AN OUTSIDE VIEW: THE JOURNEY OF LEADERSHIP - THE OVERVIEW

Kenneth A. RETHMEIER, MD, public health specialist, The Rethmeier Group, LLC,SUA

Primary healthcare sector represents the foundation of a complete healthcare system. There are differences in the quality of training and medical practice in primary healthcare in European area. There are lots of organizations involved in the process of improving the quality of life through a collaboration and partnerships framework having a major role in the practice exchange between national bodies in Europe.

Keywords: European organization in primary healthcare, organization, financing, the quality of care.

INTRODUCTION

This is the first in a series of articles designed to provide readers some new perspectives regarding the concepts and realities of “leadership”. Our task is to take a very complex subject and reduce down to the most important and practical components in order to make the experience of reading this material as valuable as we can. Needless to say, it will be a challenging opportunity for the pursuit of knowledge, understanding and the application of meaningful tools for leaders is daunting.

Based on the plethora of articles in a variety of excellent journals and the number of books on the topic of “leadership”, it would seem scholars have been on an endless search for the ultimate truth about “leadership”. We are not attempting to find the ultimate truth about leadership. We will, however, work toward juxtaposing complementary concepts with some very practical tools that will help us in our journey to further develop our leadership skills and competencies.

For our purposes, we will use the following is the definition of “leadership” as the foundation in these articles.

Leadership is the exercise of those competencies, skills, knowledge, and behaviors which guide and motivate others to actively pursue their work toward accomplishing a set of goals or objectives, and, to work toward achieving the vision for their organization. Leadership produces “group performance”. The relative degree of the quality of the leadership demonstrated will result in a commensurate level of organizational performance. To that end, therefore, great leadership produces outstanding results.

Professional literature contains many definitions of leadership depending on the unique perspective each author is promoting in his/her article. When one compiles these definitions together, there are a common set of descriptive terms which represent a very comprehensive view on the topic. Some of those most frequently cited are: influences, motivates followers, changes, inspires, builds confidence, pulls rather than pushes, creates trust, guides, supports, develops others, and, the list goes on. So, what do we learn from this short list? There is no complete answer to what leadership is. In other words, there is no ultimate truth re leadership.

Rather, the answer lies in the ability of individuals who are called to assume roles as leaders to create their own definition of leadership, develop and fine tune the appropriate competencies, skills, knowledge, and behaviors to move others, ie their followers, to work and go to places they have not been.

To be sure, we will not be seeking the ultimate truth about leadership. Rather, we will be examining a variety of topics related to many of the key competencies required of good leaders. Our effort will be to identify the most critical elements leaders need to focus on and to provide you with some tools to help you with your work as a leader. We suggest you read the materials first, consider the information and tools we will provide, then select out what best fits your needs to practice and fine tune your abilities to use the concepts and tools to your best advantage. Remember, we encourage you to experiment and try out some new ways to lead!
CONTEXT OF HEALTHCARE REFORM IN ROMANIA

Naturally, leadership is always best when exercised in the context of the organizational environment and the needs of the team one is leading. For these articles we will use the four major goals of healthcare reform in Romania as our guide and benchmark to reflect on during our consideration of these leadership concepts. The four core objectives are:

- To increase access;
- To reduce the burden of health spending by households;
- To focus spending on prevention and primary care;
- To improve hospital performance and quality of care.

To say the least, these are formidable and challenging. They represent the best interests of all participants in the system from providers to users of health services as well as all communities across Romania.

However, they also represent an incredible opportunity for healthcare leaders to demonstrate how their professional will complimented by a strong sense of humility and courage can create a new vision for all of Romania…one that sets Romania apart from other countries in its dedication to the very best for all of its citizens.

The MODEL…

e³…Explore, Expand, Excel…Ideas, Relationships, Processes & Systems

The model we will use for our examination and discussion of leadership is presented in Figure 1. There are two main parts consisting of a series of different types of leadership competencies which make up the model.

These two parts are complementary and represent competencies we propose leaders need to be very good at in order to produce the type of results and changes called for with the healthcare reform taking place in Romania.

The e³ model is designed to allow us to better understand that leadership is not “black or white”. It is not one-dimensional nor a series of behaviors along a “straight line”. Leadership is about the journey characterized by intentional meandering which allows for a diversity of thinking, challenging the status quo, and intentionally looking at differing perspectives to discover that which is best for a given set of circumstances. Later, we will use the model to show you as a leader can make it work for your needs. For now, suffice it to say the model provides a set of convenient categories or “buckets” of concepts to help organize our thinking. Let us briefly review each of the major groups of the model and the roles and responsibilities leaders have when engaging in each group.

Context of the Work

Competencies

Ideas:

Ideas, as illustrated, consist of vision, values, competitive position, and product development. They help to define an organization’s direction and purpose. A leader’s primary role in each of these areas is to take the lead in either actually creating the idea or at least guiding others to create the idea.

Vision:

A vision is characteristically defined as a desired future state or picture of what the leader’s team or organization could become in some future timeframe. A vision is different from a mission statement. Mission is about what the organization/team does, how it performs it work, to whom or for whom it does its work, and
it represents the present function of the organization/team. A leader’s role is to define and articulate the vision for his/her organization/team and to help guide their efforts to work toward achieving the vision.

Values:

The values of an organization/team are the customs, norms, institutions, and ideals which guide individual behavior in organizations and/or teams. Values are what individuals use to guide their behavior, decision-making and how they interact with others inside the organization and those with whom they come in contact outside the organization. Followers or members of organizations look toward leaders to demonstrate the behaviors they are expected to emulate. Obviously, leaders who are good role models with respect to the values of the organization will create a work environment where others are more likely to do the same (i.e., Leading by example). Leaders who violate and/or ignore the values they have set forth for others to follow, will set up the organization for confusion and behavior counter to the best in of the organization.

In an open market place competitive positioning is about how the organization captures market share and differentiates itself from other similar organizations.

That may sound strange to a healthcare environment for which competition is not the norm. However, we will argue that competitive positioning can be used to help to uniquely define and solidify the health organization’s role within the larger system.

Healthcare leaders have, therefore, the obligation to help others with whom they work to see what they see as their organization’s contribution and to ensure that all they do works to support that role. We will examine this concept in greater detail in later articles.

Lastly, product/service development plays a critical role in the evolution of any organization. Product/service development is based upon innovative thinking and the ability to transform ideas into marketable products/services. In healthcare, this concept is illustrated by efforts to find new ways or procedures/medical interventions to optimize the outcomes of the medical model. Healthcare organizations which are successful in bringing new products/services to market will have an edge capturing market share. To be sure, efforts like these require the best of leadership to be successful for quite often it means leaders must encourage radical thinking to create opportunities for medical breakthroughs.

**Relationships:**

Relationships are also a central to a leader’s responsibility for they manifest the ability of leaders to exercise engagement or the ability to create positive interactions with others. In each case defined below, the leader faces the need to have the capability to, first, identify and understand the importance of each type of relationship, and, then, be able to optimize the benefits of each for the best interest of the organization. In light of the goals for healthcare reform such as Romania’s efforts, all leaders may need to put aside historical views they may hold while seeking to create new opportunities for their own development. There are five areas for which leaders will pursue these new opportunities: personal & professional competencies; stakeholders; interdependencies; and, building networks.

**Personal & professional competencies** mean that leaders are open to examining their current levels of abilities to even create productive relationships, followed by seeking ways to challenge and change some of their own behaviors while leveraging others. There are a variety of tools we will examine in later articles to assist in this process. Leaders who are open to developing new behaviors and skills will be more successful in encouraging changes in thinking and the behaviors of others. These changes will be most easily seen in how leaders approach key stakeholders in the healthcare system.

**Stakeholders** are those whom leaders need to support changes they are advocating. Gaining their support requires inspired leadership to convince them to buy into new ways of organizing the healthcare system.

One of the most challenging areas for new relationships is the ability to understand and leverage interdependencies across the healthcare system. All too often, leaders of hospitals especially fall into a trap thinking their organizations are the center of the healthcare system and hence everything orbiting around their own needs. As a result, they do not think they have dependencies on other parts of the system for their own
success. Nothing could be further from the truth. Knowing how to identify and develop a better appreciation of those key interdependencies will help to create effective networks of inter-linked parts of the healthcare system.

**Processes:**

Healthcare reform requires crafting a new design or major redesign followed by careful implementation of changes to the organizational structure of the healthcare system. Leaders who demonstrate the abilities to perform effectively the following four functions will foster environments best suited for potential success.

**Assessment** means leaders are willing and encourage others to develop the ability to critically evaluate current ways of performing activities looking for opportunities for improvement. **Process mapping** is one method, which we will also examine in a subsequent article by which to draw picture of how the current system works. It is a stepwise roadmap which can help to identify underlying flaws in the current methods while also stimulating creative energies to find new approaches.

**Quality improvement,** one of the four objectives of healthcare reform in Romania, seeks to address current deficiencies by developing forward thinking and methods to prevent the mistakes made today.

The idea behind **after action reviews** is based on creating an environment of continuous learning as part of the way organizations function. In each of these areas, leaders will be rewarded for exercising, again, a willingness to challenge their own thinking, as well as, those with whom they work.

**Systems:**

Finally, leaders who are good systems thinkers have the ability to broaden their perspective by examining the healthcare environment in quite different ways than they may have historically done so. Healthcare reform calls for leaders who seek to foster fundamental change, that is, change based on redesigning the system. In addition, leaders with a systems perspective encourage their followers to become life-long learners willing to challenge their own thinking with new ideas and ways of accomplishing their work.

A systems perspective also requires leaders to be able to plan and create a series of plans for the future based on a variety of potential future environments

$$e^3 = \text{explore} + \text{expand} + \text{excel}$$

This is classic **scenario planning.** And, leaders who can demonstrate systems thinking develop tangible and clear **dashboards of performance indicators reporting organizational performance** and to hold themselves accountable for promoting a focus on **sustained momentum.** In short, systems thinking is all about **creating synergies.** Leading in such environments requires persistence, professional will and a real sense of what is right and best for the common good, not necessarily what is politically correct, expected or expedient at the time. It is the art of taking the “long view of sustainability”!

So, the exercise of good leadership requires leaders to be well prepared to function in a variety of settings and with a broad set of “tools” at their disposal to use when most effective or called upon. Future articles will take each of these “context” areas and expand on the concept balanced with one or more tools to help leaders perform at an optimal level.

**Content of the Work**

**Competencies**
Now, we turn our attention to the second set of leadership competencies presented in our model. They are: **explore, expand, and excel**. What do we mean by these terms?

**Explore:**
When we say **explore**, we suggest leaders should be able to spend time allowing for divergent thinking that opens opportunities and possibilities without judgment or decision-making in mind. Rather, explore sets up times for brainstorming for new thinking about old problems, to uncover and develop new possibilities for new relationships, and examining what is working and what is not to lead to unblocking thinking about system redesign. Exploring is just that. It is not about coming to a conclusion. It is about creative behavior and innovation. Coming to closure and making decisions about choices will come soon enough. Failing to be open to new thinking stymies healthcare reform and prevents growth, development and moving forward.

**Expand:**
The second behavior good leaders demonstrate is the ability to take new ideas or possibilities and to dig deeper by asking…why do we do something the way we do? Can we consider other options? Let’s **expand our thinking on this topic to look a totally different way of accomplishing our work**. Here leaders are looking for a deeper understanding of the issue under consideration or seeking to find the underlying cause to some critical problem. The leadership skills needed to **expand** thinking requires leaders to be open to new thinking and persistent in their efforts to withhold judgment. To say the least, for many leaders this is very difficult, but the rewards for patience are bountiful.

**Excel:**
Third, it may seem obvious, but a leader’s efforts are always to provide a focus on performing at the highest level so it is not surprising that we encourage leaders to remember the end-game objective is to **excel**. For ideas to be successful, excel means to concentrate leadership skills on effective implementation or execution of plans. Excel, in short, is all about achieving optimal results. For healthcare leaders in Romania, the “end game” is fundamental change in terms of access to care, quality improvement, spending more on prevention and primary care, and to reduce the financial burden of health spending by households.

**Conclusions**

And so, the journey begins. Our intentional meandering to examine the concepts and practical tools of effective leadership has focused, first, on a model we will use to take a deeper look. We will offer the reader some effective ways to approach his/her development and use of critical leadership skills and competencies.

The broader national initiative to reform the healthcare system in Romania will look toward those who are willing to put history aside while concentrating on creating a new future. The future of healthcare in Romania is waiting. The question is not whether you are ready for the challenge. It is, rather, how will you prepare for the challenge? Our task in coming articles is to further your professional development…provide you with the tools of practical skills…and, to offer the support you deserve going forward.

In a world of healthcare filled with uncertainty and turbulence, we offer you the following from an author of leadership, Margaret Wheatly, and her thoughts on the topic. She suggests the following as our final thoughts for this installment about the world of **possibilities**.

*Possibilities are attainable if the vision is real and we understand...*
*...that in chaos there is order...*
*...that information is a primal creative force with a foundation in education...*
*...that systems, by design, fall apart so they can renew themselves...and,*
*...invisible forces structure space and hold complex things together.*

Those invisible forces referred to by Margaret Wheatly are the core competencies integral to the challenge of leadership of the healthcare system in Romania. Our task is to be willing to take on the challenge. Possibilities become reality when leaders do something to make a difference. Are you ready to take the next step?
Adapted from *Leadership and the New Science* by Margaret J. Wheatly.