Introduction to Strategic Management and Leadership for Health Professionals

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Why Leadership Skills for Health Professionals?

The need for leadership in health has been recognized for a long time. In the words of Florence Nightingale, “Let whoever is in charge keep this simple question in her head (not how can I always do this right thing myself, but) how can I provide for this right thing be always done.” Lack of effective leadership in health is further aggravated by a weak public health capacity, one of the bottlenecks in achieving millennium development goals in south Asia and sub-Saharan Africa. The healthcare scenario is changing due to factors such as health being demanded as a human right, concern for inequity, demand for accountability of the government and care providers, improving utilization of services and client satisfaction. Health promotion is being referred to as an effective tool for global health for addressing both communicable and non-communicable diseases. The politicians are becoming more concerned about public health issues. Dr. Man Mohan Singh, Prime Minister of India, called high malnutrition rates a ‘national shame’ and Mr Jairam Ramesh, Minister for Rural Development and Drinking Water and Sanitation, called Indians accounting for 58% of those using open defecation globally, a ‘national shame’. India’s unprecedented economic growth is applauded but there is a concern about India’s slow progress in social indicators. Only Afghanistan, Cambodia, Haiti, Myanmar and Pakistan outside of Africa do worse than India in child mortality; only three countries (Bolivia, Cambodia and Haiti) have lower levels of sanitation and none has higher proportion of underweight children. India can and should do better in improving child survival provided it adopts and implements the right strategies to support the families especially the marginalized groups. These recent developments make strategic management and effective leadership in health sector more relevant in India than ever.

Current State of Strategic Management and Leadership Training in India

The MBBS curriculum in India is a legacy of the British pattern and is outdated with vague and unstated methods of acquiring the desired competencies. The current postgraduate teaching programs in community medicine fail to produce quality experts to spearhead the cause of public health in India. This is a serious issue and needs deliberation. The medical curricula at undergraduate and postgraduate levels lack the managerial and leadership teaching. Public Health Administration is included to some extent in the MD Preventive and Social Medicine and Public Health. But, leadership training is missing in almost all these curricula except Community Health Administration. This leaves a big gap in managerial and leadership skills among the doctors as they reach senior positions. An average health professional reaching leadership position acquires these skills, if at all, essentially in three ways:

1. Hit and trial,
2. By observing others, and
3. Through individual driven self-learning by reading or taking up some available courses.

All the doctors and nurses play a leadership role right from their first assignment. They have to exhibit...
leadership skills to the team of staff working with them and manage their own clinical work related to the beneficiaries they look after and deal with their attendants and other influencers. The scope of leadership expands as they move into senior leadership positions by virtue of length of service and not because they have acquired managerial and leadership skills. Some institutions, such as the National Institute of Health and Family Welfare, New Delhi; Indian Institutes of Public Health; Institutes of Health Management Research; South Asia Public Health Leadership Institute; International Clinical Epidemiological Network Trust (health research) offer in-service leadership and strategic management courses with funding from Government of India, WHO, or self-payment. These fragmented and disjointed efforts to improve leadership and strategic management approach need to be mainstreamed in both basic and in-service training. One good example of in-service managerial and leadership training is in the armed forces where training is imparted at regular intervals. Similarly, the civil service officers have to undergo such training before every promotion. The government has established in-service training institutes at the national, state, divisional, district and even block level to conduct induction, in-service and on the job training for the health professionals. Most of the institutes do not attract skilled faculty, are understaffed; and lack a motivating environment, pay scales or technical independence. The training courses are not mandatory before promotion. The monitoring/evaluation of the training courses or the performance of the trainees after they go back to work needs to be strengthened.

Many countries are investing in strengthening leadership skills in healthcare professionals. For example, National Health Services (NHS) in UK has set up Leadership Academy to develop leadership skills in healthcare professionals.\(^\text{11}\). We need a similar comprehensive approach to develop leadership skills among healthcare professionals in India. This article series is a small effort to bridge this gap. It will include introduction to strategic management and leadership, concepts and models of leadership and their application, managing self for leadership, leading and managing a team, managing while leading a team and leading with an eye on external environment.

**Management, Strategic Management and Leadership**

Management is the act or art of managing, the conducting or supervising something and judicious use of means to accomplish an end.\(^\text{12}\) Within the discipline of management, a strategic management approach helps one focus on identification of the strategies to achieve better performance. “Strategic management is an ongoing process that evaluates and controls the business and the industries in which the company is involved; assesses its competitors and sets goals and strategies to meet all existing and potential competition; and then reassesses each strategy regularly to determine how it has been implemented and whether it has succeeded or needs replacement by a new strategy to meet changed circumstances, new technology, new competition, a new economic environment, or a new social, financial, or political environment.”\(^\text{13}\) In the context of public health, strategic management is clearly stating the purpose of the organization or a program and the identification and implementation of plans and actions to achieve the objectives. It involves formulating and implementing need based strategies that will help in aligning the organization and available resources to achieve program goals.

Leadership is a process whereby an individual influences a group of individuals to achieve a common goal.\(^\text{14}\) It is the activity of leading a group of people or an organization, or the ability to do this. In its essence, leadership in an organization that involves establishing a clear vision, sharing that vision with others so that they will follow willingly, providing the information, knowledge, and methods to realize that vision, and coordinating and balancing the conflicting interests of all members or stakeholders.\(^\text{15}\)

**Complementarities of Leadership and Management Skills**

Leadership and managerial skills are often portrayed as mutually exclusive skills. However, both these skills are complementary and synergistic. During the last decade there has been a shift from management development to leadership development.\(^\text{16}\) However, this shift is not reflected in healthcare education.\(^\text{13}\) According to John Kotter, “Most organizations are overmanaged and underled.”\(^\text{16}\) It is true for the health sectors in India. The good leaders are those who know and apply the managerial and leadership skills as the situation demands. One comes across many individuals who have moved into leadership positions and continue to manage the routine work and “micromanage” the work of their subordinates. These leaders are still stuck in transactional style and have not moved to transformational style, which is necessary for a leader. The leadership actions are more focused on creating vision, mission and mandate, developing and transforming the organizations and individuals, creating right environment, anticipating future and adapting the organization for it. Whereas managerial actions are focused on creating structures to achieve specific targets through effective and cautious use of available resources with stability. The table below summarizes the various aspects of managerial and adapted from Haider UK, 2011 leadership actions in our work [Table 1] adapted from 17.
Leadership Model Relevant for Health Personnel

The changing role of a health professional as s/he moves up the ladder can be explained well using Jim Collins’ model of five levels of leadership. The term “Level 5” refers to a five-level hierarchy [Figure 1]. Level 1 relates to a highly capable individual who makes productive contributions through her talent, knowledge, skills and good work habits. Level 2 refers to team skills. Level 2 refers to ability to work in a team. S/he contributes individual capabilities to achieve the team objectives and works effectively with others in the team. At Level 3, the leader also has skills to organize people and resources toward the effective pursuit of objectives. At Level 4 is an effective leader who “catalyzes commitment to and vigorous pursuit of a clear and compelling vision, stimulating higher performance standards. And Level 5 leaders possess the skills of levels 1 to 4 but also have an “extra dimension”: a blend of personal humility and professional will. They are incredibly ambitious—but their ambition is first and foremost for the institution and its greatness, not for themselves.(18)

It is important for health professionals to understand that as technically and highly competent individuals they are only at first level of this hierarchy of leadership and need to develop skills of higher levels to become effective leaders. In the health system, professionals are promoted with seniority as the sole criteria, with little basic or in-service training. Thus, it is quiet common to see clinicians becoming Civil Surgeons or CMHOs due to their seniority. Most of them do not want to move away from their role as highly competent technical person (Level 1 leaders). They often lack skills and time to play the leadership role required at their position and often rely on their support staff, usually clerical, in their offices for managerial and leadership role.

One important aspect of developing leadership skills is continuous learning. It starts with self-assessment of leadership skills, address weaknesses and build on strengths, review the progress in application of these skills. This cycle of identification, learning, application and review of progress in leadership skills continues throughout one’s life.

Conclusion

The leadership and managerial role of a health professional is more important in today’s world of globalization, rapid changes in technology, health being demanded as human right and demand for accountability. Jim Collins Level 5 leadership model illustrates a health professional acquiring higher levels of managerial and leadership skills as s/he moves

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### Table 1: Examples of Leadership and Managerial actions

<table>
<thead>
<tr>
<th>Aspects of work</th>
<th>Leadership action</th>
<th>Managerial action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision, Mission, Policy</td>
<td>Creates vision, defines mission, mandates and achieves them</td>
<td>Creates structures to execute and implement vision, mission, policy and plans</td>
</tr>
<tr>
<td>Interactions</td>
<td>Quality focused and brings out the best in oneself and others. Looks at the overall outcome and impact</td>
<td>Achieves specific targets</td>
</tr>
<tr>
<td>Focus of work</td>
<td>Develops the organization, creates the right environment and sets directions to go beyond results</td>
<td>Runs the organization to achieve results</td>
</tr>
<tr>
<td>Resources</td>
<td>Finds, maximizes resources and innovates</td>
<td>Uses resources effectively</td>
</tr>
<tr>
<td>Interactions with Outsiders and leads and adapts the organization with an eye on the outside world</td>
<td>Insiders and aligns people with existing systems, monitors organizational activities and its culture</td>
<td></td>
</tr>
<tr>
<td>Task Performance</td>
<td>Challenges activities, processes and systems and finds new ways to keep them strategic</td>
<td>Monitors and controls activities, processes, systems through day-to-day actions</td>
</tr>
<tr>
<td>Risk</td>
<td>Takes calculated risks</td>
<td>Cautious and minimizes risks</td>
</tr>
<tr>
<td>Authority</td>
<td>Based on influence</td>
<td>Based on hierarchical position</td>
</tr>
<tr>
<td>Change</td>
<td>Challenges status quo</td>
<td>Protects status quo</td>
</tr>
<tr>
<td>Works for</td>
<td>Leading change and futuristic in approach</td>
<td>Stability and delivering results</td>
</tr>
<tr>
<td>Style</td>
<td>Transformational</td>
<td>Transactional</td>
</tr>
</tbody>
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Figure 1: Jim Collins hierarchy of five levels of leadership
from highly capable individual to contributing team member, competent manager, to effective leader and strive to become Level 5 Executive while moving up the ladder. The good thing about leadership is that it can be learned. Many in-service courses have been introduced in some programs and are being offered by many institutions. We need a government led comprehensive approach to strengthen these skills essentially by doing three things.
1. To include skills for strategic management and leadership in the basic curriculum,
2. Review and harmonize the existing in-service training courses to meet the need of health sector in India, and
3. Constitute a group of well-known leaders in health to oversee strengthening of this component of management and leadership training in basic courses for health professionals through their professional councils and in-service training in the country.

References

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