CHAPTER «MEDICAL SCIENCES»

LEADERSHIP IN HEALTHCARE ORGANISATIONS: CHALLENGES AND OPPORTUNITIES

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Abstract. The *purpose* of the paper is to analyse the evolution and different approaches of leadership in healthcare organisations, potential challenges and opportunities for improvement as effective leadership strategy and style promotes and ensures overall high performance as seen through financial results and population health status. The *methodology* of this paper is based on general scientific research methods, including historical and logical analysis, critical literature review and content analysis, generalisation and extrapolation, which were used to examine the development of leadership theory, evaluate the effectiveness of each approach based on its distinguishing characteristics, and identify the key challenges and opportunities of healthcare leadership. The *results* of this study highlight the importance of leadership in healthcare, especially given the differences between the healthcare sector and other industries. The analysis allowed to identify the key challenges in healthcare management: rising healthcare costs; patient safety and quality improvement; shortage of medical staff; regulatory compliance; and healthcare information technology (HIT) challenges. At the same time, key opportunities for further improvement in healthcare leadership were identified and discussed, such as innovation and integration of digital healthcare; value-based care models; population health management;

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interdisciplinary collaboration and team-based care; and data-driven decision-making and analytics. *Practical implications.* The results of this study have practical implications for education and management. For example, managerial and medical education and experience are essential in preparing leaders for healthcare organisations, as leaders should be aware of all the procedures and requirements of medical practice. In addition, the opportunities discussed in healthcare leadership indicate the directions for improvement and transformation of current management practices in the healthcare sector. *Value/originality*. The value of this study is seen in the comprehensive analysis of healthcare leadership from its evolution, different approaches and styles, their effectiveness to the current challenges and opportunities of healthcare leadership.

1. Introduction

The role and place of leaders in healthcare organisations is different from other industries in that leaders must be able to combine and balance managerial and medical principles while planning and controlling the overall activities of the organisation and making critical decisions, taking into account the potential health and financial consequences of decisions.

Leadership is often defined as the actions and behaviour of an individual who guides a group of people towards a common goal. Within this leadership role, two crucial elements are influencing group activities and effectively managing change. However, when considering leadership in the context of healthcare professionals, it's important to note that many leadership theories were originally formulated in business settings and later adapted for use in healthcare.

A significant challenge in healthcare leadership is that there is limited research evidence to suggest that the application of leadership principles and initiatives developed in non-healthcare contexts directly leads to improvements in patient care or organisational outcomes in healthcare settings. This suggests that leadership approaches need to be carefully tailored and evaluated within the unique dynamics of healthcare environments to ensure their effectiveness and relevance.

Healthcare systems are intricate structures made up of a variety of professions, departments and specialties, all interacting in complex and non-

linear ways. The complexity of healthcare systems is often unprecedented due to factors such as different disease specialties, conflicting goals and multidisciplinary staff. In large organisations such as healthcare systems, these numerous groups may have their own subcultures that can either support or conflict with each other.

Healthcare leadership must recognise and harness the diversity within the organisation, using resources effectively in the design of management processes, while motivating staff to work together towards common goals. In such a highly complex environment, different leadership approaches can be adapted to optimise management and facilitate effective coordination within the healthcare system. These approaches are essential to address the unique challenges and intricacies of healthcare organisations.

Studying leadership in healthcare is extremely important for several significant reasons:

Patient Care and Safety. Effective leadership can have a significant impact on patient care and safety. Strong healthcare leadership ensures that medical teams work cohesively, make informed decisions and follow safety protocols, ultimately leading to better patient outcomes.

Quality Improvement. Healthcare leaders play a critical role in driving continuous quality improvement initiatives. They help identify areas for improvement, implement evidence-based practices and drive initiatives to improve the overall quality of care.

Resource Optimisation. Effective leadership is essential for optimising healthcare resources, including staff, equipment and budget allocations. This ensures that resources are allocated efficiently to meet patient needs.

Morale and Staff Retention. Effective leadership fosters a positive work environment, which leads to higher staff morale and job satisfaction. Healthcare professionals are more likely to stay in their jobs if they feel valued and supported by their managers.

Innovation and Adaptation. Healthcare leadership encourages innovation and the adoption of new technologies and practices. Leaders who foster a culture of innovation help healthcare organisations stay at the forefront of advances in medical care.

Financial Management. Healthcare executives are responsible for managing the financial aspects of healthcare organisations. Their ability to

make sound financial decisions is critical to the sustainability and growth of healthcare organisations.

Ethical Decision-Making. Ethical leadership in healthcare ensures that difficult ethical dilemmas are handled with integrity and transparency. This is particularly important when balancing patient interests, financial considerations and ethical obligations.

Effective Communication. Leadership promotes effective communication within healthcare teams, improving collaboration and reducing the risk of errors or misunderstandings. Clear communication is essential for patient safety.

Adaptation to Change. Healthcare is constantly evolving and effective leadership is essential to guide organisations through changes in healthcare policies, regulations and technologies.

Public Trust. Trust in healthcare institutions is of paramount importance. Strong leadership can build and maintain public trust by ensuring transparency, accountability and ethical practices.

Research and Innovation. Healthcare leaders are often involved in the research and development of new treatments and technologies, advancing the industry and improving patient care.

Consequently, the study of healthcare leadership is vital as it directly affects patient outcomes, quality of care, staff satisfaction, resource allocation, and the overall success and sustainability of healthcare organisations. Effective leadership in healthcare is not only beneficial, but essential for the well-being of patients and the healthcare system as a whole.

The main aim of this paper is to analyse the evolution and different approaches to leadership in healthcare organisations, potential challenges and opportunities for improvement as effective leadership strategy and style promotes and ensures overall high performance as seen through financial results and the health status of the population.

Accordingly, to achieve the objective of this paper, the following methodological approaches were implemented: historical and logical analysis to study the development of leadership theory, content analysis to describe the most effective leadership styles in healthcare organisations, critical analysis of the available literature to identify the main challenges and opportunities of leadership in the healthcare sector.

2. Leadership Theory Development

Leadership theories originally developed in business contexts have been applied to healthcare settings, but it's important to note that these theories are adaptable and subject to change over time. Healthcare organisations are complex systems with numerous professionals performing different roles, often adhering to established traditions that can be resistant to change (Kumar & Khiljee, 2016). At the same time, scholars argue that the lack of effective collaboration is a significant issue in many healthcare sectors. Therefore, effective leadership plays a crucial role in initiating the necessary changes to improve the quality of these organisations (Charan et al., 2002).

Some people may perceive management and leadership as synonymous terms, but according to Peter Drucker, they are different in nature (Drucker, 2012). Drucker states that leadership involves making decisions that are aligned with the right goals, while management focuses on the effective execution of tasks. Management often focuses on maintaining the status quo, while leadership promotes forward thinking and innovation to shape the future of the organisation (Manion, 2005). In today's healthcare landscape, characterised by increasing competitiveness and evolving circumstances, leadership is emerging as the cornerstone for inspiring and driving change towards the future (Kotter, 2001, 2012).

Leadership is found in the interconnected relationships that are available to everyone in an organisation. It is essentially the art of inspiring individuals to work wholeheartedly towards achieving collective goals. This places a strong emphasis on fostering collaboration within organisations, where both leaders and followers raise each other's motivation levels and recognise the interdependencies between different stakeholders (VanVactor, 2012). Leadership is often described as the behaviour of an individual in orchestrating activities towards a common goal and adapting to change (Al-Sawai, 2013). According to the most recent approach, leadership should be seen as a complex set of practices involving the participation of many individuals within specific organisational and inter-organisational cultures (Hartley & Benington, 2010).

In healthcare settings, all managers have the opportunity to incorporate collaborative communication strategies that transcend traditional organisational boundaries (VanVactor, 2012). Healthcare leadership roles are often seen as a highly specialised subset within the broader field of

management, and are involved in many of the ongoing discussions about management education (A. Garman et al., 2010).

Healthcare leaders with a strong spiritual dimension can achieve more positive outcomes for their organisations by challenging established processes, sharing a common vision and motivating others to work together (Gary & Edwin, 2009). The Healthcare Leadership Alliance (HLA) provides a distinctive model that individuals and organisations can use to promote connection and development across a wide range of healthcare management units (Stefl, 2008).

At the same time, recent studies have addressed the contemporary challenges faced by healthcare leaders and proposed two models to describe and differentiate methods of meeting different healthcare needs. The first model involves leadership by separating different logics and managing challenges in isolated compartments. The second model focuses on integrating different logics and finding solutions to multiple challenges simultaneously (Wikström & Dellve, 2009).

Warren Bennis, a trailblazer in the field of leadership studies, defined leadership as the result of several key factors: self-awareness, clear and effective communication of a vision, building trust among colleagues, and the ability to take meaningful action to realise one's leadership potential (Bennis, 2007; Kumar & Khiljee, 2016).

In the words of Peter Drucker, a leader is an individual who has a group of followers (Drucker, 2012). Later, it was further emphasised that leadership is not limited by time, place or specific roles, but can manifest itself in different situations and functions. They also outlined certain behaviours that leaders commonly exhibit in their lives (Kouzes & Posner, 2006).

According to (Kumar & Khiljee, 2016), there are six theories that explore the foundations of effective leadership (Figure 1):

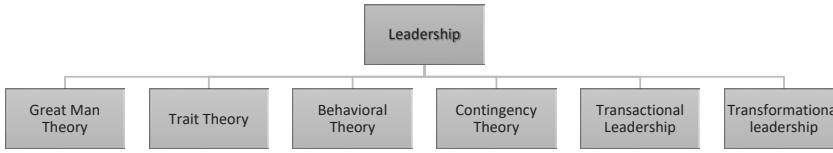

Figure 1. Six approaches to leadership

Great Man Theory. This early and somewhat outdated theory suggests that leaders are born with innate qualities that set them apart. They lead through their innate attributes such as charisma, intelligence and wisdom.

Trait Theory. Developed in the early 20th century, this theory has similarities to the Great Man Theory. It argues that certain individuals possess certain characteristics that cannot be acquired through learning, such as adaptability, ambition and assertiveness. These traits make them particularly suited to leadership roles in different situations.

Behavioural Theory. In the 1960s, leadership theory shifted its focus from traits to behaviours. Behavioural theory examines what leaders do in their roles. It distinguishes effective leadership styles from ineffective ones by analysing the behaviours associated with successful leadership.

Contingency Theory. This theory suggests that effective leaders adapt their approaches based on the specific circumstances, needs and characteristics of their followers. In other words, leaders tailor their strategies to the situation at hand, recognising that there's no one-size-fits-all approach to leadership.

Transactional Leadership. This style of leadership has similarities to a dictatorial approach. Transactional leaders focus on identifying the tasks and actions necessary to achieve organisational goals. They also clarify the roles and responsibilities of their followers and provide rewards for performance. This type of leadership relies on a system of rewards and punishments to motivate and manage followers.

Transformational Leadership. Transformational leadership revolves around the idea that people are inspired and motivated by leaders who demonstrate vision, passion and enthusiasm. Leaders who adopt this style work to inspire and empower their followers, often leading them to achieve beyond their initial expectations. This approach emphasises the leader's ability to inspire enthusiasm and commitment in their team members.

The importance of values-based transformational leadership has also been highlighted in a recent comprehensive study. It was found to be positively associated with factors such as employee satisfaction, team performance, organisational culture and turnover intentions (Gilmartin & D'Aunno, 2007).

Transformational leadership has demonstrated valuable outcomes in several areas, including work-life balance, staff well-being, positive nursing

outcomes, patient safety, openness about errors, and both patient and staff satisfaction (Aiken et al., 2011; Edmonstone, 2020; Glenn et al., 2020; Kim et al., 2016; Kvist et al., 2013; McKimm et al., 2020). This suggests that leadership characterised by inspiration, values and vision can have a significant impact on various aspects of healthcare delivery and employee well-being.

3. Types of Leadership

Collaborative leadership is a valuable skill that enhances the effectiveness of individuals and teams. It involves establishing mutually beneficial relationships with clearly defined roles between multiple stakeholders, all working together to achieve a common organisational goal (Atchison & Bujak, 2001; Okpala, 2018; VanVactor, 2012). This approach to leadership facilitates the sharing of information with colleagues and relevant agencies, enabling them to make informed decisions. Such collaboration helps to improve healthcare management by empowering different stakeholders, promoting the sharing of knowledge and experience, and reducing complexity within healthcare organisations (Al-Sawai, 2013; Chen & Silverthorne, 2005; Perez, 2021).

Collaboration also plays an important role in strengthening interpersonal relationships, creating an environment of trust, and fostering diverse skills for creative problem solving (Uzzi & Dunlap, 2006). In collaborative healthcare leadership, a synergistic working environment is essential, where multiple stakeholders work together to implement best practices. These collaborations foster the development of diverse cultures, promote integration, and establish interdependence among different parties (Manion, 2005; Perez, 2021). In such environments, individuals are guided by shared values, resulting in synergistic working practices where outcomes are greater than the sum of individual efforts (Al-Sawai, 2013).

Distributive leadership aims to create an environment where individuals can build on each other's strengths and address weaknesses across the organisation. This leadership style is characterised as less hierarchical and more collaborative (Al-Sawai, 2013; Berjaoui & Karami-Akkary, 2020; Harris, 2013). A distributive leader embodies interdependent qualities related to sense-making, relationship building, envisioning, and fostering innovation.

In healthcare organisations, which often go through periods of change, distributive leadership is particularly valuable. It helps to understand the impact of change and cultivates a climate of trust in which employees are empowered to generate innovative ideas that contribute to achieving the organisation's goals. This approach recognises that leadership is not limited to a single person or position, but can be distributed throughout the organisation, harnessing the collective potential of its members.

Shared leadership is based on the delegation of tasks and the cultivation of collaborative relationships with the active participation of all employees, especially in healthcare settings (Al-Sawai, 2013; Ospina et al., 2020; Vandavasi et al., 2020; Zhu et al., 2018). It promotes shared leadership, continuous learning and the development of robust working relationships. The essential element of this approach is teamwork, characterised by well-defined team values. Shared leadership involves all staff in the decision-making process, promoting a sense of collective responsibility and ownership of the organisation's direction and outcomes. This collaborative approach recognises the importance of involving everyone in leadership roles and decision making, fostering a culture of shared responsibility.

At the same time, conflict management is a critical aspect of healthcare organisations, yet true collaboration is often limited in practice. Conflict can become a pervasive issue, leading to breakdowns in communication and failures in working practices. Common sources of conflict include individualistic behaviour within the organisation, poor communication, organisational structures and conflicts between individuals or groups. Conflict typically evolves from latent issues that exist below the surface, to perceived conflict when the problem becomes apparent, and finally to manifest conflict, which involves observable behaviour or actions. The aftermath of conflict is the final stage.

Therefore, effective healthcare leaders must adopt appropriate approaches to managing conflict at all stages in order to achieve positive outcomes for all parties involved. Leaders can use various strategies, including competition, avoidance, compromise, accommodation, collaboration, bargaining/negotiation, mediation, facilitating communication, seeking consensus, and promoting a shared vision to facilitate conflict resolution. The choice of strategy depends on the specific situation and the desired

outcome, with the aim of promoting a harmonious and productive working environment in healthcare organisations.

Numerous research studies have shown that autonomous healthcare professionals with direct patient responsibility do not thrive under authoritarian leadership. Instead, effective healthcare leadership should prioritise the cultivation of collaborative relationships through support and delegation. This approach forms the basis for the widespread adoption of the shared leadership model in healthcare. Shared leadership promotes shared governance, continuous learning in the workplace, and the development of productive working relationships. In essence, it recognises the value of collaborative and supportive leadership in the healthcare context and fosters a culture that empowers and nurtures the skills of healthcare professionals.

However, certain barriers can hinder the development of shared leadership, including weak team spirit, high workloads, staff turnover, uninspiring tasks, insufficient accountability, and inadequate goal setting. Shared leadership is an ongoing and adaptive process that requires continuous evaluation to meet the evolving challenges of healthcare (Chen & Silverthorne, 2005). It also requires a positive working relationship between leaders and staff (Vanvactor, 2011).

When organisational and group relationships are cultivated to achieve specific goals, they can influence the practices of both internal and external groups and enhance the group's standing within the organisational hierarchy (A. N. Garman et al., 2011; Mann, 2012). This highlights the wide-ranging impact and potential benefits of shared leadership in healthcare settings.

Effective leadership in healthcare can have a profound impact on the experience of healthcare workers, patient outcomes and the future of an organisation. There are cases when leaders need to exert their influence by:

Generating Enthusiasm for Risky Strategies. Encourage team members to adopt and implement strategies that involve a certain level of risk or uncertainty.

Evolving Underlying Beliefs and Values. Guiding individuals and teams to change their core beliefs and values, often to adapt to changing circumstances or new approaches.

Influencing Decisions through Compromise. Making decisions that may benefit some individuals or groups but potentially harm others.

However, it's important to note that in some cases, leaders who use

such tactics may inadvertently encourage others to engage in unethical behaviour, often described as "crimes of obedience" (Carsten & Uhl-Bien, 2013; Javaid et al., 2020; Johannessen, 2015). This can undermine public trust and have detrimental consequences.

Therefore, an ethical leader in healthcare must have intentions, values and behaviours that prioritise the well-being of all involved and respect the rights of individuals. Ethical leadership in healthcare is guided by principles that seek to do no harm and uphold the dignity and rights of all involved, ultimately fostering a culture of trust and accountability.

4. Complexity of Leadership

Complexity leadership serves as a framework for understanding how to empower individuals and organisations to adapt effectively. This concept is rooted in the theory of complex adaptive systems (CAS), a branch of complexity science that illustrates how systems can increase their adaptability when dealing with complexity. CAS theory finds parallels in various natural phenomena, including neural networks in the brain and the immune system (Covvey, 2018; Gomersall, 2018; Kuziemsky, 2016; Ratnapalan & Lang, 2020).

These natural systems work by facilitating the flow of information from various networked interactions into an overarching 'operating system'. This operating system is capable of receiving, processing and applying the information gathered to enable adaptability within the system. In essence, complexity leadership draws inspiration from these natural models to guide organisations and individuals in becoming more adaptive and responsive in complex environments.

Within complexity leadership theory, this concept is visually represented as the complexity leadership model (Figure 2). This model illustrates how networked interactions facilitate the transmission of novel ideas generated by entrepreneurial leaders. These ideas flow through what is called the "adaptive space" and ultimately enter the operational system. Within the operational system, these ideas are captured by operational leaders, and this process contributes to the creation of beneficial new orders, often characterised as increased adaptability.

The resulting new order can encompass a spectrum of outcomes, including increased efficiency such as cost reduction, or valuable

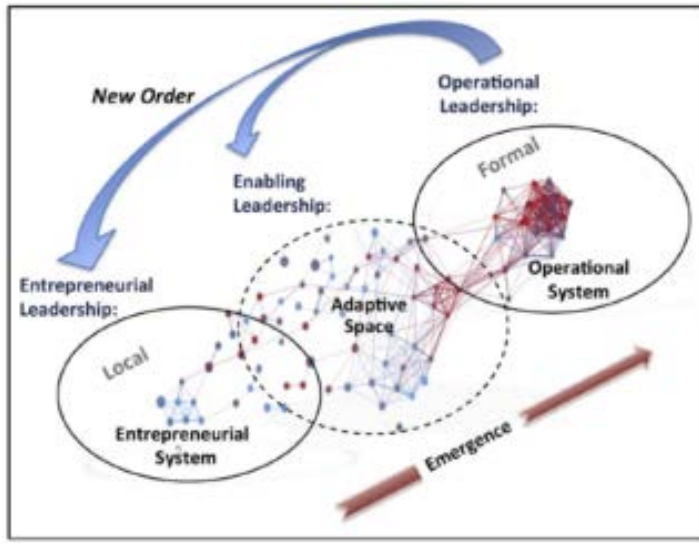

Figure 2. Leadership complexity model (Uhl-Bien & Arena, 2018)

innovations leading to improved health outcomes. In essence, the complexity leadership model depicts the dynamics of how ideas and innovations spread through an organisation to enhance its adaptability and overall effectiveness.

What is unique about the complexity approach to leadership is that it moves away from viewing leadership solely as a managerial function confined to formal leadership positions within hierarchical structures. Instead, it conceptualises leadership as a collective and dynamic process that flows through networked interactions. This perspective requires a radical change in the way in which leadership is understood. Rather than seeing leaders as mere enforcers of top-down directives, they are seen as collaborators who work together to enhance the overall adaptability and resilience of the system.

From a complexity leadership perspective, the role of nurse leaders should go beyond simply ensuring that the system works. Nurse leaders should also focus on improving the functioning of the system by promoting organisational adaptability. They achieve this by facilitating and enabling

adaptive processes within the organisation, thereby contributing to its ability to respond effectively to complexity and change.

The adaptive process is the mechanism by which complex adaptive systems (CAS) maintain their ability to adapt. Central to this process is the concept of tension dynamics – the introduction of tension into a system that catalyses change. Tension creates a sense of dissonance, a feeling of discomfort that drives individuals or systems to seek ways to alleviate this discomfort and restore equilibrium (Marion & Uhl-Bien, 2001).

Systems or individuals that respond to tension by using it to create a beneficial new order are considered adaptive. In contrast, those who attempt to restore equilibrium by eliminating the tension and remaining in a static state are typically maladaptive. They may temporarily maintain stability, but if they persist in resisting adaptation to a changing environment, they will eventually become ill-suited or unfit for that environment.

This dynamic explains why healthcare organisations are undergoing significant change. The healthcare landscape is evolving, and leaders recognise that failure to adapt to these changes could lead to the decline or 'death' of their organisations. Therefore, adaptability is critical to the survival and success of healthcare organisations in a rapidly changing environment.

The transition to network structures is an appropriate adaptive response for the healthcare sector. At its core, complexity is about networked interactions. To deal effectively with complexity in a networked environment, one must harness complexity itself – that is, one network is best equipped to deal with another network.

In this adaptive process, complexity-related challenges emerge from the external environment, forcing the system to adapt. Within the system, individuals may experience tension between those who prefer to maintain the status quo ("order" response) and those who recognise the need for change and adaptability ("adaptive" response).

Complexity leaders play a crucial role in preventing the system from becoming too rigid. They do this by seeing their role not simply as bureaucrats or administrators tasked with maintaining order, but as facilitators of adaptive responses. They aim to facilitate and encourage adaptability within the system, recognising that adaptability is essential in a networked and complex environment.

Enabling leaders play a critical role in promoting adaptive responses by creating the necessary conditions for the adaptive process to unfold. One key condition is to address the adaptive tension that arises from conflict. Conflict represents the natural process that occurs when individuals within a system begin to generate novel solutions in response to the complexities they face. This ideation process corresponds to entrepreneurial leadership – an impetus for novelty driven by the need to innovate.

The need for innovation creates tension in the system because it advocates doing things differently, often in conflict with a bureaucratic system designed primarily for stability rather than adaptability. When conflict arises, the typical response is to suppress it. Nursing leaders may inadvertently contribute to this by failing to act on adaptive ideas proposed by entrepreneurial leaders, by reducing adaptive tensions through intervention, or by suppressing conflict among those trying to generate ideas and innovation.

It's important to note that this response is not necessarily the fault of the nurse leader. It is often in line with what they have been taught or instructed to do. Many nurse leaders see their role as that of managers or administrators within a hierarchical system rather than leaders or facilitators of adaptive change.

Therefore, enabling leaders are crucial in embracing and managing the inherent tensions that arise during the ideation and innovation process, recognising that conflict is a natural part of the journey towards adaptability and transformation.

The second condition for an adaptive process is connectivity during conflict. Connectivity means finding ways to overcome differences and create adaptive solutions. It involves bringing together different agents, such as ideas, information, resources and technology, in a way that leads to the creation of new and beneficial orders. Simply participating in a conflict without further engagement does not produce positive results; it often leads to division and discord.

Thus, in order to effectively generate adaptive responses, a process of linkage must take place. In many ways, this is the most challenging aspect of the adaptation process. It requires skill and creativity to determine how to bring people together, even across conflicting perspectives and differences. Networking involves not only being a facilitator, but also taking on the role of a networking organisation.

5. Challenges and Opportunities

While complexity leadership offers valuable approaches to alleviate the growing burdens faced by healthcare leaders due to increasing workloads and bureaucracy, its implementation can be challenging. One of the most significant challenges is the limited understanding of organisational leadership among healthcare providers. This lack of understanding manifests itself in frustration and confusion when dealing with the disruptive complexities inherent in healthcare, as well as a lack of training and readiness to assume leadership roles in organisational settings (Uhl-Bien et al., 2020).

Healthcare organisations recognise the ongoing need for physician and nurse leadership. However, healthcare providers are primarily trained in medicine, not business or leadership. Expecting them to seamlessly transition into leadership roles is akin to asking business professionals to practice medicine without any training. When healthcare providers are thrust into leadership roles, they often struggle to learn the intricacies of the organisational system while managing their clinical responsibilities. This dual challenge can be overwhelming (Uhl-Bien & Arena, 2017).

Healthcare leadership programmes have emerged as a valuable solution to these challenges. These programmes are proliferating across the country and playing an increasingly important role in preparing healthcare professionals for leadership roles. They come in a variety of forms, including formal degree programmes such as the growing trend of healthcare MBAs offered by universities, as well as more informal continuing education programmes delivered through customised executive education.

Healthcare leadership programmes can also play a key role in facilitating the connecting and brokering aspects of the adaptive process. A common mistake observed in many health systems' attempts to implement leadership change is the tendency to bureaucratise the idea generation process for nurses. Requiring nurses to formally submit ideas, or collecting ideas and passing them through hierarchical channels, is not conducive to the natural flow of the adaptive process (Uhl-Bien & Marion, 2009).

Instead, ideas should be allowed to develop in the local context, especially when faced with the pressures of complexity, and should come from entrepreneurial nurses who have expertise and understanding of health system issues. These nurses are ideally placed to generate, refine and

present ideas to operational leaders. However, entrepreneurial nurses may face barriers to taking their ideas forward, often due to a lack of familiarity with the organisational system.

This is where enabling leadership becomes critical, as it serves to build connections and facilitate collaboration between the right people from both clinical and operational areas. Healthcare leadership programmes can help train and develop these enabling and entrepreneurial leaders. Such programmes educate them on the business and administrative aspects of the healthcare system, enhancing their ability to bridge gaps and facilitate connections across the system, thereby effectively driving adaptive change.

It should also be noted that leaders within academic medical centres are often not adequately prepared for leadership roles. However, they are in a position to influence and select the next generation of leaders. The long-term consequences of this situation are significant, as the failure to adequately develop new leaders can adversely affect healthcare for many years.

Many middle-aged healthcare leaders have reached their leadership positions based on their productivity, research publications, clinical expertise, or excellence in education. Unfortunately, the majority of these leaders never received formal training in leadership. Instead, they acquired their leadership skills by observing role models who excelled in research, clinical practice or education but lacked formal leadership training.

Currently, courses for healthcare leaders tend to be isolated and often taught in the narrow context of medicine. Traditionally, leadership in healthcare has been based on empowerment, i.e., individuals have been given the authority to perform certain roles or services. In the healthcare sector, current leaders have typically distinguished themselves by serving the physician community in positions such as department heads or other leadership roles.

However, today's healthcare landscape demands a shift in models of care that place the patient and the broader community at the centre of medical practice. Historically, physicians have responded to health problems presented to them primarily by "fixing" those problems. This approach involves providing technical solutions when the problem is obvious (e.g., a patient has diabetes) and the solution, implementation (e.g., prescribing

insulin) and responsibility (e.g., the doctor prescribes and the patient takes insulin) are clear (Arroliga et al., 2014).

The coming shift in healthcare requires a move away from this reactive approach and towards the prevention of chronic disease and the promotion of population health. This shift emphasises proactive strategies to maintain and improve the well-being of communities, rather than just treating individual health problems as they arise.

Many of the challenges facing the healthcare system require an adaptive approach. These challenges are complex and require careful examination in order to define them accurately, identify solutions and implement them effectively. As suggested by scholars Porter and Teisberg, the ultimate remedy to the national health challenge lies in improving the value of care provided, which is the ratio of quality to cost. Achieving this increase in value will not come from external influences, but will require physicians to change their approach to medical practice (Porter & Teisberg, 2006, 2007).

In essence, addressing complex healthcare issues requires an adaptive response with a primary focus on improving the value of care, and this transformation will depend primarily on changes by physicians in the way they practice medicine.

Traditional medical education often produces doctors who are used to working independently. However, contemporary healthcare, both in patient care and in healthcare institutions, increasingly relies on collaborative teams. This shift is driven by the sheer volume of knowledge generated over the last three decades, which no individual can efficiently process alone (Arroliga et al., 2014).

Several aspects of medical training may not encourage or support teamwork as described by Stoller. These include the hierarchical and lengthy nature of medical training (internship, residency, fellowship), assessments that primarily evaluate individual performance (licensure, in-service and board certification exams), the extension of clinical authority into non-clinical areas (such as being the first to enter a hospital elevator), and a training approach that often focuses on identifying and solving problems (often referred to as "deficit thinking") (Stoller, 2009).

In essence, the traditional model of medical education tends to foster a sense of individualism and self-reliance, which can be a challenge when transitioning to a more team-based approach to healthcare.

6. Conclusions

The analysis allowed to identify the most critical challenges that negatively affect the overall performance of healthcare organisations, namely:

Rising Healthcare Costs. Rising healthcare costs are a major challenge for managers. Healthcare costs affect patients' access to care and the financial stability of healthcare organisations. Managers must find ways to control costs without compromising the quality and safety of patient care.

Patient Safety and Quality Improvement. Patient safety is of paramount importance in healthcare. Leaders must ensure that their organisations maintain the highest standards of care to prevent medical errors, adverse events and patient harm. Quality improvement efforts are essential to continuously improve patient outcomes and experiences.

Healthcare Workforce Shortages. A shortage of healthcare workers, including nurses, doctors and support staff, can put strain on healthcare organisations and affect the quality of care provided to patients. Managers must develop strategies to attract, retain and support a skilled workforce to meet the growing demand for healthcare services.

Regulatory Compliance. Healthcare organisations are subject to a complex web of regulations and compliance requirements. Failure to comply with these regulations can lead to legal consequences, fines and reputational damage. Leaders must navigate this regulatory landscape to ensure both patient care and organisational sustainability.

Health Information Technology (HIT) Challenges. Implementing and managing health information technology, including electronic health records (EHRs), can be challenging. While HIT has the potential to improve patient care and increase efficiency, leaders must address issues related to interoperability, data security and usability of these systems to maximise their benefits.

These challenges are critical because they directly affect the quality of healthcare services, patient outcomes and the overall sustainability of healthcare organisations. Effective leadership is essential to addressing these challenges and ensuring that health systems continue to deliver high quality, accessible and cost-effective healthcare to patients and communities.

In addition, the following key potential opportunities in healthcare leadership were identified:

Innovations and Integration of Digital Healthcare. The healthcare industry is undergoing a digital transformation, which is opening up

opportunities for leaders to innovate in telemedicine, wearable healthcare technologies and data analytics. Effective integration of digital healthcare solutions can improve patient care, increase access to healthcare services and streamline operations.

Value-Based Care Models. The shift from fee-for-service to value-based care models is an opportunity for leaders to focus on outcomes, cost-effectiveness and patient satisfaction. Implementing value-based care can lead to better coordination of care, lower healthcare costs, and improved population health.

Population Health Management. Health leaders can play a central role in implementing population health management strategies. This involves addressing the social determinants of health and promoting the prevention and management of chronic diseases at the community level. Successful population health initiatives can improve overall health outcomes and reduce healthcare costs.

Interdisciplinary Collaboration and Team-Based Care. Encouraging teamwork and collaboration between healthcare professionals, such as doctors, nurses, pharmacists and therapists, can improve the quality and safety of patient care. Leaders who foster a culture of collaboration can reduce medical errors, improve care coordination and optimise resources.

Data-Driven Decision-Making and Analytics. The healthcare industry generates huge amounts of data. Healthcare leaders can use data analytics and business intelligence tools to make informed decisions, identify areas for improvement, and monitor performance. Data-driven insights can lead to better patient outcomes, optimised operations, and cost savings.

These capabilities are important because they enable healthcare leaders to innovate, improve patient care, increase efficiency and adapt to new and evolving healthcare models and technologies. Effective leadership in these areas can lead to better health outcomes, increased patient satisfaction and a more sustainable healthcare system.

Recommendations for future studies:

Leadership in the Digital Age. This area is crucial as healthcare increasingly relies on digital technologies, including electronic health records, telemedicine and data analytics. Understanding how leadership practices must adapt to take advantage of these technologies while ensuring patient privacy and security is essential to the future of healthcare.

Healthcare Disparities. Future research in this area can help health leaders understand the root causes of inequalities and develop strategies to address them. This is important for achieving equitable access to healthcare and improving health outcomes for all populations.

Patient-Centered Leadership. Patient-centred healthcare is associated with increased patient satisfaction, adherence to treatment and improved health outcomes. The study of patient-centred leadership can provide insights into how leaders can develop a culture that prioritises the needs and preferences of patients, leading to higher quality care and a better patient experience.

Interdisciplinary Collaboration. Collaboration between healthcare professionals from different specialities is vital to the delivery of comprehensive healthcare. Future research could examine leadership practices that promote effective interdisciplinary teamwork, improve patient care, reduce errors, and increase overall healthcare system efficiency.

Ethical Leadership. Ethical dilemmas in healthcare are common, and leaders must navigate them with the highest ethical standards. Research on ethical leadership can help leaders develop the skills and structure needed to make ethical decisions while ensuring that the best interests of patients and the organisation are served.

These recommendations reflect critical areas for future healthcare leadership research. By addressing these themes, researchers can contribute to the development of effective leadership practices that will ultimately benefit patients, healthcare professionals, and the healthcare system as a whole.

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