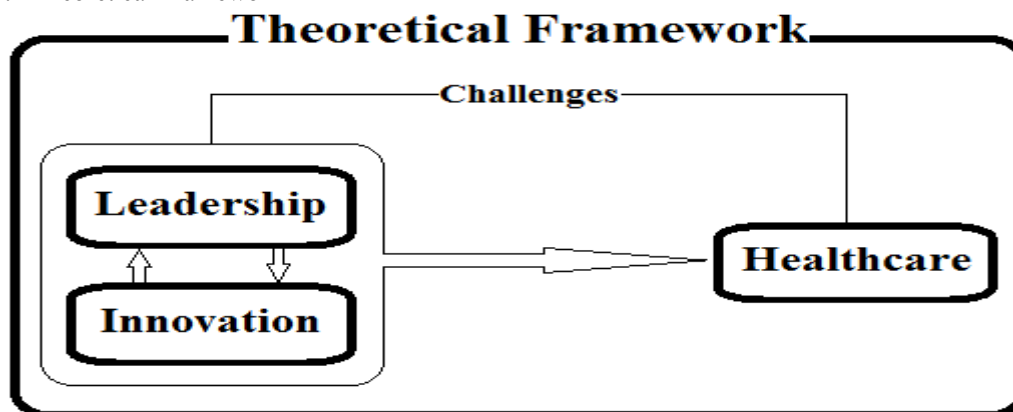
3. DISCUSSION

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 (Goeschel, Wachter & Pronovost, 2010). Patients often raise their eyebrows for the potential benefits of the eHealth technology regarding their safety and the issues of privacy. eHealth initiative is multifaceted which not only embraces technological innovation but also the managerial innovation. The terms like e-prescription, tele-medicine, tele-ophthalmology, e-registration etc have become buzzwords in the medical field (Atkinson, Spurgeon, Clark & Armit, 2010). 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. Besides very few among them show their willingness to be posted in the far flung and impoverished areas (Baker & Denis, 2011). Moreover, the doctors pursue the private practice during the duty hours which directly affects those patients who cannot pay their visiting fee.

In most of the hospitals MIS system has not been installed. Advanced technology, modern equipment, machines and instrument and sophisticated diagnostic systems are either not available or are dysfunctional or could not be installed lacking skilled operators or maintenance facilities. The health sector is facing numerous problems to be handled with certain innovative measures and result-oriented transformations (Blumenthal, Bernard, Bohnen & Bohmer, 2012). The financial allocation for the health sector is already below the basic requirements of the hospitals. The corrupt practices, in this regard, further exacerbate the situation. Secondly, there is dearth of qualified and skilled doctors and the paramedics, who are the fundamental components of the health sector (Dickson, Tholl & Phsi, 2012). Unprecedented growth and hardship in obtaining necessary resources have plagued the healthcare industry with rising costs, staff shortages and losses in productivity, inefficient systems that create waste, and customer dissatisfaction. Organizational friction and professional jealousy are the major impediments toward change (Ryan & Tipu, 2013). In certain cases, the executive leadership lacks charisma and inspirational motivation to influence the subordinates to absorb the change.

4. CONCLUSION

Various researches entailing examination of the relationship between leadership styles and innovation have been conducted in the past as well, but mostly involved western countries, thus, in different context. A few researches are available in the context of developing world too, but mainly focused private sector, disregarding organizational innovation in public health services sector. This study addresses the gap by conducting test of hypothesis based research taking innovation in health services as dependent variable, leadership styles as independent variables and age, gender, designation and experience as demographic variables. The researcher is optimistic in expecting that the current study will be a dynamic contribution to the existing body of knowledge on the topic (issue). It will be very useful to the forthcoming researchers and student-scholars (in the form of a localized research model) and the policymakers in comprehending health management issues and incorporating the findings in health management policy formulation, more explicitly.

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