



Leadership in Medicine and Healthcare: An Overview of the Emerging Concepts and Principles

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Received: 📅 November 17, 2019

Published: 📅 December 02, 2019

Abstract

It has been increasingly recognized that effective leadership is essential for healthcare organizations and healthcare systems to provide high quality care and financial success. Therefore, healthcare leaders and medical leaders need to have an adequate understanding of the principles and concepts of management leadership, healthcare management, nursing leadership, medical leadership. The aim of this paper is to describe the emerging concepts and principles of leadership in medicine and healthcare.

Keywords: Leadership; medicine; healthcare

Introduction

It has been increasingly recognized that effective leadership is essential for healthcare organizations and healthcare systems to provide high quality care and financial success. Therefore, healthcare leaders and medical leaders need to have an adequate understanding of the principles and concepts of management leadership, healthcare management, nursing leadership, medical leadership.

The concepts of management and leadership are the older and original concepts. The specific use of the concepts of management and leadership in the medical and nursing fields and health care resulted in the emergence of the concepts of healthcare management, healthcare leadership, medical leadership, nursing leadership. The scientific methodological application of the concepts of management and leadership in the medical fields and health care resulted in the emergence of the disciplines of healthcare management, healthcare leadership, medical leadership, nursing leadership. Medical and Healthcare leaders need to have an adequate understanding of the basics of medical leadership, healthcare leadership, nursing leadership and the roles and qualities of medical, and healthcare leaders and nursing leaders as they have to cooperate with them and support them [1-3].

The absolute need for medical knowledge to practice medical leadership is the thing that makes medical leadership characteristi-

cally distinctive and distinguishes it from other disciplines related to health care leadership [2,3]. Figure 1 shows the overlap between various types of leaderships in medical and healthcare setting and emphasizes the need for medical knowledge in the field of medical leadership [2,3]. Healthcare managers and leaders generally supervise the nursing services and need to be familiar with its principles. Nursing leadership can be defined as process of interpersonal influence in which the patient assisted in the realization of goal towards improved well-being. The main practices of nursing leadership are nursing team leadership, patient teaching and education. The main components of nursing team leadership is assigning staff and motivating team, while the main function of nursing team leader is to determine the number of staff for each task and to organize their work so that they are able to give adequate care to all patients. Patient teaching and education from the nursing leadership point of view is generally defined as a dynamic interaction between the nurse and the patient [2,3].

There is some overlap between leadership and management, but leadership is not management [2-4]. The main aims of management is the achievement of order and consistency (Stability). It is concerned with administration and maintenance, planning and budgeting, organizing and staffing, controlling and solving daily problems [3,4]. Figure 2 shows the main management processes. In

most instances, highly qualified decent managers doing their jobs perfectly and with precision will not lead to remarkable development and improvement in the organization and that is why leadership is needed in any organization [2,3], because management is all about making or producing acceptable results with in a known condition, and not much concerned about producing remarkable management [4]. Leadership gives guidance and is associated with

change to the better and innovations because leaders provide the necessary guidance, establish vision and strategies. In fact, leadership is all about guidance changing the order of things, while management is responsible for maintaining routines and solving daily problems. The lack of necessary guidance means the lack of leadership, and that is why all organizations have to able to identify their leaders, the people capable of giving guidance [2-4].

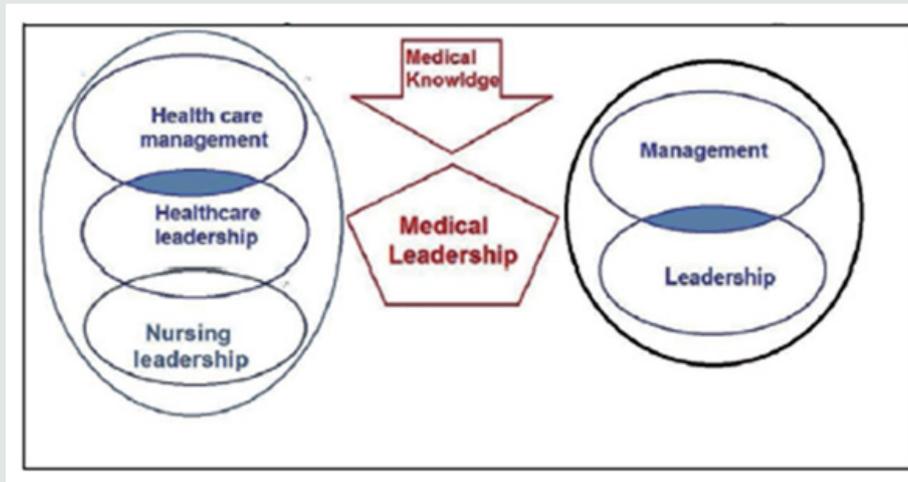


Figure 1: The is overlap between various types of leaderships in medical and healthcare setting and the absolute need for medical knowledge to practice medical leadership is the thing that makes medical leadership characteristically distinctive and distinguishes it from other disciplines related to health care leadership.



Figure 2: The main management processes.

However, it is important to realize that leadership cannot work in the absence of management as management provides the optimal and organized environment and the background for giving guidance by leaders which contribute to change to the better and development through the introduction of innovations [1-4].

Therefore, both management and leadership are necessary in every organization. Medical and health care leaders need to apply

the relevant concepts and processes of leadership to the specific field of medicine and health care, while health care managers need to apply the relevant principles and processes of management to the specific field of health care [2-4].

It has been increasingly recognized that one of the important factors that lead to failure of organizations partially or completely is the lack of understanding of the differences between manage-

ment and leadership which leads to failure to identify leaders and support them [1-3].

There are many acceptable definitions of management. Management can be defined as the act of getting people or employees together to realize desired goals and objectives. Management can also be defined as the organization and coordination of the activities of an organization in accordance with certain policies in the achievement of clearly defined objectives. Management is the art of getting work done through people or employees with satisfaction for the stakeholders, employers, employees and public by guiding,

directing, coordinating and controlling all efforts towards the fulfillment of the goals [2,4].

Goal achievement is the key to successful management. Goals are fulfilled through the use of the available resources such as human and financial resources and proper planning. The main functions of management include making predictions and planning, organizing, commanding, coordinating, and control through receiving feedback about a process in order to make necessary adjustments [4].

Table 1: The 14 principles of management and their relevance to medical leadership.

1. Division of work
This principle is associated with specialization which increases output by making employees more efficient. This principle is very relevant to the practice of healthcare management and medical leadership.
2. Authority
Managers must be able to give orders. Authority gives them this right. Responsibility should always be associated with authority. Medical generally leaders need scientific authority to perform their role.
3. Discipline
Employees must obey and respect the rules that govern the organization or institution, and adherence to disciplines and regulations is the result of effective leadership, a clear understanding between management and employees regarding the organization's rules, and the judicious use of penalties for infractions of the rules. Followers of medical leaders generally respect the scientific authority of the medical leader.
4. Unity of command
Employees need to receive orders from only one superior like from top to bottom in an organization. Medical leaders generally don't give commands to perform their roles. Followers of medical leaders should be able to determine their scientific authorities. Many universities and academic institutions are now using the H-index.
5. Unity of direction
Each group of organizational activities that have the same objective should be directed by one manager using one plan.
6. Subordination of individual interests to the general interest
The interests of any employee should not take precedence over the interests of the organization
7. Remuneration
Workers must be paid a fair wage for their services.
8. Optimum degree of centralization
Subordinates should be involved in decision making in the appropriate degree.
9. Scalar chain
The line of authority from top management to the lowest ranks represents the scalar chain. Communications should follow this chain. If following the chain creates delays, the role of leadership is to allow cross-communications with allowing superiors are kept informed. Effective leadership is expected to make the necessary change which lead to improvement.
10. Order
People and materials should be in the right place at the right time.
11. Equity
Managers should be kind and fair to their subordinates.
12. Stability of tenure of personnel
High employee turnover is a sign of inefficient management.
13. Initiative
Employees who are given the right to originate and carry out plans are expected to exert higher levels of effort.
14. Esprit de corps
Promoting team spirit to build harmony and unity within the organization.

Table 1 summarizes the fourteen principles of management and their relevance to medical leadership [2-4].

Healthcare management essentially describes the general management and administration of hospitals and public healthcare systems mostly by adopting the relevant from general management. Healthcare management is also referred to as medical and health services management, healthcare systems management, health systems management, health administration [2,3].

Healthcare leadership is concerned with healthcare services and their quality and safety. As patients' satisfaction is one of the important factors that determine the quality of services, healthcare leadership practices emphasize the importance of the patients' opinion, experience, concerns, needs and feedback (positive and

negative). Healthcare leadership encourages innovation of services within safe boundaries. Healthcare leadership emphasizes transparency when it comes to medical errors and serious incidents and considers medical mistakes as opportunities for learning and improving performance. Healthcare leadership also acts effectively to deal with poor performance and address unacceptable practices displayed by staff or patients. Healthcare leadership encourages continuous development of the knowledge, skills and abilities of staff in order to improve quality of patient care, safety, and the patient experience, and also encourages, motivates and rewards innovation that improve the services [2,3]. Table 2 summarizes the practices of healthcare management and leadership, while Figure 3 shows the areas of overlap between healthcare management and leadership as two disciplines.

Table 2: Healthcare management and healthcare leadership practices

Healthcare Management		Healthcare Leadership	
I.	Health services management and health care delivery.	a)	Creating and sharing vision which aims at improving services.
II.	Human resource management.	b)	Engaging team and inspiring shared purpose.
III.	Clinical data management and hospital information management.	c)	Developing capabilities.
IV.	Healthcare economy including financial management and cost accounting for hospitals.	d)	Creating accountability.
V.	Planning of health care institutions.	e)	Evaluating information.
VI.	Quality management.		

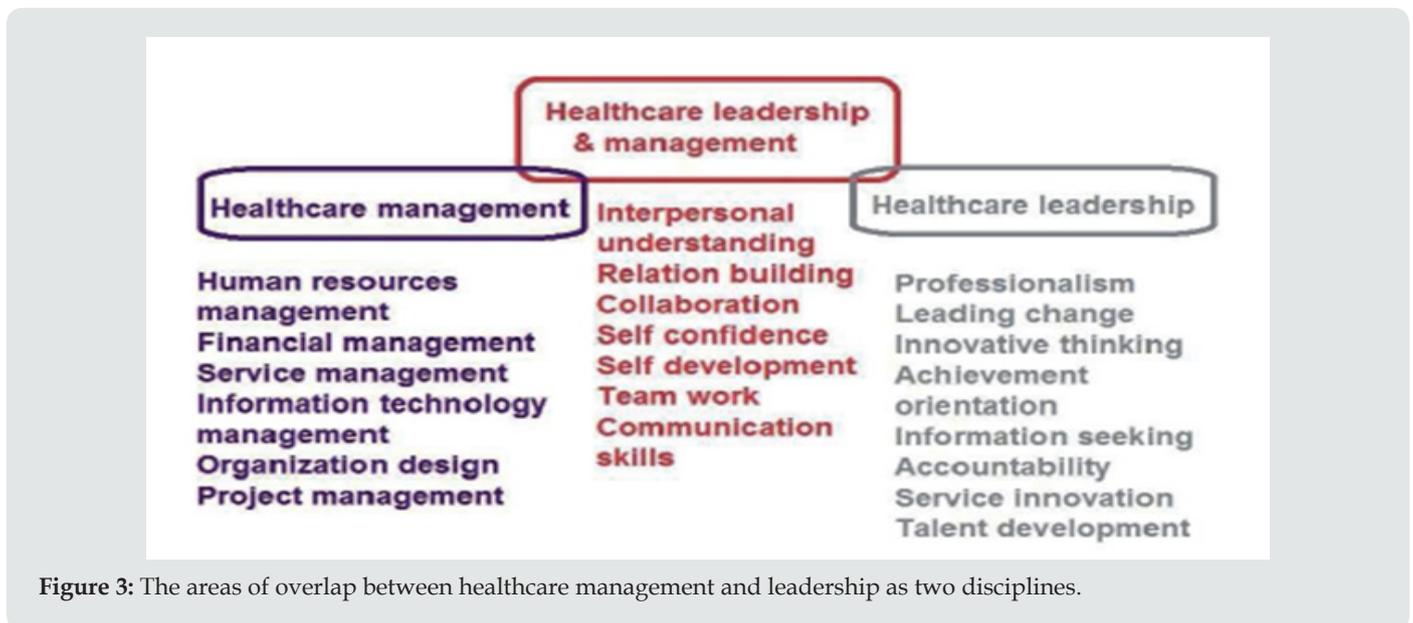


Figure 3: The areas of overlap between healthcare management and leadership as two disciplines.

The past five decades witnessed an explosion in medical knowledge, dramatic innovation in therapies and surgical procedures, and management of conditions that previously were fatal, with ever more superior clinical capabilities on the horizon. Despite that, health care even in developed countries were thought to be falling short on basic dimensions of quality, outcomes, costs, and equity, and that was attributed to the fact that the available medi-

cal knowledge is too rarely applied to improve the health care experience, and the information generated by the care experience is too rarely used to improve the knowledge available. The traditional healthcare management systems which are supposed to be responsible for the transfer of new medical knowledge into healthcare organizations were considered to be failing not only the developing countries [2,3,5-8].

Therefore, a notion has emerged suggesting that highly qualified, experienced managers who doing their jobs correctly are not expected to be capable of introducing new knowledge, advances, and innovations into the practice of healthcare organizations.

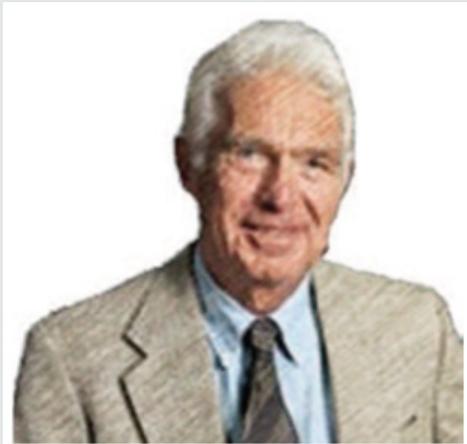


Figure 4: Warren Bennis, a leadership expert was probably the first to develop the idea that failing organizations are over managed and under-led.

A second notion has emerged suggesting that in many areas of the world, the healthcare system and many healthcare institutions are over-managed or at least well managed, but under-led. Warren Bennis (Figure 4), a leadership expert was probably the first to develop the idea that failing organizations are over managed and under-led, and that organizations decline because people forget what is important [2,3].

Ultimately, the perception of the lack of medical leadership led to the emergence of the concept of medical leadership, and emphasis has been made that highly qualified managers can't lead healthcare systems. This concept has been supported by the fact that even in areas where individual physicians, and other healthcare professionals involved in patient care worked diligently to provide high-quality, compassionate care to their patients, they couldn't reach the expected and desired improvement in the provision of

healthcare.

Emphasis has been increasingly made that in many healthcare systems, the problem was that the management system didn't adequately support healthcare professionals to introduce the advances and the innovations they know or learn into their practice and work. The management system was not efficient in adjusting to new discoveries, disseminating data in real time, organizing and coordinating the sizable amount of research and recommendations, and providing incentives for choosing the smartest approaches to health, not just the newest, and often most expensive tool. Therefore, an essential concept has emerged suggesting that the lack of medical leadership prevents clinicians from providing the best care to their patients and limits their ability to continuously learn and improve [2,3].

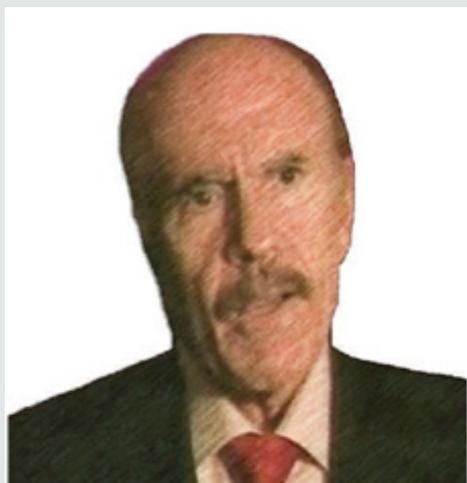


Figure 5: Dr Luis Ignaro seems to represent a classical example of true medical leaders that are capable to make the difference in healthcare.

Dr Luis Ignaro (Figure-5) seems to represent a classical example of true medical leaders that are capable to make the difference in healthcare. He shared a Nobel prize in medicine with two of his colleagues for his research on the role of nitric oxide in the reduction of cardiac diseases. Dr Luis used the new information he discovered with his colleagues in the prevention of cardiovascular heart disease. His work represented a breakthrough in heart disease prevention. The successful leadership of Dr Luis Ignaro illustrated the fact that medical leaders can't lead without knowledge, and the absolute need for medical knowledge is what distinguishes medical leadership from other related disciplines [2,3,9].

It is important to realize that medical leadership is not all about making scientific discoveries, but it is all about introducing discoveries and innovations into healthcare and practice. The scientific discoveries of Luis Ignaro made him a scientific academic leader, but his ability and work to transfer new knowledge and discoveries into healthcare, into his practice made him medical leader. It seems that medical leaders need to explore first what to innovate, not how to innovate. Cardiovascular diseases were the cause of 17.5 million deaths in 2012 that is 3 in every 10 deaths, and the innovations of Luis Ignaro is highly relevant to this fact.

Leadership gives guidance and is associated with change to the better and innovations because leaders provide the necessary guidance, establish vision and strategies, Luis Ignaro was highly successful in providing useful guidance and vision in his published book (Figure 6) which carried the name of his vision "No more heart disease". Luis Ignaro inspired me myself to publish a book

Medical leadership can be learned by studying role models in medicine, the good like Dr Ignaro and bad. Medical leadership can also be learned through self-experience, the experience of a mentor or the experience of someone we respect.

The influence of medical leadership is achieved largely through giving guidance, the contribution to change and innovations, estab-

lishing direction, setting vision and strategies. Medical leadership is all about introducing discoveries, advancement and innovations into healthcare and practice, and to do that, medical leaders need to have certain attributes, summarized in (Table 3). Figure 7 shows how adequate updated medical knowledge, one of the key attributes of successful medical leaders help in the introduction of innovation [2,3].

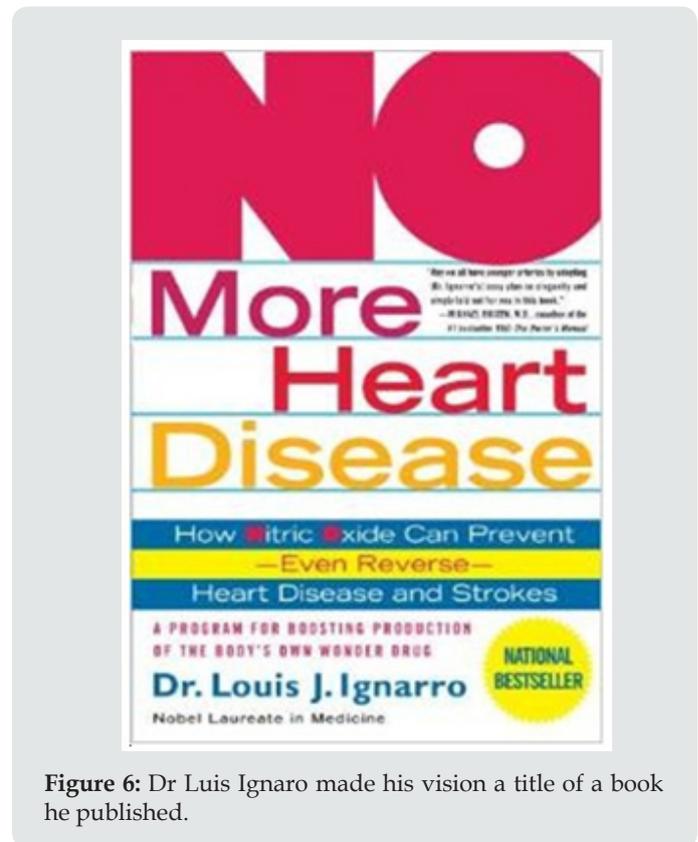


Figure 6: Dr Luis Ignaro made his vision a title of a book he published.

Table 3: Key Attributes of medical leaders.

<p>Adequate updated medical knowledge to set a realistic vision to help in: Creating new approaches and open up-issues. Altering expectations and establish new and specific hopes.</p>
<p>Adequate understanding of management, leadership, and healthcare leadership.</p>
<p>In addition to clinical experience, medical leaders need managerial and leadership skills because these skills enable them to achieve their medical leadership roles and serve them as a background to decision making.</p>
<p>Adequate knowledge and awareness of current local and international health issues, and reasonable interaction and response to these issues.</p>



Figure 7: The contribution of adequate updated medical knowledge, one of the key attributes of successful medical leaders to the introduction of innovation.

The concepts of medical leadership and healthcare leadership are not exactly the same concepts of leadership in general. Leadership in general is a process of social influence in which the leader can recruit the aid and support of others in the accomplishment of a common task. Both medical leadership and healthcare leadership adopt many of the concepts of leadership in general, but not all the

ideas and thoughts of leadership in general are relevant to the practice of medical and healthcare leadership [1-3]. Figure 8 summarizes the common components of medical and healthcare leadership and leadership in general, while Figure 9 summarizes the common qualities of medical and healthcare leadership and leadership in general.



Figure 8: The common components of medical and healthcare leadership and leadership in general.



Figure 8: The common qualities of medical and healthcare leadership and leadership in general.

Leadership can occur at many levels of an organization, across organizations or in task-based activities. This Shared leadership concept is commonly observed in both medical leadership and healthcare leadership. The concept of "Shared Leadership" suggests that leadership is not restricted to people who hold designated leadership roles. Leadership which is shown through a shared sense of responsibility for improved practice in case of medical leadership, and for the success of the organization and its services in case of health care leadership. Acts or practice of leadership can come from anyone in the organization, as appropriate, at different times, and are focused on the achievement of the group rather than of an individual. Therefore, shared leadership actively supports effective teamwork [1-3].

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DOI: [10.32474/LOJMS.2019.04.000179](https://doi.org/10.32474/LOJMS.2019.04.000179)



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