

A DIFFERENT APPROACH TO LEADERSHIP IN HEALTHCARE

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“As long as power dominates our thinking about leadership, we cannot move towards a higher standard of leadership.” *Keshavan Nair.*

When speaking of leadership, it's always the heroic and charismatic types that spring to our minds. People like Napoleon, Martin Luther King and Steve Jobs are often cited as great leaders and visionaries. Their leadership style is described as charismatic, bold and at times, authoritarian. But are such leaders suited to today's healthcare systems' needs where decisions also require empathy and compassion beyond just cost-effectiveness or maximizing profits? Would they ever succeed in running a national health system or even a hospital?

Leadership research goes back over 100 years, and in this time almost 50 different approaches have been named. So far, experts have not agreed upon a single ideal leadership style as the models are mostly derived from industry specific examples. These issues make it difficult to come up with a one size fits all leadership model. Furthermore, there are significant overlaps between the definitions and attributes identified within these models. Recent studies emphasize the leader's ability to summon different leadership styles as an adaptive process to dynamic situational requirements.

When considering healthcare, we need to take three very important concepts into consideration:

- 1- **Leadership happens at every level of healthcare delivery.** Starting from when a nurse is assessing a patient 1-1 to making a deal for national procurement tender.
- 2- **We have to train co-leaders,** people who'd help us lead and whom we can delegate responsibilities safely
- 3- **A different kind of leader attitude is necessary.** Leaders in healthcare should be collaborative leaders rather than heroic/charismatic leaders.

We can observe the need for these changing requirements clearer when we compare the dominant corporate leadership models of today. In order to draw some comparisons, let's examine a famous recent example: The case of Uber Inc.

A charismatic leader may be required for a start-up to ensure rapid, aggressive growth and have the ability to bring together a group of individuals around a novel idea. Travis Kalanick, the co-founder and ex-CEO of Uber is a textbook example. His cut-throat, result-oriented, relentless approach made Uber one of the biggest brands in the world. Kalanick used a "burn the village" approach (as he called it) that turned the start-up into the giant it is today. Yet, he was recently ousted from his own company. For some reason his growth-oriented approach was no longer suitable for meeting Uber's needs.

Uber was now in a state of thriving rather than growing and had to look internally for its own health as an enterprise. The company needed a different leadership style. Travis Kalanick was replaced by Dara Khosrowshahi. The difference in their approaches was that Dara, "Didn't come in guns blazing," "he came in listening " (Jessica Bryndza, Uber's global director of people experiences and employer brand). In his previous role in the Expedia Group, Dara was described as a "fair" leader and quickly made himself a name at Uber as "an exceptional leader -- a rare combination of keen financial acumen, an eye for great product and incredible people leadership skills". One of the things Khosrowshahi hammers on the most is building trust. "That consistent drumbeat... those things about transparency, about fairness, about objectivity."

Today's healthcare systems are large, complex behemoths where change is slow and cumbersome. A mistake in decision-making and strategy can cost lives, not just money. Thus, it is often argued that the leaders in healthcare systems should come from within: people who have first-hand experience in dealing with life and death situations. However, there is no formal training for healthcare professionals on how to lead. It is almost expected that with age and experience one will naturally "grow into" a leader. Most positions are acquired eventually if you persist long enough.

This approach is clearly outdated and inadequate. As much as being a natural trait, leadership is also a skill to be learned, applied and improved with research-proven methods. It MUST be taught to medical professionals throughout the system.

Literature shows that within the context of healthcare, we have seen an increasing emphasis on “Value-Based”, “Collaborative”, “Servant” and “Compassionate” leadership styles.

While compassion and empathy are at the core of these emerging models, they also include other important attributes such as vision, effective communication, trust-building, self- and other-awareness, and empowerment.

Here onwards, I will describe some of these fundamental attributes more in depth

Vision is described as an ideal, unique image of the future and requires strategic thinking and creativity. The leader has to know what they want to do and where they want to take the team. It is the leader’s vision that the team enacts. Uber’s ex-CEO Travis Kalanick wanted rapid global growth at any cost and Dara wanted a functional company with good values. Both saw their vision become a reality.

Effective communication: Effective communication is a bi-directional process. As much as one is able to convey a message, one should also be receptive to others. With Travis, communication was top down, one-way only and first thing Dara did was to listen.

Trust building: Trust is a complex process. We need credibility that today is mostly shown by accolades we obtain such as PhD’s and awards yet that’s only the first step through the door. From there onwards we need to establish some principles and be living examples of adhering to them. Three of the most important principles that foster trust are:

- 1- Transparency
- 2- Fairness
- 3- Empathy

Travis describes his own methods as “burn the village” if necessary. He made enemies out of the taxi companies and had Uber’s license revoked in a major market like London. Travis’ reign also saw a lot of industrial action from its own drivers that advocated a fair pay and working conditions. Dara was transparent about the fact that uber did not know all the answers when it came to regulation and went in to meet Transport for London Officials with an open mind. The license was re-instated. He also accepted that there were issues in its relationship with its drivers and worked to co-create the fair working conditions together with the drivers.

Self and other awareness: The leader must be aware of themselves, their capabilities and even more importantly be responsive to their teams' intentions. Travis had a "No apologies" approach, he was unresponsive to the change in his surroundings. As his drivers rioted and employees threatened to leave unless a change in culture happened, he just kept on pushing for growth. First thing Dara did was to acknowledge that "He did not know Uber" and he "listened".

Empowerment: A good leader not only draws inspiration from their team's individual skills, but also empowers them to be co-leaders; it is their responsibility to provide the space and framework that enables a team member to flourish and become their best self. Reluctant to dilute his power, Travis refused to have a Chief Operating Officer (COO); Dara however immediately recruited a COO which allowed him to focus on his vision instead of daily running of the company. He pushed to create a culture where his employees felt safe to work in.

The art of successful leadership lies in the combination of all those attributes. A well-communicated vision from an actively listening, empowering, transparent leader, creates trust. When it comes to healthcare, in addition to the above attributes, a key virtue of a successful leader should be the ability to create empathy, a sense community and belonging.

For the aspiring leader in any domain of healthcare, here are the 5 take home points:

- 1- Know yourself. Use methods to assess your personal attributes. Methods like 360 assessments to understand how you are performing.
- 2- Have a goal, be able to describe a vision. If you do not have a vision of an ideal scenario that you are striving to achieve, maybe that position is not for you.
- 3- Listen! The first rule of being a good communicator is being a good listener. Then talk! And when you do, be specific and to the point. If you are not clear in your message, then what is your team supposed to do? Remember Einstein: "If you can't explain it to a six-year-old, you don't understand it yourself"
- 4- Empower! Learn to delegate. Empower your team to enact your vision on a daily basis, while you focus on the bigger challenges and objectives. It is a leader's responsibility to provide the environment needed for their team to flourish.
- 5- Define your values! Stick to them! Create a check list. What are the principles that, once all is gone, you want to see standing? Trust, transparency and fairness all help to create an environment of empathy and belonging. Make your team your tribe.

Bibliography:

- Aij, K.H., PLETTE, M.D. and JOOSTEN, G.M. (2015) 'A literature review of lean leadership attributes'. *organization*, 10 13.
- Anderson, M.H. and Sun, P.Y.T. (2017) 'Reviewing Leadership Styles: Overlaps and the Need for a New 'Full-Range' Theory'. *International Journal of Management Reviews*, 19 (1), pp. 76-96.
- Careau, E. et al. (2014) 'Health leadership education programs, best practices, and impact on learners' knowledge, skills, attitudes, and behaviors and system change: a literature review'. *Journal of Healthcare Leadership*, 39.
- De Zulueta, P. (2015) 'Developing compassionate leadership in health care: an integrative review'. *Journal of Healthcare Leadership*, 1.
- Jeffrey, D. (2016) 'Empathy, sympathy and compassion in healthcare: Is there a problem? Is there a difference? Does it matter?'. *Journal of the Royal Society of Medicine*, 109 (12), pp. 446-452.
- Karia, N. and Abu Hassan Asaari, M.H. (2019) 'Leadership attributes and their impact on work-related attitudes'. *International Journal of Productivity and Performance Management*, 68 (5), pp. 903-919.
- Renko, M. et al. (2015) 'Understanding and Measuring Entrepreneurial Leadership Style'. *Journal of Small Business Management*, 53 (1), pp. 54-74.
- Russell, R.F. and Gregory Stone, A. (2002) 'A review of servant leadership attributes: developing a practical model'. *Leadership & Organization Development Journal*, 23 (3), pp. 145-157.
- Sonnino, R. (2016) 'Health care leadership development and training: progress and pitfalls'. *Journal of Healthcare Leadership*, 19.
- Tait, R. (1996) 'The attributes of leadership'. *Leadership & Organization Development Journal*, 17 (1), pp. 27-31.
- Yahaya, R. and Ebrahim, F. (2016) 'Leadership styles and organizational commitment: literature review'. *Journal of Management Development*, 35 (2), pp. 190-216.