



Leadership in Healthcare; Navigating the Tumultuous Waters of Ongoing Change: A Narrative Summary of Reviewed Studies

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Abstract: This article reviews the literature that exists about leadership in healthcare and the best ways for leaders to traverse the changing world of healthcare. Healthcare has entered an age marked by continuous changes and a disruption of current conditions. We need competent, well-trained leaders for this time. Several changes in healthcare are defined, especially those which led to changes and/or perceptions by healthcare organizations and leaders. This article addresses that question, without giving a decisive decision. This article reviews backgrounds of leaders over the last one hundred years and looks at the behavior of such leaders. From Florence Nightingale as a servant-leader to those who lead today with more challenges of our systems and regulations but can inspire, motivate, and set goals for others in the organization. Assorted styles of leadership are examined, with some pros and cons needed for today. Increasing the responsibilities of physicians has been a recent development over the last few decades, but are physicians in the best place to lead? There are long-time successful healthcare leaders over organizations, and it may depend upon the organization and its patients. Many factors have caused changes and leadership styles in healthcare over the ages, and we review those in this article. The article is examining literature that may guide us toward the best choices we can make for healthcare leadership.

Keywords: Healthcare Leadership history, leadership styles, role of the physician, change management, patient expectations, patient satisfaction

1. INTRODUCTION

The healthcare industry is undergoing continuous and often changes that occur quickly. Some of the reasons for the rapid change include technological advances, federal and other regulations, mergers, or acquisitions by large healthcare organizations, like the Hospital Corporation of America (HCA) change. This paper explores the significance of effective leadership, analyzes the diverse types of leaders necessary in a time of ongoing transitions. Covers the ongoing growth of Physician executives and analyzes whether this is a strategy for most healthcare organizations in the future. Leadership strategies are recommended for leaders to consider using to assist with the challenges faced.

2. METHODS

A narrative summary is the method used for this article (Khangura et al., 2012). The author searched over forty different databases for peer-reviewed English language articles describing examples of history of leadership, history of leadership in healthcare, types of leadership in healthcare, factors that lead changes in redefining roles, especially with physicians. The author did a search based on an overview of the evidence that is available on the topic. This included databases and search engines such as the following: Google Scholar, American College of Healthcare Executives, Frontiers of Health Services Management, ProQuest, PubMed, J-Gate, Gale OneFile, EBSCO, Health, and Medicine (Gale OneFile), Leadership and Management, Sage Premier, and Wiley Online Library. While all of these were reviewed and searched, articles that were not added to the review, were not applicable or used.

3. FINDINGS

3.1. Background of Leadership in Healthcare and Healthcare Issues

It was in 1854 when British troops were suffering from cholera after battle with the Russians and it was Florence Nightingale who went to assist with the care of the soldiers (Sheingold & Hahn, 2013). Six months after she and a group of nurses arrived, the death rate of the soldiers reduced from almost 43% to just over 2% and thus an early start in quality improvement (2013).

Only seven years later, another early leader in healthcare emerged. It was Clara Barton, a volunteer who worked during the Civil war, who used some of the same techniques that Nightingale used to help care for soldiers (Oats, 1995). In that effort, Dr. Elizabeth Blackwell, the first female to graduate from medical school in the U.S. assisted Barton and one could say was the first female healthcare leader (1995).

Louis Pasteur is best known for the process of pasteurization, which he originally introduced to allow for the sterilization of wine and made safer by his process in 1858 (Cavaillon, 2022). Pasteur also established the theory that infectious diseases were caused by germs, which led to the antiseptic practice in surgery (2022). In addition, Pasteur created four vaccines, including those for cholera, anthrax and rabies and collaborated with a close colleague Charles Chamberland with work that led to the design of the autoclave (2022).

Jonas Salk, who discovered the vaccine for polio in 1955 was known as a leader in healthcare (Jacobs, 2015). Alexander Fleming is best known for the discovery of penicillin, which was called “the Wonder Drug” since the discovery in 1928 (Bennett & Chung, 2001).

As has been chronicled here, many of the healthcare leaders from the 1800’s were providers. As we moved forward in time, many of the recognized leaders came from Hospital Systems and for the vast majority were not physicians. The reemergence of the physician executive began to take place during the 1980’s (Smallwood & Wilson, 1992).

Managed care has been a major factor, as well as others, moved decision making away from patient care (Letourneau & Curry, 1997). To regain being close to patient care has been a major reason for more physicians moving into management (1997). Many issues need physician involvement that face healthcare organizations today, as the physician can achieve negotiation space between other physicians and management and help with communication and understanding (Guthrie, 1999). Physicians have a different perception of issues than other healthcare executives, which requires them to have talents needed by leaders (1999).

Physicians, who are mainly clinical, must transition into a leadership role and need training that allows them to succeed (Blanchard, 2017). Many times, they are given leadership positions due to their success in their careers (2017). Studies have shown that physicians transitioned into leadership roles will be more likely to succeed if they utilized the transformation style (Perez, 2021). This leadership style leads to higher job satisfaction, better retention, and commitment to an organization (2021).

When an organization decides to transition to one that involves leadership succession for physicians, it is one that works better if planned, and has well defined roles (Lancaster, 2020). Table 1 from Sheingold & Hahn (2013) shows a progression of “tipping points” of innovations in healthcare, along with the year, the person most responsible and the year in which it occurred.

3.2. Background of Types of Leadership in Healthcare

Since the beginning of medicine, there have been leaders usually seen as charismatic but often had the personality of ruthlessness and even arrogance (Kumar & Khiljee, 2016). Decision making had to be timely and this perception of dictatorial type of leadership was not understood by many. This is not a reasonable form of leadership in today’s world (2016).

A brief history of the different type of leadership begins in the late 1800’s until about 1930 and featured the theory that leaders are born not made and called the “Great Man” and was consistent with the idea that qualities of leadership passed down between generations (Klingborg et al., 2006). The 1940’s looked at why people are motivated to lead and in the 1960’s there was focus on how people

are influenced by common goals and those that could lead that effort (2006). From the 1970's until today, leadership has analyzed different qualities and attributed terms like transformational, servant-leadership, collaborative, and vision-oriented (2006).

In times of chaos and changing environments, the trait of promoting familiarity to staff and employees is critical (Kalina, 2020). Some traits that are frequently found in many healthcare settings during change include frequent communication from leaders, a sense of calmness, stableness, trustworthiness, along with being decisive (2020).

The purpose of a leader in healthcare is defined as someone who can inspire the multiple members of an organization to work together to deliver the mission of excellent patient care, pursuing improvements in care, as well as managing an efficient and effective operation (Bass, 2019). Effective healthcare leaders often have personal traits of optimism, integrity and humility and have a commitment to choose decisions properly (2019). Healthcare leadership has also been defined as the ability to influence, with effectiveness and ethics, others for the benefit of patients and different populations (Hargett et al., 2017).

Charles Darwin has been given the credit for saying "It's not the strongest of the species that survive, or the most intelligent, but the one most responsive to change." While this quote has controversy around its origin, it is still a meaningful thought to healthcare and the leaders of the multiple different sectors. During these times of tremendous change in healthcare, it does appear that the transformational style of leadership is optimal. Within that style, the leader has many options to make it his or her individual style

3.3. Leadership Styles Appropriate for Physician and Other Healthcare Leaders

Leadership is said to involve the leader, the follower, and the situation (Goethals et al, 2004). Leadership, according to Gandolfi and Stone (2017) must have goals and objectives in an overall action-oriented style. A few leadership styles can be utilized in healthcare and will be discussed in this article. These include laissez-faire, transactional, transformational, and authentic leadership (Perez, 2021).

The laissez-faire style presents a hands-off approach and the freedom to work with minimal interference is allowed for the employees (Sfantou et al., 2017). Transactional leadership is also known as achievement-oriented, and the style is assignment-focused. Transactional leaders function as if all employees are incentivized by rewards and penalties (Cummings et al., 2018).

A preferred style of leadership by many is the transformational style which attempts to improve relationships between leaders and subordinates (Gabel, 2013). Transformational leaders, according to Gabel (2013) have four elements, with those including a) influenced, b) inspirational motivation, 3) intellectual stimulation, and 4) consideration for the individual. The transformational form of leadership provides an environment where employees are motivated to work toward the goals of the organization and have a strong relationship with job satisfaction (Perez, 2021).

Authentic leadership requires leader insight, a transparency of leadership and the organization, and beliefs (Cumming et al., 2018). This form of leadership is strongly related to the outcomes of improved behavior and attitudes of staff and outcomes and can look like transformational leadership (2018). There are other models that may combine two or more of these strategies, but these styles are most prevalently discovered in this review.

3.4. Factors Causing Change in Healthcare

A plethora of changes have led to the assessment of healthcare leaders. Some of these include a) financial payment models that reward health care organizations for excellent and at a lower cost, b) the shift from a volume-based to a value-based system, c) focus on managing population health and wellness, and d) the emerging trend of shared risk (including capitation and bundled payment) strategies (Angood & Birk, 2014).

Studies show government-owned hospitals are declining and nonprofit hospitals have been increasing over time (Goodrick et al, 2002). Along the same lines, specialty hospitals have decreased while the specialist organizations have increased in numbers (2002). We find ourselves from a volume-based focus to one of value based delivery and one physicians have shown to normally be better prepared for during this change (Bloom, 2013).

There has been a change in the delivery of healthcare. Some of these include urgent care centers, retail clinics, telemedicine, prevention and promotion of healthcare both in specialized clinics and physician offices, rehabilitation (now for the vast majority of time is a separately owned entity), mental health facilities and/or personnel have been delegated to other entities or personnel on the frontline, and that the in-person health care is now delivered by non-physicians, such as Physician Assistants or Nurse Practitioners (Sultz & Young, 2006).

Change can be found in many organizations, but probably none more than healthcare. Healthcare organizations have been outside forces to change, such as aging population, increasing chronic illness, the SARS-Cov-2 pandemic and of course the Pandemic that began in 2020 (Millella et al., 2021)

Patient expectations continue to increase in all healthcare. It is the belief of what should be the interactions with patients and reactions to this interaction can range from extremely satisfied to disappointment or even anger (Lattef, 2011), This must be learned to manage effectively and while even reading body language of the patient. Often the patient will not complain, but instead just not return and emphasizes the necessity of reading body language (2011).

Recently, artificial intelligence has begun to impact the healthcare industry. It does seem to be clear that artificial intelligence (AI) will help providers improve their care and operations (Lee & Yoon, 2021). AI adds quality and improvements in several arenas. Some of those include improved diagnosis and treatment of patients, along with estimates of savings of \$150 billion in annual savings for the U.S. by 2026 (2021).

Some of the more concerning challenges include privacy concerns, data integrity, cyber-security, responsibility of medical errors and risk of system failures to mention a few (Lee & Yoon, 2021). Ethical issues are also a real concern because AI technologies may threaten patient desires, safety, and human values (Rigby, 2019).

In this new age of AI, many industries are seeing changes in leadership roles and there is some evidence of the loss of managerial control (ABI research, 2018). In the past, the hospital or physician's office was a place to be treated by doctors and nurses, but today good health is more associated with healthy living habits (2018). Preventative medicine has become vital, and AI can assist with the elimination of barriers (2018)

As leadership had to change with the Electronic Medical Record's issue, many who feared for their job security saw instead a transition to a new role and learning, so it is with AI. Radiologists may decline if AI systems become primary, but then they can transition into new positions such as one who merges medical science and information communications technology (ICI) which will be more important (Davenport & Dryer, 2018).

3.5. Transforming Health Care

In looking at how leaders can best lead, an analysis of how, why, and what a transformation in health care should be is important. Leape et. al. (2009) speaks of a vision in healthcare and voiced the opinion that healthcare must be transparent, include a platform that provides integrated care, engages the consumer and patient, and conducted in an environment that brings true meaning and joy to the work and is current in medical education reform. If we do not transform health care to meet the changing environment, which includes higher costs and unsustainable growth, without increasing quality proportionately, will result in the unaffordability for employers, state and federal budgets and patents (Salmond & Echevarria, 2017)

Leape et. al., (2009) goes on to explain the platform of integrated care must include patient centeredness. Patient centered as well as a proper work assignment, having a good support system of people and tools, being linked to the community, open to variation in management and transparency in both the input and output of delivery processes (2009).

Integrated health care is defined differently, including a definition by Goodwin (2016) containing verbiage of health services that are managed so patients receive an on-going care of health promotion, disease prevention, diagnosis, treatment, disease management, as well as rehabilitation and palliative care. A fully integrated care has been shown by evidence that the more severe the need of the patient, the more effective way to treat is through integrated care (Curry, 2010).

Another necessary transformation component is embracing the digital age. Healthcare has accepted digital transformation in Electronic Health Records, telemedicine, analytics, data security, and a virtual point of care (Watson, 2016). Digital markets, while important for competitiveness, can also exploit labor. Labor is being replaced by artificial intelligence (Mazibuko-Makena, 2021).

Leaders in healthcare must be nimble to adjust to the continuing environment of change and innovation is both critical and necessary to transition quickly. Healthcare leaders must innovate with a patient-centered process, which has led to Agile Innovation, and has created a process that succeeds three times more than companies who did not use (Holden et. al., 2021). Agile Innovation's eight steps, which can be found in figure 4, use best practices, along with design thinking and project management skills (2021). It must be understood if a Healthcare leader does not have the discipline, the resources and works in a safe psychological environment, then the results will likely be less than desired (2021).

Another Finding is the growth of physician executives over the last four plus decades. The American College of Physician Executives, now known as the American Association of Physician Leadership, began in 1975 to focus on offering education for physician leaders, along with management training and career development (Physician Leadership Association, 2023). Table 2 shows the incredible growth over their first decade of membership. Since 1985, the membership has grown to over 10,000 members, with their education tools used by over 250,000 physicians (2023). To provide evidence of the continued growth of Physician leaders, Table 3 shows the number of leading hospitals led by physicians in 2014 (U.S. News and World Report, 2014).

4. CONCLUSION

The history of healthcare has seen leaders emerge from nurses to traditional healthcare executives to a newer trend of executives who are physicians. Changes in the mid to late 1800's were usually because of inventions like pasteurization, the x-ray machine and the autoclave, innovations in care as Florence Nightingale and Clara Barton displayed and discoveries like multiple vaccines, including those for polio and up until 1955 with the discovery of penicillin. One can only imagine the changes in operations with the establishment of these dramatic changes in the functioning of healthcare delivery. Leadership had to be swift to compete and to be recognized as an industry leader.

Leaders in healthcare have come full circle, as the leaders in the 1800's were mainly physicians but changed to non-physician, but well-trained executives who have run healthcare organizations for many years. The physician executive began to reappear in the 1980's and has continued to grow till today, where over 10,000 physicians belong to the American College of Physician Executives and over 250,000 have received some type of additional education in leadership. The physician has a different view on many issues and often has better communication channels with other physicians. However, it is those physicians who have been trained to be leaders who are most often the most successful. The style of leadership used by many is transformational, whether it be a physician or a traditional executive. Transformational leadership is often used as it is the best model that allows for rapid decision making, while having all or most of the factors necessary. In transformational leadership employees are motivated to work due to the culture, inspiration, and established goals of the organization. This leads to the facts of a situation, or a decision are known quickly and can be placed concisely in the hands of the leader(s).

Contemporary issues are those of technical progress and the practice and goal of the patient being the center of care. A leader, whether a physician or a non-physician can develop, hire, or train individuals to manage the technical issues and essentially become experts in certain areas, such as Electronic Health Records (EMRs) or Artificial Intelligence. When looking at the style of managing in a way of putting the patient first, the physician has already been trained to think in this mode and usually is better aligned for this critical goal.

Whether an organization hires a physician or a non-physician, the critical elements remain the same. Some of those include having an organization that is agile enough to move quickly to be successful to the continuous changes in healthcare. Another is the leader who is willing to continuously learn, hire in areas where he or she is weak, listen to employees, and embraces change. The days of the leader who may try to "float" through day-to-day operations is over and that leader is doomed to fail. While

difficult, it is possible, as the many articles reviewed show for healthcare organizations to continue to grow and succeed. The alternative is to fail, as many healthcare organizations have done and will continue to do.

The following is a list of bullet points that can optimize the success for Leadership in this time of change:

- 1) Be well-read and up to date with new technologies and their pros and cons.
- 2) Adopt a leadership style, which is often transformational, to assist your relationship with subordinates.
- 3) Create, but more importantly, sustain a culture that allows for ideas, communications, inspiration, and responsive to the importance of everyone.
- 4) When hiring, consider physicians for Senior Leadership positions.
- 5) Ensure your organization is patient centered.
- 6) Embrace the digital age.
- 7) Be nimble and implement agile innovation to increase your odds of success.

While this list does not guarantee success, it increases your odds and gives assurances you will be leading an organization that is prone to the attainment of overall goals. It will help your organization to engage people that enjoy their work, more willing to assist with spreading the intent of the system and incorporate the vision of the organization as one of their own. It also will allow for a culture that should reduce retention among the employees who are most vital to the organization.

Table1. Summary of Historical inventions, discoveries, and innovations in healthcare

B.H. Sheingold, J.A. Hahn / International Journal of Africa Nursing Sciences 1 (2014) 18–22

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Table 1
Chronological summary of key tipping points, individuals by year.

Year(s)	Key tipping points	Key individuals responsible	Country of origin
1854	Quality improvement documentation	Nightingale	England
1861	Sanitary commissions	Barton	USA
1862, 1918	Improvisation & innovation	Pasteur, Blue	France, USA
1879	Sterilization	Chamberland	France
1895, 1956, 1960	Technology	Rontgen, Safar, Laerdal	Germany, USA, France, Norway
1910	Education	Flexner	USA
1881–1955	Pharmaceuticals	Pasteur, von Behring, Kitasato, Descombey, Salk, Kendrick, Eldering, Pittman, Fleming	France, Germany, Japan, USA, England
1883–1945	Healthcare financing	Bismark, Beveridge, Kaiser	Germany, England, USA
1908	The role of industry and mass production	Ford	USA

Table2. Growth in the Membership of the American College of Physician Executives during their first decade

Growth in Membership of the American college of Physician Executives			
Year	Membership	Year	Membership
1975	64	1986	2244
1976	99	1987	3183
1977	138	1988	4259
1978	188	1989	4898
1979	276	1990	5711
1980	428	1991	6388
1981	616	1992	7174
1982	836	1993	8357
1983	1085	1994	9524
1984	1411	1995	10909
1985	1747	1996 (estimated)	12251

Source: American College of Physician Executives

Table3. *Physicians as Hospital Leaders*

Rank	Organization	State	Name of CEO/President	Physician?
1	Johns Hopkins Hospital	MD	Paul B. Rothman	Yes
2	Massachusetts General Hospital	MA	Peter Slavin	Yes
3	Mayo Clinic	MN	John H. Noseworthy	Yes
4	Cleveland Clinic	OH	Delos M. Cosgrove	Yes
5	UCLA Medical Center	CA	David T. Feinberg	Yes
6	Northwestern Memorial Hospital	IL	Dean M. Harrison	No
7	New York-Presbyterian University Hospital of Columbia and Cornell	NY	Steven J. Corwin	Yes
8	UCSF Medical Center	CA	Mark R. Laret	No
9	Brigham and Women's Hospital	MA	Elizabeth G. Nabel	Yes
10	UPMC-University of Pittsburgh Medical Center	PA	Jeffrey A. Romoff	No
11	Hospital of the University of Pennsylvania	PA	Ralph W. Muller	No
12	Duke University Medical Center	NC	Victor J. Dzau	Yes
13	Cedars-Sinai Medical Center	CA	Thomas M. Priselac	No
14	NYU Langone Medical Center	NY	Robert I. Grossman	Yes
15	Barnes-Jewish Hospital/Washington University	MO	Richard Liekweg	No
16	IU Health Academic Center	IN	Dan Evans	No
17	Thomas Jefferson University Hospital	PA	Stephen K. Klasko	Yes
18	University Hospitals Case Medical Center	OH	Thomas F. Zenty III	No

U.S. News Best Hospitals 2013-14: the Honor Roll

Table4. *Flow and description of Agile Innovation*

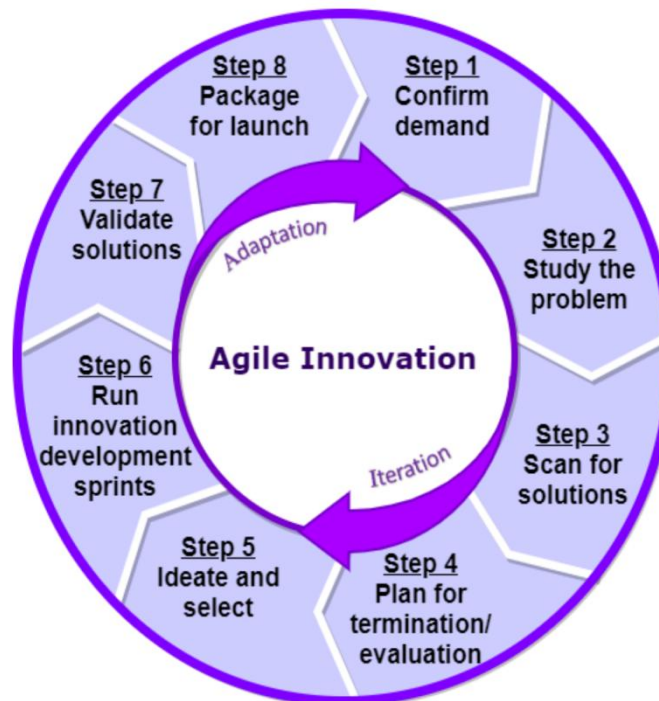


Figure 1 The eight-step Agile Innovation process.

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