ORIGINAL ARTICLE

PERCEPTION OF LEADERSHIP AMONG HEALTH MANAGERS WORKING IN TERTIARY LEVEL HOSPITALS

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Background: Rapid growth of medical knowledge has created major changes in technology which in turn has created greater demand of the client for better health services, and health sector is constantly under pressure of great internal and external demands. Quality of services, largely depend on to what extent managers are well versed with the concept of evidence based management, team and group approach in achieving organizational objectives. Making an effective health system, addressing the double burden of diseases coupled with resource crunch in developing countries is a big challenge for policy makers and health managers. Comprehensive concepts and application knowledge of leadership is very important for health managers in the present day in order to get best output that satisfies all the stake holders. Present anthropological study was done to assess the perception and knowledge of leadership among the health managers working in tertiary level hospitals. **Methods:** This qualitative study was conducted in two public sector tertiary level hospitals of Lahore chosen randomly out of a total of seven such hospitals in the same city. Convenient sampling technique was used. Observation and in-depth interviews were conducted for data collection. Open ended questionnaire on the lines of MLQ was used. One main domain of leadership was developed and categorisation of the themes was done in the two evolved categories of transformational and transactional leadership. **Results:** In the domain of leadership 10 of the health managers showed positive themes for transactional leadership, 6 showed positive themes for transformational leadership, and still 1 health manager showed overall negative response for the concept of leadership; he was totally in favour of dictatorship. **Conclusion:** Health managers with degrees in management/administration had better concept about the key idea of leadership and its variables. Female health managers were more inclined towards transformational leadership behaviour.

Keywords: Transformational leadership, transactional leadership, health managers

INTRODUCTION

Leadership in health care is defined as: A leader is an individual who is able to demonstrate a specific set of role behaviours to influence the attitude and behaviours of others. It is usually a group phenomenon. Two specific aspects of being a leader are: a) the individual attributes or styles needed to be an effective leader, b) the organizational skills required to manage the process of change.[1]

Historian James Macgregor Burns for the first time coined the two terms transformational and transactional leadership in 1978. Transformational leadership is aligned to democratic forms of leadership. This involves leaders and followers engaged in a common aim. It is a leadership style based upon embracing change and encouraging innovation. Such leader's behaviour does not depend upon an exchange of commodities between leaders and followers.[2] Transformational leaders operate out of deeply held personal value system that cannot be negotiated or exchanged between individuals. By expressing these personal standards, such leaders amalgamate their followers, but, more importantly they can change their followers' goals and beliefs. Such leaders achieve it in four distinctive and definite ways, also called as four pillars of transformational leadership: Individual consideration, Intellectual stimulation, Inspirational motivation, and charisma.

On the other hand transactional leadership might have been called in the past the 'top down approach' or autocratic leadership.[3] It is an exchange process based on the fulfilment of contractual obligations and is typically represented as selling objectives and monitoring and controlling the outcomes. It is comprised of following three factors: Contingent reward leadership-constructive transactions, Management-by-exception active-active corrective transactions, Management-by-exception passive-passive corrective transactions.[4]

Leadership roles in health care are as following: a) teaching b) inspiring confidence c) empowering d) improving performance-supporting reflection/clinical supervision e) rewarding and recognising individual contributions f) recognising the needs of the service from clinically based environment g) leading and developing services.[5]

Transformational leadership utilises the tool of giving encouragement as a strategic technique in order to build an environment that affects the building of an effective team work, thus, gaining momentous productivity. Such leaders has the ability to collectively

move the health provider team as a work force, can motivate co-operation between all the departments/team members/hospitals. Yet as health care organizations experience high pace of changes, high uncertainty and turbulence of hospital environment will probably conduct the emergence of transformational leadership.[6] Leadership is related to the success of the group.[7] Transformational leadership is associated to the behaviour of the staff, influences the performance and quality production, supports organizational environment, job satisfaction and much more. Transactional leadership links mostly to the performance of the staff/team members, i.e., related to the implementation and execution of policies. Success of an organization is not influenced by its organizational structure, rather unique competencies of the people. Condition for the success of health care reform is good change management, which is obtaining the participation and co-operation of all partners in this process. Leaders in health care organization have to deal with not only the dispersion of power but also presence of decision making and developing of long term strategies. Leaders often have to work with stake holders from different institutional spheres who have different views, interests and values.[8] Development of trust and value congruence among leader and follower is very important, and without this factor the impact of transformational leadership is not fulfilled to its utmost. When personal values and goals of the workers are aligned with those of the leaders there is harmony, satisfied work environment, goals and aims can be achieved, maximum quality output is given by team members. Transformational leaders increase followers' trust levels by showing concern for their personal needs, honouring agreements, demonstrating the capability and persistence to achieve the vision. They will have positive effect on followers' trust, value congruence and performance.[9] It is the transformational leader's frequent empowerment and encouragement of followers to make their own decision that can also build trust in the leader.[10] Workers were more satisfied and committed when their personal values were congruent with the values of their supervisors.[11] Being a role model and showing respect for the followers' needs/abilities and aspirations, transformational leaders become more admired, respected and trusted overtime.[12] Such leaders addresses follower's motives by encouraging them to consider the moral and ethical consequences of their actions and goals, above and beyond satisfying their self interests.[10] Problem identified in health sector in the past researches and still prevailing is: 'giving encouragement is not considered a high priority by health care leaders'.[13] Researcher in one of the study had discussed that giving encouragement to the working health care professionals and appreciating their output definitely improves future productivity levels. Focus of this article

was to assess the perception of health managers in relation to the key idea of leadership and its variables, with emphasis upon knowledge, experience and opinion. Present study will definitely open avenues for further researches in this area.

MATERIAL AND METHOD

This qualitative study was conducted in two public sector tertiary care hospitals in Lahore. Using convenient sampling technique was 17 willing health managers including one Medical superintendent (MS), 9 Additional Medical superintendents (AMS), and 7 Deputy Medical superintendents (DMS) were enrolled in the study. Inclusion criteria were set at health managers working at decision and policy making level and work experience of more than three years at one managerial post. Exclusion criteria included health managers at the supervisory level and those who had taken part in a research study in the past two years. MS and two DMS of a hospital did not consent to participate in the study. Data was collected by the researcher herself through observation and in-depth interviews. Voice recording was planned initially to record the interviews but due to refusal by all respondents this idea was dropped. In-depth interview was used to assess the perception of leadership by using a well designed questionnaire prepared on the analogy of Multifactor Leadership Questionnaire.[14] Data was collected in one month time period. In the domain of leadership, themes were developed upon two variables, i.e., transformational leadership and transactional leadership. Categorisation of the responses in the domain of leadership was done in a flexible manner, and emerging themes and categories were noted. Consistencies and dissimilarities were categorised. Analytical objectives were: A) to assess the perception of health managers in relation to the key idea of leadership. B) to describe and explain the relationship of responses to different questions in order to develop themes/patterns in the main domain of leadership and to describe any other variation that emerged during the in-depth interview.

Recruitment strategy adopted for the study was to take help and direction from one of the health manager amongst the administrative team in order to get the contact numbers of the participants. Prior permission from the head of the institution was taken and the confidentiality of the data was ensured to all participants. Informed oral consent was taken from each. Researcher followed the procedural steps as: open ended in-depth interview was carried out and extensive field notes were taken with his/her permission. After completing each interview day, the researcher used to put down all the responses on paper in greater detail. Each interview took approximately one and a half hour with unavoidable interruptions in between. Medium of communication was English mostly but at one or two

occasions Urdu was also used. Documentation if the interview was the most important part of data collection as it had to be done at the end of each day so as not to miss any detail from going into black and white. In-depth interview with each respondent started with questions about general bio data and then building onto the core concept of the study. Data analysis was done with the evolving themes and patterns in the main domain of leadership with its variables. All themes and patterns were explicitly penned down. Consistencies and differences were categorised among the participants with explanation of any variation.

RESULTS

Among the 17 participants, 2 (11.8%) were female health managers. Nine health managers had their postgraduation in management/administrative qualification (MPH, MHM, MHA, DPH, and MBA), and 8 of them had management experience of more than 10 years. Health managers with management/ administration degree showed positive leadership themes through their knowledge, experience and opinion. Present study found that majority of health managers of one hospital showed greater tendency and positive themes towards transformational as well as transactional leadership behaviour; and at most places these themes were supported by their work experience as well as the results that occurred due to application of such concepts. Whereas in the second hospital health managers showed more inclination towards transactional leadership behaviour and very few showed themes of transformational leadership, but were unable to support with work related experience and results. One health manager in the same hospital had strong leaning towards dictatorship and still one of them did not show any positive theme at all for leadership; rather he did not have any clear and defined concept of leadership. Knowledge, opinion and perception about leadership were assessed through two main variables: transformational leadership and transactional leadership.

Transformational leadership:
Knowledge and opinion about transformational leadership was assessed through open ended questions about importance of having a collective mission, motivation of team members in giving performance beyond expectation, projecting you as a role model, individualised consideration in having different needs/ abilities and aspirations. Responses from health managers of both the hospitals are described in Table-1.

Transactional leadership:
Knowledge and opinion about transactional leadership was assessed by asking different open ended questions like: provide assistance to others in exchange of their efforts, wait for things to go wrong before taking action, avoid taking decision or not, involve yourself when

important issues arise. The concepts/themes highlighted by the health managers of both hospitals are described in Table-2.

Table-1: Leadership (Main Domain): Themes developed for transformational leadership

Ganga Ram Hospital	Lahore General Hospital
Taking along team members	Vision and anticipation
Comprehensive long term planning	Motivator
Individualised consideration	Control and lead
Need assessment and prioritisation	Dictatorship
Personal motivator	Charisma
Change in thinking	Initiative to take risk
Problem solving approach	No disparity between preaching and practice
Long term vision	Interaction and communication
Harmonious working relationship	Encouragement and appreciation
Effective communication skills	Incentives
Decision making power	Preserve self respect of others
Well defined goals/targets	Take along team members
Flexibility	Trust upon each other
Collective mission development	Supportive to followers
Charismatic personality	Collective mission enhances output
Accountability	Decentralisation
Encouragement	Work life balance
Incentives	Preserve dignity of profession
Performance assessment	On- job leadership training programs
Friendliness with team members	Work facilitation
Tolerance	Honesty and punctuality
Practice what you preach	Individualised consideration

Table-2: Leadership (Main Domain): Themes developed for transactional leadership

Ganga Ram Hospital	Lahore General Hospital
Enhancement of efforts	Increases output
Enhances motivational level	Enhances efforts
Flexibility	Satisfied workers
Look after personal needs	Indirect judgment of the employee's performance
Preplanning	Practice preventive approach
Backup plan roll down	Avoid reactive management
Farsightedness	Constant inspection/monitoring
Situation analysis	Limitations for government employees
Never avoid decision making	Take suggestions
Take suggestions	Stand up to the consequences of his decision
Critical thinking skills	Good listener
Communication	Situation analysis
Never avoid to involve yourself in important issues	Must never avoid self involvement
Must not involve in an imposing manner	Personal involvement gives a better picture of the situation
Must involve with issues in his domain of authority	Must involve with issues in his domain of authority

DISCUSSION

Present study found that health managers with management/administration degree showed positive leadership traits for both transformational and transactional leadership. Leaders are transformative where as managers are transactional.[15] It is consistent with a previous study in which the researcher argued that organizations need both leadership and management but they are different.[16]

Good medical leadership is becoming increasingly vital to the provision of high quality health care. Leadership development should be an essential component of the education of all medical staff. Doctors must not only be strong academically and clinically but must begin early in their careers to develop a set of knowledge, skills and behaviours that will enable them to engage and lead in highly complex, rapidly changing environments. This will not occur by accident, but must be the responsibility of every individual doctor, the organization they work in, and the system as a whole.[17] The interest in leadership is very evident in public sector. Health is no exception to this interest, where leadership is seen as central to improving the quality of health care and the improvement of organizational process. There are several reasons why leadership needs to be taken seriously: there are new challenges in health care, there are new health goals, expectations of patients/carers and communities are shifting, new techniques and technologies in health care, requirement of new ways of working with in and across teams, organizations of health care are changing.[18] In the health field, Goodwin argues for a definition of leadership based on a system-wide view: "Leadership is a dynamic process of pursuing a vision for change in which the leader is supported by the two main groups: followers within the leader's own organization, and influential players and other organizations in the leader's wider, external environment".[19]

By virtue of observation researcher found that environment in one of the hospital was more calm, composed, systematic and streamlined. This feeling was augmented while doing in-depth interviews with the managers and researcher found that the MS of the hospital has provided a progressive environment to his health manager managers where they could practice new ideas of leadership and get good results. Such efforts were duly acknowledged by the superintendent. By contrast the other hospital projected a look of chaos and confusion from the very top level to the junior-most health manager. Administration offices were a picture of utter confusion, mismanagement and casual attitude of the health managers. There was lack of a progressive environment and *status quo* sort of situation was more than welcomed in all the offices.

Sub-themes developing in the category of transformational leadership are consistent with the theoretical concept of transformational leadership which is clearly defined in the introduction part. Sub-themes of individualised consideration, accepting each individual with separate needs and aspirations is consistent with a previous study in which the researcher said "knowing your followers' needs and raising them to more mature levels (and using) delegation to provide opportunities for each follower to self actualise and to attain higher standards of moral development".[20] Another sub-theme

in this category of incentives/encouragements/appreciation is well supported by a previous study which states that transformational leadership behaviour utilises this tool of encouragement and appreciation as a strategic technique in order to build a work climate which, in itself is able to liberate the quality work. Such technique and work environment affects the building of an effective team work, thus gaining momentous productivity.[13]

In health field, numerous situations have been undertaken with nurse managers, but fewer studies have been undertaken with doctors, or with health service managers.[21] In a health sector study two nursing groups were taken, one was empowered with the stimulating practices of decentralisation and critical thinking by themselves; whereas the other group was regular and dependent working group. Researcher moved a hierarchical, centralised, prescriptive, largely dependent nursing division to a contemporary professional staff that was self-directed, decentralised, independent and driven by critical/strategic thinking. The vision extended to the belief that an empowering nursing practice environment would bring out the best in people, concentrate on meaningful systems building, support risk taking and innovation, focus on results and rewards, offer professional options and treat all people with dignity and respect.[22] These findings support the sub-themes of long-term vision, taking along team members, preserve self respect of others, and well defined targets/goals in the present study.

In this study emergence of sub-themes such as satisfaction of stakeholders, individual importance, encouragement/motivation, fulfilment of professional needs are same as the concept given in leadership theory and practice: transformational leadership in managers is the ability to get people to want to change, to improve and to be led. It involves assessing associate's motives, satisfying their needs and valuing them.[23] Further knowledge and opinion of health managers upon transformational and transactional leadership through their ideas upon effective communication skills, collective mission, leader acting as a role model, decision making power, involving themselves whenever an important issue arises, initiative to take risk, are all strengths of the present study.

Present study also highlights that one hospital where the superintendent as well as rest of the health managers team showed positive themes for both categories of leadership in an encouraging and progressive environment, was thriving more and satisfying the stakeholders compared to the other hospital in our study. It shows that both transformational and transactional leadership behaviour is important for an organization in health sector; this strengthens our study. Present study also found that female health managers had a more holistic approach towards their

team members by looking after their personal needs, work facilitation and encouragement. They strongly stand by the fact that personal needs, problems and aspirations of the workers must be met duly within the limits in order to have a satisfied work force. This finding is consistent with a previous study where the researcher had found that women tended to be more transformational than men who tend to be more transactional. She argued that women encouraged participation in power and information, and sought to enhance the status of the employees.[24] Women are more transformational and therefore more likely to make effective leaders.[25]

CONCLUSION

Health managers with clinical background have limited knowledge and opinion about both categories of leadership. Health managers with prolonged work experience at administrative/management posts coupled with higher management degrees showed more positive themes for transformational and transactional leadership. Their perception was shown through their knowledge, opinion and experience. Female health managers were more inclined towards transformational leadership behaviour.

RECOMMENDATIONS

Criteria must be made for the postings of health managers, with administration/management and further qualification in the relevant field. On job refresher courses/leadership behaviour training modules, postgraduate studies in management must be made mandatory for the promotion at managerial levels till the top hierarchy in health sector in order to develop leadership skills. Giving incentives/encouragement/ rewards in public sector must be incorporated as per government policy in order to develop team work at a broader scale. Moreover health sector must be led by visionary transformational leaders who are able to take along the team members at each and every level and are able to give personal motivation at all levels. Women must be brought forward in the higher hierarchy of the hospital and health sector as they tend to have more transformational leadership traits. However, further study is suggested to reach a better conclusion.

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