

# Leading the Global Healthcare Organization

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## Introduction

Healthcare systems are linked health care organizations within nations that exist with the mission to contribute to the improved health and medical care of populations within the economic, governmental, and political boundaries of modern developed and developing nations globally. Healthcare organizations have both the opportunity and responsibility to respond to health priorities correcting health disparities of populations within nations comprising the global health system while meeting the immediate health care needs of their national populations. Every government is constrained by economic conditions in making difficult allocation and rationing decisions regarding the type of health system it operates depending on each nation's available resources [1]. However, an international consensus is emerging identifying the attributes of quality health systems for the 21<sup>st</sup> century. These attributes include the need for ethical, equity based health systems, with stable adequate financing, an efficiently managed operation, with effective leadership of a skilled workforce, a modern equipped infrastructure, well managed logistic responsibilities; and, a closer working partnership with non-health policy and national public program systems dealing directly or indirectly with social and economic determinants of health [2]. Each nation must continue to strengthen its national health system in its mission to address community health priorities; and, the health and social disparities of its citizens while providing equity and access to health care; and while providing assurances of quality care standards. These tasks require effective and visionary leadership; and, a sense of courageous leader engagement heroically meeting the organization's internal and external environment as well as sensitivity to a wide variety of organizational stakeholders (Kelly, 2013).

There are important leader characteristics often overlooked in healthcare administration education. The extensive inventory of knowledge, skills, and abilities or leader personal attributes include such characteristics as physical stamina, integrity, courage, self-confidence, accounting and finance knowledge, statistics knowledge, computer skills, decision-making abilities, planning abilities, team building skills, interpersonal/people skills, political skills, knowledge of industry trends, adaptability to adopting new technology, commitment to the mission of healthy communities, willingness to be a lifetime learner; professional association participant; and the ability to switch managerial roles seamlessly; and the courage for heroic engagement with the complex evolving environment of health care on a global scale at the national level. It is apparent that as international medical organizations evolve to meet emerging challenges through the early decades

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of the 21<sup>st</sup> century, many changes are expected. Probably the most significant change is the increased role of advanced technology in health care delivery; and, the critical importance of knowledge management, including leading knowledge workers in the social environment hierarchy of collaborative health care organizations. Significant social and capital value is gained when organizations apply knowledge with less consideration solely on acquiring physical capital. Indeed, when knowledge workers leave an organization, the decrease in value of existing physical capital can be surprisingly deep and rapid; potentially, leading to organizational failure in meeting its missions; or at the very least, a significant loss of both efficiency and effectiveness. It requires adequate numbers of skilled professional workers to perform complex medical procedures and operate highly technical medical diagnostic and treatment equipment. Healthcare system leaders must master knowledge management skills and techniques to successfully meet the nation's health needs by acquiring and retaining knowledge workers (Shuman and Twombly, 2010).

The challenge to global health organizations now, and in the future, is to recruit and retain critically necessary professional health care workers. Further, global organizations must understand how to acquire, store, retrieve, and protect their unique knowledge resources that represent significant value for the organization and its stakeholders. With the advances in medical informatics and telemedicine, both technology and the organizational leaders that manage technology will become more important to the medical enterprise represented as public organizations including hospitals, community clinics, physician offices; and, public health promotion, health education, and disease prevention programs (Brown, Patrick, and Pasupathy, 2013). Globally, medical organizations in each nation must be planned, managed, and controlled to achieve effective and efficient utilization of scarce national economic resources. The challenges for leaders in successfully leading medical organizations are virtually the same as managing any complex organization even though medical organizations are closely regulated by national governments so medical leaders have that factor as a complicating factor adding stress in their careers; and, developing community wide trust in the system (Horsager, 2009). In organizations where

leaders have lost trust or never considered trust to be important to leading, there exists serious team dysfunction and too often catastrophic system failure (Lencioni, 2002).

Virtually all modern medical care delivery systems operate on complex advanced technology; but, now are evolving into organizations that also function on the intelligence, skills, and emotions of people and must be managed differently. There is less management (doing things right), and more leadership (doing the right things) required to make complex systems work both efficiently and effectively within the boundaries of their economic resources. Machines and assembly lines are managed in industrial enterprises much differently than in medical organizations. Intelligent knowledge workers, however, must be effectively managed by emotionally mature leaders as Goleman, Boyatzis, and McKee, describe in their book; *Emotional Intelligence*, (2002). Failing to lead effectively creates critical and possibly irreplaceable loss of value as knowledge workers leave the organization. Health care delivery today is a highly technical enterprise requiring highly trained skilled workers. In many countries, skilled medical workers are in short supply increasing their value to the organization. Effective leadership, and the care and support of critical knowledge workers, is not something that happens by accident, or simply by organizational charter. It takes careful planning. It takes teaching an organizational culture of knowledge worker leadership “deep into the DNA” of the organization (Tichy and Cardwell, 2002). Tichy writes in his book, *The Cycle of Leadership: How Great Companies Teach Their Companies to Win*; about Jack Welch and his commitment to training leaders at GE. And, Jack Welch teaches about his leadership style, and his driving the culture deep into the DNA of GE and its subsidiaries, in his autobiography, *Jack: Straight from the Gut* (2001). It is not a coincidence that GE is a major manufacturer of high tech medical equipment. Essentially, this is a recent phenomenon given the dates of every major book on the subject of how to lead the intangibles and effectively manage for social value. Certainly, this applies as much, if not more, to medical enterprises everywhere in the world as it does to industrial firms operating in the private sector. The knowledge may be different; but, the character of the knowledge worker is the same.

Each of these industry leaders share the belief that the old ways of management are over, for the most part, as the 21<sup>st</sup> century has ushered in a new generation of worker and a new culture in the organization and a new definition of which assets are essential to creating value in the health care delivery organization of today; and, the global emerging crises issues of the future that will have to be met by global health care organizations in every nation. The conversion of resource capital to knowledge capital does not mean that physical capital value is no longer important; and, in health care delivery, the high cost of advanced technology acquisition and operation is not abating in the developed countries; and, is only increasing in the developing countries as modern medical equipment becomes more available. Health care delivery remains machine dependent serving the allopathic biomedical model of medical practice; but, it does mean, however, that its value may be less than the synergy of its application by the knowledgeable men and women who work with physical

capital. Both physical capital, and of course, invested financial capital, are expanded exponentially by how efficiently and effectively they are used in providing health care services; and, this know-how and know-what comes from the knowledge, skills and abilities of those who work with them. Modern medical equipment requires highly skilled workers to install, maintain, and operate the equipment that accounts for tens of millions of dollars per facility in capital investment for major health systems. The actual implementation of new interdisciplinary ideas and methods are essential to achieve the goal of increasing the medical organization's value to the nation's health by applying the synergy of broadly based knowledge within the organization. Synergy reflects an organization's return on its investment in people. The best definition of synergy is that the whole is greater than the sum of the parts. Synergy is vital for enhancing economic value with increased social value for a nation's population health. The investment in social capital provides far reaching returns in the nation's health that can have significant positive impact on the population health and productivity of a nation's people. Effective leadership drives organizations to a higher level of social capital contributions to populations globally [4]. Leaders must develop new interdisciplinary organizational skills to break down barriers and siloes that impede progress toward a synergistic health care delivery system embracing all resources regardless of source [5].

The healthcare industry globally requires coping with some of the most stressful and physically demanding situations found in any workplace. Healthcare system leaders must maintain their physical and mental health to successfully engage the tasks required of their position. Good mental and physical health is important in maintaining the stamina required to succeed in the job. The ability to effectively manage and cope with stress is important to maintaining physical stamina. Healthcare leaders must be able to effectively manage the healthcare organization while navigating complications, such as being overworked, underfunded, understaffed, managing tight deadlines, and meeting the demands of the organization's respective national government; all of which contribute to mental and physical stress. Excess stress has been associated with mental and physical fatigue, impaired physical and mental health, loss of appetite or increased appetite, ulcers, mental disorders, severe migraine headaches, difficulty sleeping, emotional instability, disruption of social and family life, and the increased use of cigarettes, alcohol, and drugs. Excess stress adversely impacts worker attitudes and behavior; and causes difficulties making decisions, maintaining pleasant relations with coworkers, and judging the seriousness of potential emergencies. Maintaining good physical and mental health is essential to maintaining the stamina required of healthcare administrators. Effective leaders, in addition to managing their own personal stress; must also help their critical knowledge workers manage theirs as well. This emphasizes a leader's commitment to the health of the team. Effective healthcare organizational leaders must be committed to managing healthcare organizations with honesty and integrity. Healthcare leaders are expected to respect the law and refuse to participate in or conceal unethical, false, fraudulent, or deceptive activity. Patient's lives are not only in the hands of nurses and

physicians; but, they are also in the hands of administrative leaders who make and enforce organizational policies. Healthcare leaders who lack integrity will struggle with their duties and may fall victim to dishonest financial practices, cutting corners on health care delivery, unethical reporting practices, or developing policies that jeopardize the health of patients for financial gain. Healthcare leaders who perform their duties with integrity also create an organizational culture of employees honoring integrity. Employees are more likely to perform their duties with integrity when integrity is valued and displayed by upper level leaders and management. Acting with integrity is a highly valued skill required of healthcare leaders and healthcare organization leaders are not immune to unethical behaviors. They often face ethical dilemmas. Shortages of clinicians to deliver patient care, inadequate staffing levels, cost containment measures dictated by economic allocation constraints imposed by governments, consolidation of healthcare organizations, and ineffective leadership have resulted in the escalation of ethical dilemmas faced today in healthcare environments. How individuals respond to these ethical dilemmas depend on their previous experiences with unethical behavior, their individual personality traits, and their ethical values, as well as knowledge of ethical principles; and, of course, what is permitted or forbidden by their governments. Moral courage is needed to confront unethical behaviors even when confronting potential government ethical misbehaviors. Healthcare leaders must take appropriate action when challenged with ethical dilemmas, which are consistent with organization policy regarding instances of incompetent, unethical, illegal, or impaired practice (Morrison, 2009). Courage is a valued and necessary trait for leaders to possess.

There are many reasons why healthcare leaders need self-confidence and a sense of security in their abilities. Being the leader of a healthcare organization is a difficult job. A great deal of information must be gathered and processed, a constant series of problems must be solved and decisions made quickly, and competing interests have to be satisfied. A leader who is riddled with self-doubt would rarely take the necessary actions or command the respect of others. Self-confidence plays an important role in decision-making and in gaining others' trust. If healthcare leaders are not sure of what decisions to make, or expresses a high degree of doubt, then their followers are less likely to trust them and be committed to the vision of the organization's mission. Self-confidence and security in ones abilities are important attributes for leaders. Healthcare leaders manage increasingly complex organizational systems. With numerous economic, legal, ethical, organizational, and technical changes and challenges taking place today, managerial decision-making has a direct impact on individuals in the workplace, and on the overall performance of the organization. Regardless of level, all leaders and high level administrators make decisions, although the decisions made by top administrators have a broader scope, affect more individuals, and have a greater impact than those made by department administrators. The ability to make effective and ethical decisions is an important skill for healthcare organizational leaders (Badaracco, 2016 and Morse, 2014).

A strategic planning process must be established to position healthcare system facilities in a rapidly changing environment. Planning requires choices be made about the organization's future within the framework of often unpredictable allocation of scarce national resources which vary by country and region. These choices concern organizational vision and mission, the goals to be pursued, what services will be offered and to whom, the resources needed, such as people, facilities, technology, money and knowledge, and how they will be acquired; and, what governmental approvals will be necessary and how to obtain the needed approvals. The healthcare organization's leader is involved in the planning process as a strategist, organizer, tactician and facilitator. Being an effective planner is an important skill to develop as a healthcare leader in every nation on a global scale [3].

No matter how talented individuals on a staff may be, unless they can function together efficiently and successfully, the organization will suffer a loss of efficiency and effectiveness in fulfilling the healthcare organization's mission. Everyone plays different roles; but, they all must work together harmoniously so the work flow of the organization comes together appropriately according to expectations. When a team is dysfunctional and staff are not supportive of each other; trust is lacking, deadlines are missed, and quality often suffers. The ability to collaborate is a critical competency required of effective leadership (Rowitz, 2001).

The 21<sup>st</sup> century emerging era of healthcare delivery systems require medical organizations to provide high-quality, low-cost, personalized care as well as related functions such as education toward healthy living and population health. This goal requires high collaboration teams of high-performing well trained individuals motivated to work efficiently and cooperatively. Healthcare leaders need good teambuilding skills and a shared vision to ensure the success of their organization (Nanus, 1992) and (Fallon and Zgodzinski, 2014). People skills are an asset in nearly every line of work. In general, good people skills are defined as the ability to listen, communicate, and relate to others on a personal or professional level. Interpersonal communication involves exchanging ideas with others using an assortment of methods, such as words, gestures, voice tone, facial expression and body posture. Interpersonal skills are important to leaders because effective communication dictates operational efficiency and teamwork which are essential to an effective organization. Effective people skills are valuable in key business functions such as managing, training, and resolving conflicts in organizations. Leaders possessing strong interpersonal and social skills are more successful in both their professional and personal lives. Health care organizational leaders must express advanced interpersonal and people skills. Workplace politics are present in all organizations regardless of national position or culture. Avoiding or ignoring politics limits the organization and the professional career of its leaders. To be an effective healthcare organizational leader, political skills must be highly developed (Rowitz, 2001) (Rainey, 2014).

Political skill is the ability to understand and effectively influence others for personal or organizational benefit. Leaders can influence national public policy environments that impact their healthcare organization at many levels. Leaders with effective political skills can help solve many of the public problems that government policies address. Leaders who are not politically astute run the risk of being demoted, fired, or otherwise slipping off their intended career tracks. Outcomes would exist with strong adverse impact on organizations and their mission (Longest and Darr, 2014). Leaders are expected to be knowledgeable about evolving health care and public health industry trends globally and assist subordinate healthcare organizational administrators in making better decisions, identify threats or opportunities early, and create a focus on important issues that other leaders wouldn't normally see on the horizon. This is especially important for healthcare leaders as they shape organizational strategy. Effective leaders keep up-to-date with industry trends as a key metric for continually building expert technical knowledge. By developing current expertise, leaders earn the trust and respect of the people in their organization. Healthcare leaders and their organizations benefit from current extensive knowledge of healthcare trends worldwide with preliminary plans on how to adopt them into the organization (Longest and Darr, 2014). In conclusion, a final point relates to global healthcare leaders working in boundary spanning international organizations dedicated to improving the population health of the world in every country. It is important that global health leaders are knowledgeable about the diverse cultures encountered in their efforts to link nations into a cohesive international health network. This role requires cultural sensitivity and extensive knowledge of each nation's cultural, political, religious, and economic composition; along with a working knowledge of one or more additional languages beyond one's native country fluency. Although English is the official language of travel and of science, it cannot always be relied upon

for understanding each other's written and verbal messages. There are also cultural nuances and history to be sensitive to; and, understand how national characteristics inform each nation's response to global initiatives for health programming. International network organizational leaders also may certainly have members of many nationalities serving on the organization's staff. Leading diverse people from diverse cultural backgrounds can be challenging.

It is important to understand every nation's economy and how each nation allocates scarce economic resources. What may seem an ideal plan for many developed countries may not be immediately feasible for developing countries; thus, alternate plans may be needed providing inclusiveness to all member countries and their populations. These challenging international leadership roles will require the very best global leaders available to fill them.

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