Orthopaedic Surgeons as Clinical Leaders in the National Health Service, United Kingdom (NHS UK): Can the World Learn From Us?

Mustafa Javed¹, Elizabeth Moulder² and Amr Mohsen³

ABSTRACT

This article outlines some of the key concepts in leadership (both styles and theories) to provide a platform for further learning and to help the modern day orthopaedic surgeons to apply these concepts to their current practice. It is focused on two major aspects: management of medical organizations and effective twenty-first century care by surgeons through proper leadership guide and aimed in improving patient care outcomes. Practicing proper leadership skills based on evidence resulted in effective management of organization. Thus achieving patient’s satisfaction.

Key Words: Leadership skills. Healthcare professionals. Orthopaedic surgeons.

The main interest of the health care organization is to provide health care services to the regional community. The National Health Service (NHS), UK is involved in technical support and capacity building for strengthening public health systems.

Leadership is a process of social influence, which maximizes the efforts of others, to coordinate the achievement of a goal. In recent history, the concept of leadership has been more and more essential within organisations and professions, including in healthcare.

Leadership is equally important within the health care provider network of peers. Within the group, individuals can serve as leaders through their commitment to professional and ethical behavior. This leadership is valuable within a single health care organization, regionally among professional peers, and even nationally, because they have the opportunity to share their work.

When exploring leadership styles, it is important to carefully differentiate between the terms leading and managing. Managers administer, maintain, control and initiate while leaders innovate, develop, and inspire challenges and focuses on long-term vision.

Research on leadership in healthcare is incomplete. In a review by Alimo-Metcalfe, only 4.4% of all articles written on healthcare and business leadership were data based.¹ These articles suggested increase in efficiency of organisations with effective leadership. In this era of re-organisation, engaging leadership enables organisations to cope with change and proactively shape their future. Around the world, every healthcare system is struggling as costs have risen consistently with expenditure on healthcare in the UK, reaching £136.4 billion in 2009.² Market and social forces will push the NHS into providing more coordinated and cost efficient care; Orthopaedic leaders are needed in order to streamline the various elements of the healthcare environment.

Clinicians have been trained to be independent thinkers, skeptical scientists and self-reliant professionals who can draw on inner strength in times of emergency.³ This may restrict the ability of Orthopaedic surgeons to lead and who have rarely undergone explicit training in the techniques of management. Performance aspects such as decision-making, leadership and team working have been developed in an informal and tacit manner.⁴

The Specialist Advisory Committee (SAC) in Trauma and Orthopaedic Surgery has defined the standard, which a surgeon would be assessed as having completed his training and the surgeon will need to have some form of leadership training. Surgical teams require leaders who understand the needs of patients and will inspire and manage the team to deliver those needs. In the NHS, five domains are described in clinical leadership which personal qualities, working with others, managing services, improving services and setting direction which the clinicians need to improve the quality and safety of health and care services.

Importance of clinical leadership: In healthcare organizations, frontline professional staff possesses a
high degree of control over clinical work, which in managerial terms is a “means of production”. The ability of managerial leaders14 to directly influence clinical decision-making has always been constrained and contingent. Clinical decision-making is typically based between orthopaedic colleagues and the ability and capacity lies with the orthopaedic surgeon to lead change. Hence, clinical leadership is the key to quality improvement, patient safety and management of change.

Leadership theories: To choose the most effective approach, the skill levels and experience of the team, work involved, organizational environment and one's own preferred or natural style, needs to be considered. Good leaders often instinctively switch between styles, according to the people they lead and the work that needs to be done. Researchers have developed a number of leadership theories and described various styles over the years. These fall into four main groups:

1. Trait theories5: Trait theories argue that leaders share a number of common personality traits and leadership is an innate, instinctive quality. Examples include empathy, assertiveness, good decision-making, and likeability.

2. Behavioral theories6: Behavioral theories focus on how leaders behave. In the 1930's, Kurt Lewin developed a leadership framework based on a leader's decision-making behavior.7 Lewin argued that there are three types of leaders. Autocratic leaders make decision without consulting their teams. Democratic leaders practice team agreement. Laissez-faire leaders (French for “leave it be”) leave their team members to work on their own.

3. Contingency theories8: These theories suggest that there is no single correct type of leader and perhaps that the best leadership style varies depending on the situation. A popular contingency-based framework is the Hersey-Blanchard Situational Leadership Theory9, which links leadership style with the maturity of individual members of the leader's team.

4. Power and influence theories: Power and influence theories consider the different ways leaders use power and influence to get things done. Perhaps the most well known of these models is French and Raven's five forms of power10 which distinguishes between using position to exert power and using personal attributes to be powerful.

Healthcare providers can assume many leadership roles as a part of their professional responsibilities. A summary of leadership models that have been used in the health care industry is as follows:

1. Transactional leadership: The transactional style characterizes clinician-patient interactions in which clinicians set health goals for patients and provide them with instructions, feedback and reinforcements as the patient pursues those behaviors goals.11

2. Autocratic leadership12: Autocratic leadership is where leaders have absolute power over their team and staff has little opportunity to make suggestions. Resentment ensues and this often leads to high levels of absenteeism and staff turnover.13

3. Bureaucratic leadership14: Bureaucratic leaders follow rules rigorously, and ensure that their staff follows procedures precisely. This is very appropriate style for work involving serious safety risks (such as the trauma lead in the event of major trauma) or where large sums of money are involved (such as surgical equipment procurement).

4. Charismatic leadership15: Charismatic leaders inspire enthusiasm in their teams and are very energetic in driving others forward.

5. Democratic leadership16: Democratic leaders make the final decisions but invite other team members to contribute. This increases job satisfaction and develops skills. This approach is most suitable when team working is essential and when quality is more important than productivity.

6. People-oriented leadership17: With people oriented leadership, leaders are focused on organizing, supporting and developing the people in their teams. It is a participative style and it tends to encourage good teamwork and creative collaboration.

7. Servant leadership18: This term was created by Robert Greenleaf in the 1970's, which describes a leader who is often not formally recognized as such. They lead by simply meeting the needs of a team and may be at any level within the organization.

8. Task-oriented leadership: Highly task oriented leaders focus only on getting the job done. They actively define the work and roles required and put structures in place and plan, organize and monitor.

9. Transformational leadership: Transformational leaders are true leaders who inspire their teams with a shared vision of the future. Leaders and followers are engaged in a common aim, which encourages innovation. The goals are communicated clearly and through encouraging ownership transformational leaders become motivating and trusted.

Emotional intelligence in leadership19: Emotional Intelligence (EI) is the ability to understand and manage both one's own emotions and those of the people around. There are five main elements of EI including self-awareness, self-regulation, motivation, empathy and social skills.

Self-aware leaders know their strengths and weaknesses, with which comes humility. Self-motivated
Leaders consistently work toward their goals and have extremely high standards for the quality of their work. Empathy is critical to managing a successful team or organisation. Leaders with empathy earn the respect and loyalty of their teams. They help develop the people on their team, challenge others who are underperforming, offer constructive feedback and listen to those who need it. Leaders with good social skills are great contributors. They are good at managing change and resolving conflicts diplomatically. They are not really satisfied with leaving things as they are but are also not willing to make else do the work.

CONCLUSION

Clinical leadership plays an important role in deciding quality of organizations. Establishing trust and harmonizing the needs of the organisation against the needs of the team is key to the process. Renewed efforts must be made to engage doctors and other clinicians in leadership roles, given the evidence presented in this report on the relationship between medical engagement and organisational performance. To become more effective leader, each person must analyze his/her own leadership style and determine the scope of his/her leadership zone.

For future prospective, there is need for building and designing new leadership model in order to provide and justify clear sense of purpose and contribution, motivate team and individuals to work effectively, focus on improving system performance.

REFERENCES