# From Management to Leadership in the Health Care System

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## Abstract

Public hospitals are not-for-profit organizations.  The directors of the different departments are considered to be the "Midro" rank.  In the health care system, as in most organizations, this sector is crucial to  proper functioning.   Department heads, on one hand are expected to excel as medical professionals so that they can add to the prestige of the whole organization, while on the other hand they are expected to know how to manage and lead people toward achievements, within the organizations structure.   The professional demands on physicians often impart some ways of functioning or thinking that do not necessarily suit effective managerial style.   Most of the hospitals in Israel emphasize professional prestige in selecting managers, without  objectively evaluating their fitness for the job.  Little is written about this subject in the health system.  This article will discuss this subject from an "organizational consultant" and physician point of view, considering what is written in the literature in general about managers as leaders.

**MeSH Words**:  Management, Health Care Team, System, Leadership

## Introduction

According to the "Three M" model, each organization contains three functional levels: the Micro level, i.e. the workers; the Macro level, i.e. the administration; and the Midro level, i.e. the managers of the different departments in the organization (the directors of the different departments of the hospital in our case) [1]. What are the health system needs from those managers?  What happens when there are incompatible or even conflicting needs?  What are the priorities of the organization in such cases?

Public hospitals are typically not-for-profit organizations.  Since the main goal of the hospital is to give good and professional healthcare, they expect managers of the different departments to be professional, specialists in their field, have the ability to teach young physicians, to be appropriately qualified to have a national or international reputation.  At the same time, hospitals expect every manager to have the ability to manage teamwork with harmony, to promote and develop human resources toward professional achievements, and to give good service to their patients, within the system's financial and functional limits.  Hence, we are talking about two demands that do not

necessarily go together in the same physician, and sometimes even conflict.

Jim Collins, in his book "Good to Great" [2] says that in order to survive, every organization must strengthen its specialty and advantage over its competitors. This can explain to us why managers of hospitals develop their "special" departments at the expense of the "standard" ones. Usually in, such cases, the managers of these departments are physicians with national or international prominence and prestige. It is said: "The history of the world is a collection of the history of great individuals." This pattern of thinking coalesces with the fact that most of the departments are built, as Collins wrote, around a "genius" with many assistants who gives that department his reputation, instead of a "leader" surrounded by many "stars," where the sum of them together as a team, is greater than the sum of them as individuals. Most, if not all of us, are familiar with professional demands from the manager of a medical department. But what are the demands of the system from those managers as managers/leaders, in addition to their roles as physicians?

Each organization seeks in its managers "the ability to mange or lead." Several questions are to be asked here: 1) How many of those managers have the native talent to mange/lead a team towards a vision or target? 2) What is the likelihood that a person who has for years progressed in the academic hierarchy as an individualist or in competition with others, will have the ability to look backwards and push his team toward self actualization and self fulfillment? 3) What is the probability that such a person will not feel endangered by one of his brilliant physicians? And 4) what is the definition of the role of a manager in the health system, and how is it to be realized? Is it by intuition or by clear defined criteria?

In this article, I will try to answer these questions from an "organization consultant" and physician points of view, concerning the professional literature in that field.

**About managers as leaders**

In order to discuss leadership in the medical context there is a need to discuss this issue in general. Popper categorized managers into five categories [3]:

1. A passive non-reactive manager: this is a frustrated and burned-out manager, who is pushing himself towards retirement.

2. A passive reactive manager: this is a burned-out manager that allows thing to flow passively and responses only when there is a problem. These managers give instructions but do not worry about the implementation of these instructions. They usually delegate the task and the supervision over the implementation of the task. Usually, these managers never "go down" to the "first line" employees and do not know what is going there.

3. An active- reactive manager: this is the highest level of managers before leadership. Douglas McGregor teaches that these managers can be "X" types in the right of the scale or type "Y" in the left, or in-between. [4] Type "X" managers think that employees lack motivation, take things lightly and that there is a need to be vigilant for the problems/mistakes that they make (Active), and to respond by a punishment accordingly (Reactive). From these managers you can hear only criticism and rarely if ever you can hear a "good word". On the other side, according to this theory, there are the type "Y" managers. These managers are human resources oriented. They assume that the employee is a positive person, and he needs only to be motivated or directed towards self fulfillment. These managers are those who Goleman proposes that they are emotionally very intelligent [5]. Between these ranks, type "X" in the right of the scale, and type "Y" in the left side of the scale, lie most of the managers.

4. The rewarding leadership: these are already considered as leaders. They appreciate the good points in their employees. They use the "Pygmalion" effect to motivate them. They motivate their employees by either materialistic rewards or spiritual ones.

5. The "forming" leadership: to this category belong the great leaders in the history, like M. Gandhi, W. Churchill, N Mandela and others. These leaders can influence and lead others by a "vision". To this category the word "charismatic" is applied.

Most of the managers in the different organizations start as type 3 managers. After a few years, their personalities or the system (their managers) may influence there progression up toward leadership or down toward burnout (type 2 or even type 1 managers).

According to Collins, on the other hand, type 4 or type 5 leaders [2], are those who are modest and unheralded, and persevere to achieve their goals. They cast their success on their team, while they take responsibility for failures. These leaders are human resources oriented. In this category, argues Collins, are found the leaders of the 200 most successful companies in the USA [6]. He claims that managers of different organizations tend to choose famous and "conspicuous" persons to become their managers, while type 5 managers tend to hide among us silently and you have to look for them.

**What are the needs of an organization from a manager?**

R. Katz, in his book about coaching, says that four are the requirements from a manager [7]:

1. Building a strategy: to find out which things can lead his department and his organization in general toward the highest level of success.

2. Creating the connection between the activities and the strategy. Seeking for ways to "sell" his ideas to those who are above and those who are under him.

3. Creating a good method to measure his achievements, toward reaching his goals, considering the need to modify the vision according to the environment.

4. High degree of efficiency, to use wisely the resources that are available in the organization.

But, what are the needs of the health system from a manager. Are they the same or are they different?

A health organization expects its managers (director of a department for instance), to be the best in his profession, with a good national or international reputation, while at the same time,

as Katz mentioned, to have a good understanding of organization and leadership.

If we check the health system and hospitals, we find that they emphasize the first element. Very few, if any, of these managers pass a professional evaluation concerning the managerial fitness to their position. It is natural that each hospital chooses to develop its unique advantage over other hospitals.

Professionally "brilliant" managers are usually very intelligent in the medical aspect. Their ability to manage well or lead a team is very incidental, and is dependent on their personality and life experience. These leadership talents can be developed by specific education or coaching, and some times not at all.

In his book "Working with Emotional Intelligence" Goelman [8] wrote that in order to succeed in motivating employees towards achievements, there is a need to be emotionally and professionally very intelligent, i.e. to use our self consciousness, to lead others concerning their physical and emotional needs. Maslow wrote in his "pyramid of needs", that you can't motivate people toward actualization without supplementing first their physical, and their second their emotional, needs [9]. On the other hand, medical managers with professional reputation, are usually individualistic with some competitive features, who worked hard and usually alone to have come this far, and they become managers because of their achievements and not because they have the talent to manage people. Thus, the health system developed what Collins called a "genius with many assistants" rather than a "leader with many stars."

Ichak Adizes in his book "Management/Mismanagement Styles" says that managers are divided into four categories [10]:

1. Manager type P (Purposeful performance), is concentrated in achieving the mission, and less in the employees well being.

2. Manager type E (Entrepreneurial), is a kind of manager who is concentrated in the far future, developing ideas all the time.

3. Manager type A (Administrator), is a manager who is concentrated in rules and protocols.

4. Manager type I (Integrator), is a person who is concentrated in people, and in team work.

Adizes advises every manager to choose a deputy who is concentrated in the lacking parts of his personality, i.e. type P must choose a type I deputy. But what happens usually is that managers choose deputies who have the same personality's characters that they have.

Again, several questions need to be addressed: 1) Who advises these managers to choose the proper deputy? 2) What happens when we need professional and personality characteristics that can't work together in the same manger? 3) How can we choose a person who is used to focusing on himself, some times with competitive personality features, and expect him, as a manager, to develop teamwork, to develop people professionally and to delegate part of his authority to them, without feeling in danger of loosing control? 4) Who guides these managers how to develop there departments within the whole organization financial limits?

The Emergency Department (ED) for example is a multidisciplinary and very demanding system. The medical staff works hard under very stressing conditions; he is expected to demonstrate self control as they lay between their manager's high demands in the one hand and the patients and their families demands in the other. Leadership within the ED is highly needed. As managers we are supposed to manipulate wisely between the high demands of our field as an emergency staff, and to lead the medical staff professionally as a family, taking into account their personal demands [11]. It is will known that the medical staff in the ED is highly exposed to burnout. To lead this staff and to motivate it is not easy. A type X manager is sometimes needed and discipline and order is a must, but such a pattern of management can't last for a long time as the staff will be burned out within a short time. In the other hand a type Y manager is needed, but in this case you must rely on the employees that you choose to take with you in "your bus" as Collins wrote. Since part of our "passengers" is not chosen by us, we can't manage them with one pattern of management. Therefore I suggest using the parenthood pattern of leadership [12], briefly i.e. leading them by a vision, motivating them by that, to empower them each in his field, to share with them our plans about the ED, to explain to them as we

explain to our sons why we ask them to do so and only giving them order, and most important to show them how much we care about them and about their professional progress as well as their private lives. We must take into account that the medical staff's live at work is a continuity of theirs from home. This is worth discussion separately in another article.

Some organizations use coaches to help managers to succeed. Some organizations promote employees separately according to their professional abilities to good positions with good salaries, and promote others to become managers according to there managerial talents. They do not mix or discriminate against each of the two talents. There are some places, like Russia, where each department has an academic manager ("the professor"), and an administrative manager.

Most organizations choose the conspicuous persons to become managers. Some organizations "drop in" managers from out side their organization, as they have a very good professional reputation (many publications in the case of the health system). None of these managers, in most health systems, pass tests to check their managerial or leadership capabilities. There are many geniuses who ruined their staff as bad leaders and vise versa. Nobody could predict that in advance.

To overcome this dilemma, first we must determine the specific characteristics of the specific job we want to manage. Then we have to define the specific needs from the manager for this job. For this purpose there are "Evaluation centers" that can help in detecting those employees with managerial talents including

those who are professionally brilliant. There is no doubt that having a degree in "managing health systems" can add to the capability of people in managing health systems, but that is not enough. There is a need to evaluate these people's capability in leading medical staff, coping with stressful situations without loosing control, and working within the organization's limitations. It seems that the solution of this dilemma in not simple, and it is dependent partly on the organization culture.

How many organizations promote people according to their specific capabilities? How

many organizations ask the help of a coach, an organization consultant or a professional

evaluation center?  And how many existing managers (professors) are ready to get an advise from these specialists?

The answers to all these questions depend on what is preferable to each organization in the health system- a genius with many assistants or a leader with many stars?  This is a point that each hospital must consider when choosing a professionally talented person to become a manager.  In my opinion, it is logical to choose a 'genius' to a managerial position, but each candidate for such a position must pass a test by an evaluation center, to examine his fitness for a managerial position or even for leadership, considering the specific needs of that position. In the second step, I think, the system must find a different way to promote employees according to their achievements, and not necessarily by appointing them as managers of a subunit or a head of a department.  Finally, a rotation of managers within the organization, and its role in preventing burnout on the job is worth a discussion.  This will be addressed in future papers.

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