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The Leadership and the Health Services: A Systematic Review

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Abstract
Creative and innovative leadership has replaced status-quo oriented processes and practices, which were primarily catered for balancing the daily needs of the systems with staying atop a changing matrix that has seen competition like no time in history. The healthcare industry is required to rethink its philosophies and patterns amidst the call for change and despite during the recent economic meltdown, the healthcare industry continued to maintain unprecedented growth. The shift to a concentration on patient satisfaction caused healthcare executives scrambling to establish equilibrium between high degree of patient satisfaction, the escalating costs of dispensation of services, and the complexity of consumers' needs. Healthcare leaders must persistently examine the impact that hospital services have on patients and their families, customers, physicians, and staff. Despite the effort made by healthcare administrators to contain the disequilibrium between available resources and rising costs, the situations have led many healthcare facilities to the precipice of bankruptcy.

1. INTRODUCTION

Health is one of the main determinants in gauging the physical, psychological and ultimately the professional substance of the human resources. Better health is a fundamental factor contributing toward the efficiency and productivity of the human capital which is sine qua non for progress and prosperity of a nation. To manage productive, efficient and skilled human resource, government subsidizes the health care services for its citizens. In the same line, the public sector pays the cost of healthcare services as a whole or major chunk of the total (Anderson & McDaniel, 2000). The distribution and size of these health sector transfers vary from country to country but the important question arises as to how greatly these are effective, productive and financially affordable, in real term? It is very much dependent on the distribution and the volume of these expenditures among the deserving people of diverse localities. Parallel to it, in public sector, the nature of the prevailing conditions of the human resource, any marginal change in spending on health services may have progressive impact upon the economic growth and management and development of human capital, as a whole (Becher & Chassin, 2001).

Lack of vision and balance with regards dynamics related to internal and external environmental restraints, comprising human resource, market share, technology, customers, corporate boards, investors, and government bodies, has deprived the healthcare industry of leaders, capable of managing this support base without putting the patient's life at risk (Heinemann & Zeiss, 2002). The health reforms need to be imaginative, innovative, all-encompassing and across the board permissible to influence the health status. The literature identifies following dimensions meriting focus towards health care reforms; strengthening the stewardship functions, priority-setting, modes of financing and reconfiguring apparatuses of services provision, capacity building of staff and effective deployment of human resource, civil service reforms, social protection, development of the agendas for private/public partnerships, research and development, decision making and health policy and planning process, a full spectrum overhaul, be it promoter, management-related, rehabilitative, therapeutic, preventive or related to healthcare domain (Baker, 2003).

According to Pakistan Health Policy Forum which highlighted three challenges for materializing changes needed to increase performance while maintaining high quality care standards: (a) Scarcity of leadership with the attributes to engage managers and staff at all tiers, (b) incompetence of staff to grasp the purpose and mission of the organization towards delivering quality healthcare within financial limits, and (c) sustaining the commitment and patience of staff to realize the fulfillment of change efforts to attain and maintain levels of performance (Glisson & James, 2004). Numerous new paradigms have been met with friction and several leaders demonstrated rigidity in order to maintain status quo, leaving the healthcare industry struggling to compete with patients" desire for securing quality healthcare. From 2000 onwards, hospital executives have started to focus on the styles of leadership deployed and the desired effects of those styles on organizational structures and processes (Toor & Butt, 2005).

2. THE REVIEW OF LITERATURE

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. 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 (Caldwell, Chatman, O'Reilly, Ormiston & Lapiz, 2006). Advanced technology, modern equipment, machines and instrument and sophisticated diagnostic systems are either not available or are in dysfunctional state or could not be installed at all, lacking skilled operators or non-existent repair and maintenance facilities.

2.1 The Health Care Sector

The health sector is facing numerous problems to be handled with certain innovative measures and result-oriented transformations. 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 (Spinelli, 2006). Unprecedented growth and hardship in obtaining necessary resources have plagued the healthcare industry with rising costs, staff shortages, losses in productivity, inefficient systems that create waste, and customer dissatisfaction. Organizational friction and professional jealousy are the major impediments toward change. In certain cases, the executive leadership lacks charisma and inspirational motivation to influence the subordinates to absorb the change. In the rural areas, the peoples‟ sufferings are comparatively more complex due to ignorance and poverty. Here, the non-availability of doctors and the medicine increases the death rate (Porter & Teisberg, 2007).

In the healthcare sector, there are government functionaries and the public representatives, who are responsible for planning, implementation, development and dissemination of the policies for the best interests and demands of the people. Extensive arguments claim that the lack of progress in the quality of healthcare is due to unsuccessful innovation implementation and inadequate leadership. Poor quality in the healthcare system results into increased costs due to errors, harm to the patient, and lack of efficiency (Clark, Spurgeon & Hamilton, 2008). In the developing countries like Pakistan, the health sector has been persistently ignored rather neglected in all respects hitherto. Poor governance, maladministration, praetorianism, 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 for PSDP and inadequate budgetary allocation for education, health and water and sanitation, are a few factors adversely impacting healthcare promotion in Pakistan. 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 KP towards international and national initiatives on eradication of polio and administration of vaccine.

In the country, investment in building effective systems is vital, but in the health sector, question is how effective systems can be built? “The well-managed hospitals and clinics, skilled health workers and efficient drug procurement channels are vital if countries are to make real strides in improving the health of their populations” (Effective Aid, Better Health: report prepared for the Accra High Level Forum on aid effectiveness 2-4 September 2008). Around the globe, the healthcare professionals continue to pose severe challenges for the health providers and the governments. The achievement and success of health systems and programs need complex matching of the conflicting interpretations and worries of the many stakeholders (Gamble, Hanners & Lackey, 2009). The physicians and doctors raise their own concerns about the induction of new technology; as they fear that these novel e-health systems are imminent threats to their professional status and independence. The patients often raise their eyebrows for the potential benefits of the e-health technology regarding their safety and the issues of privacy.

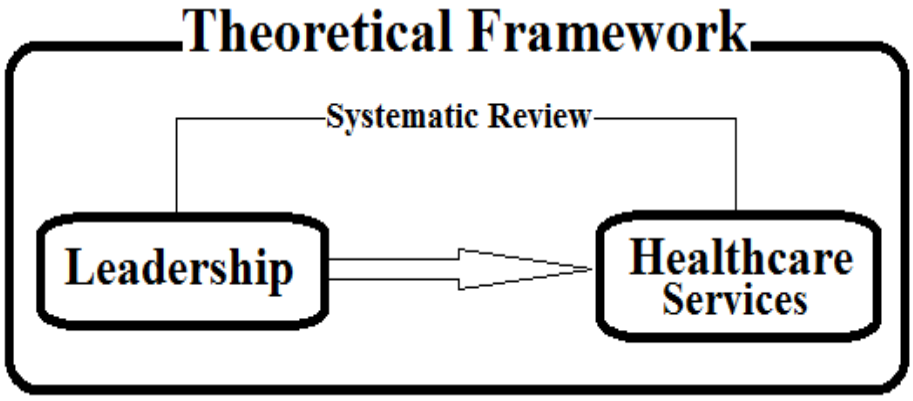
2.2 The Leadership in Healthcare System

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. Innovative and creative leadership has substituted how things stand, which essentially entails the requirements of the organization with remaining over altering background that has witnessed rivalry (Dorothy, Leidner, David & Daniel, 2010). The diligence of healthcare needs to become accustomed with its philosophies and configurations within the mandate for change. Due to the importance of the factor like patient satisfaction, leaders are required who are capable of providing leadership that delivers, inspires and motivates the traits and tools essential to deliver the best services to patients, both on a medical and psychosocial level. During the current economic depression, the healthcare industry has continued to endure unprecedented growth (Goeschel, Wachter & Pronovost, 2010). The shift to a focus on satisfaction of patient has left the officials of healthcare to strike equilibrium between high the complexity of needs of patients, the service delivery rising costs and degree of patient satisfaction.

The leaders of healthcare must persistently inspect the influence that hospital facilities have on customers, physicians and staff, patients and their families. Notwithstanding the fact that healthcare officials

have tried to contain the disparity between available resources and rising costs, the circumstances have brought many healthcare services to the edge of economic failure. The failure to right stability of vision for the future considering the external and internal environmental limitations, including government entities, corporate boards, human capital, investors, market share, technology and customers with a lack of leaders, has left the healthcare productiveness, without putting patients at risk capable of managing this support system (Baker & Denis, 2011). The leadership competencies are desirable that can report the claim of patients though taking the organization affording and forward a working background that is favorable to providing cultures that improve the association between staff and leaders, sustain high degree of patient satisfaction in quality care and provide higher levels of worker satisfaction and to learning new advancements in technology.

Figure 1.1 Theoretical Framework



3. DISCUSSION

The department of health interprets and gears the national policy by providing the essential human resource comprising (the transfer of staff and posting), through its tertiary care hospitals, affording specialized care and administration of secondary and primary health services at district level provided by governments (Porter & Teisberg, 2007). The district provides the health services to the citizens at the secondary and primary levels. The districts are also responsible for implementation of provincial and federal funded health policies and are answerable for preparing and continuing services, confirming staff attendance and safeguarding uninterrupted supplies of medicines. At provincial level anticipatory services are managed and at "district level, where the government is more or less the only provider", implementation is ensured (Gamble et al., 2009). The connection between the provincial and the district level underwent a change, due to the implementation Local Government Ordinance of 2001, under which devolution plan of the government was introduced.

The health reforms need to be imaginative, innovative, all-encompassing and across-the-board in order to impact health status. The government gains from effective implementation of health policies, the health organizations gain from committed employees, employees gain from doing a satisfying job, and the public gains from receiving satisfying health care delivery (Swanwick & McKimm, 2011). The literature identifies following dimensions meriting focus towards health care reform; Strengthening the stewardship functions, priority-setting, reconfiguring mechanisms of service delivery and modes of financing, capacity building of staff and effective deployment of human resource, development of the frameworks for public-private partnerships, social protection, civil service reforms, research and development, decision making and health policy and planning process, a full spectrum overhaul in whole healthcare domain, be it promoter, preventive, therapeutic, rehabilitative or management-related (Blumenthal, Bernard, Bohnen & Bohmer, 2012).

Though the transactional and transformational leadership are broadly authenticated in industry and business, the realistic soundness of leadership styles has not been evaluated among the health services. In order to draw optimum efficiency from healthcare system in Pakistan, we shall have to uplift the existing system by introducing innovative measures as per the needs of the people and in commensuration with global standards. The leadership can pursue the objective by demonstrating political wisdom, formulating long-term policies, providing adequate funding, affording appropriate know-how, promoting professionalism and building related competency, thorough experience and vision (Dickson, Tholl & Phsi, 2013). The available literature related to the leadership for health system pointed out a significant new outlook of the leadership that is more relational, distributed and shared. The said impression shapes the difference between leadership and engagement, proposing the prerequisite to develop more dynamic roles for the health services providers in improvement initiatives.

4. CONCLUSION

The health professionals in Pakistan can be benefitted by the use of innovative technology and applications for the advancement of knowledge, modern management tools, techniques, practices and processes in the health sector. Experts in leadership opine that the development of effective leadership among physicians, in managerial or executive positions, is imperative because of the importance for professional leader in the diffusion of clinical innovation. The doctors leadership is needed not only for inspiration starring role however also to streamline committed physicians over the gap that exists between analysis about a scientific innovation and its exhibition in applied setting of medical practice which includes many features , thus to make sure the conversion of scientific innovation into practical setting. Of course, the healthcare, has beyond its share of complex queries as how can we increase value and reduce costs, speed the conversion of research into cures and therapies, improve the experiences and outcomes of the patients, make healthcare to some degree that individuals can have access to not only in Pakistan but eventually, around the world? If we widen the boundaries of inquiry to address questions of this sort, we discover the importance of collaborations and partnerships across the industry and across the related academic fields.

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