

Review Article

Turbulent Time in Healthcare and Tide-less Trends in Leadership — Let us Create a Small Ripple

Kausik Ray¹, Samantha Greenhouse²

Healthcare sector is an ever-evolving area which has been challenged heavily with unprecedented crisis recently. The leaders have to change their stance and shuffle their policies to adapt with the changing circumstances for immediate crisis-management and safeguarding the future from unforeseen catastrophe. Knowing the theory and sharing the experience of healthcare leadership is imperative for all the interested professionals who wish to thrive through the challenges. As it is a fact that satisfied and engaged employees in a conducive environment can produce better performance, the leadership should bear that responsibility to create and safeguard a conducive environment for the employees at the care-givers end. This article aims to throw light to those areas and suggests the importance of collective leadership with different styles and the steps to bring about a positive change in the system.

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Key words : Healthcare-related crisis, Leadership, Change management.

'You may delay, time will not.' — Benjamin Franklin

'Time' is the biggest treasure and its call is the ultimate call. When a particular period of time or 'Situation' demands something, we need to respond accordingly. On the other hand, 'Trends' or cultures are the rituals or habits in a system which are followed repeatedly to achieve a reasonable outcome. The validity of the trends needs to be checked regularly with logical questions according to the demand of the situation. Those who can adapt to the change, survive. The effectivity of 'Situational response' determines the immediate survival and it influences the future course of action for any organization. Even a small change in the trends can result in a 'Paradigm shift'. For example, this ongoing pandemic has necessitated the change by introducing mandatory 'Mask-gloves' culture.

What is 'Change' in Healthcare Leadership ?

"Change" is the only constant in this ever-evolving world and the human race could not have reached the height it has achieved so far without the constant effort to change for the better. The word "Change" brings lots of emotional, physical and functional challenges in a system including excitement, apprehension, adaptability, unlearning and relearning. These challenges create a lot of resistance in a system when the word "Change" comes to the fore^{1,8}.

According to Kurt Lewin's theory of 'Change model', there are three steps for a change — Unfreezing, Changing and Refreezing¹. To inculcate an idea that a system needs change among the subjects of the system is the initiating point of any reform. It creates huge turmoil and revolt for the aforementioned factors and needs great deal of positive energy to 'Unfreeze' the established culture, attitude and so-called 'comfort zone' in the system. The main challenge lies

¹MS, DNB, MRCS (Ed), FRCS (Gen Surgery), Leadership and Education Fellow, Brighton and Sussex University Hospitals NHS Trust, Brighton, UK

²Lecturer and Course Convener, Healthcare Leadership and Commissioning, Brighton and Sussex Medical School, Brighton, UK

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Editor's Comment :

- The Healthcare sector is an ever-evolving area that has been challenged heavily with unprecedented crisis recently.
- The leaders have to change their stance and shuffle their policies to adapt to the changing circumstances for immediate crisis-management and safeguarding the future from unforeseen catastrophe.
- Knowing the theory and sharing the experience of healthcare leadership is imperative for all the interested professionals who wish to thrive through the challenges.
- As it is a fact that Satisfied and engaged employees in a conducive environment can produce better performance, the leadership should bear that responsibility to create and safeguard a conducive environment for the employees at the care-givers end.
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in the grinding psycho-dynamic process that involves painful unlearning without loss of ego identity and difficult relearning as people cognitively attempt to restructure their thoughts, perceptions, feelings, and attitude^{1,2}. As we need heat-energy to melt a chunk of ice, the 'unfreezing' also needs lots of energy and positive force which may be eaten up as waste at the early stage like 'latent heat' and becomes frustrating for the initiators. Resistance to the change is an automatic response from the subjects in the system⁸. To overcome the resistance, employee involvement is the oldest and most effective strategy. For promoting employee involvement four elements, namely- power, information, knowledge and skill, and rewards are involved in formulating effective plan and implementing change smoothly^{2,3}. Employees should realize that the change is not an 'option' but a 'necessity'.

'Changing' comes next which needs meticulous planning for reframing, setting up objectives to achieve maximum effectiveness and diligent execution. Identifying the inherent strength of the existing system is a major step in this process. Ignoring it can bring disaster as the majority of the basic components of the system should not be made redundant. They can only be reframed for better productivity

and effectiveness by means of knowledge sharing, acquisition of newer skills including technological expertise and empowerment³⁻⁵. 'Bridges Transition Model' can throw light here by mentioning that 'Change' is an external process framed by the leaders and 'Transition' is the internal repercussion inside the employees which has three phases—'Saying goodbye'(endings), 'the Neutral zone'(explorations) and 'Moving forwards'(New beginnings)⁴. According to Bridges *et al*, the 'The Neutral Zone' is the most uncomfortable zone for the followers or employees where they either retreat to the old base or embark on a new voyage. Ideally, the leadership and the employees should spend some time at this phase to make the real transition happen. Understanding 'Transition' is very important for the leadership as their 'Change' seems undoable because 'Transition' holds people back. 'Coaching' and 'Mentoring' are very much essential to overcome the transition phase for both the leaders and followers^{4,5}.

'Refreezing' is the step where the changes get established and solidified by positive reinforcement and reassurance. People should feel rewarded and can see the development of the organization. The change in attitude and culture should be cemented for the benefit of the system.

The role of 'Leaders'—'Gardener' and 'Fire-fighter' concept :

Leadership is defined as "any activities tied to the core work of the organization that are designed by organizational members to influence the motivation, knowledge, affect, or practices of other organizational members"^{1,2}. Thus, the persons who engage in these activities should be considered as Leaders for the activities, not for the position. According to Bridges *et al*, the leaders take the followers through the transition phase by actively communicating with them and reiterating regarding 4 'P's - the Purpose: why it needs to be done; the Picture: what it will look or feel like; the Plan: steps to reach there; and, the Part: what role the individual is expected to play⁴. As different kind of qualities are displayed by the leaders, the health care system needs a combination of different variants like the transactional, transformational, servant, autocratic and democratic leadership according to the need of the situations^{5-8,19}. The word 'Situation' is brought again into the fore to stress the importance of the adaptability of a leader to the changing circumstances for leading a group of skilled and intelligent people towards the goal of achieving excellence in patient care. Contingency (situational) theory says that there is no single right way to lead because the internal and external dimensions of the environment require the leaders to adapt to that particular situation^{7,18}. It is not necessarily to be displayed by a single person as a leader or 'hero'. It can be displayed by a group of different people working cohesively from the 'Blunt or managerial end' of the organization with an 'Inclusive' intent^{11,13}.

To author's own understanding, the need for the 'Firefighters' for solving the day-to-day crisis is immensely important for the smooth running of the system. Equally important is the role of the 'Gardeners' that can plan for the unknown future by sowing seeds

of newer possibilities for the further growth and development of it. As extinguishing 'Burning' problems necessarily help the immediate survival of an organization, the ability to invest in the future and long-term planning determines its prosperity.

As a minuscule unit of the health-care system from the 'Provider's end', the author feels the urge to create some extra ripples of any form towards the betterment of the existing system.

MATERIAL AND METHOD

Quality Improvement Activity (QIA) : Audit, P-D-S-A, Gap-analysis, G-R-O-W

As we all have the potential to become a leader in our own way, Quality Improvement Activity is the easiest way to participate in individual capacity for the betterment of the existing healthcare system. According to Jones *et al*, the improvement journey starts with — (1) Assessing readiness of the organization, (2) Securing board support, (3) Securing wider organizational involvement, (4) Developing improvement of skills and infrastructure, (5) Aligning activity of clinical, managerial and corporate teams towards the same goal, and (6) sustaining an organization wise approach¹⁴. In reality, this kind of activity needs broad based involvement of time-money-infrastructure-logistics of the organisation. An audit on 'infection control' or 'Fluid-electrolyte balance in acute admissions' can be good examples of simple but effective QIAs which are doable and easy to draw inferences for change the system for improvement. The completion of audit cycle is imperative for QI. Application of PDSA (Plan-Do-Study-Act) model in the second and third cycle of the audit will bring about the actual improvement^{11,13,25}.

'Gap analysis' is another example to get involved 'easily' in QIA. It is defined as an instrument used to recognize and define the inconsistency between current reality in health care and the desired or optimal health care situation^{21,22}. The steps to carry on a Gap analysis are step 1 – Identify/clarify what is currently happening with patients or health care professionals in a specific therapeutic area step 2.– Define the "Gold Standard", step 3.– Clarify the gap/ discrepancy between Step 1 and Step 2 and, whether the gaps related to knowledge, skill, attitude or practices²¹⁻²⁴. In step 4 – decide on the learning goals for your anticipated QI endeavor from the identified gaps²¹.

To start with, a 'G-R-O-W' (Goals-Reality check-Options available-Will) model can be discussed with the other team members for getting a solution for road-blocks^{9,10}.

DISCUSSION

The fundamental intention of Medical Leadership is to engage doctors in improving services across the Health-care system. Doctors can play the role as a bridge between the 'blunt' or managerial end and 'sharp' or providers' end of the "Service arrow"¹¹. Rigid or protocolized pathways for Quality Improvement (QI) activities are useful but innovation and flexibility often play an important role as a strenuous learning curve and limited resources become major impediments in the way to achieve a goal¹³. Resilience, patience and tenacity are three qualities often required among the key-players to surpass those hurdles. A conducive

'working environment' is essential for the cohesive functioning of both the ends of the system for the common goal of improved 'Patient Care'. The synthesis of experiences to create an 'Evidence base' is essential as well, which can allow many visions into the challenges of reliably safe, superior-quality care and promote important learning about how improvement can best be secured across the Healthcare system^{11-13,15}. In favor of an 'Evidence base', Dixon-woods *et al* mentioned, 'Patients may be deprived of benefit, resources, and energy may be wasted on ineffective QI interventions or on interventions that distribute risks unfairly, and organizations are left unable to make good decisions about trade-offs given their many competing priorities. The study of improvement has an important role in developing an evidence-base and in exploring questions beyond effectiveness alone, and in particular, showing the need to establish improvement as a collective endeavor that can benefit from professional leadership'¹¹.

CONCLUSION

In the context of the present environmental and political situation across the country, the uncertainty can definitely tell upon the financial support from the 'Health budget' to the different aspects of health care due to changing priorities. Small scale QI projects would be a prudent step instead of bigger leaps. Setting up clear 'Goals' is important. Robust 'Evidence base' can help the 'Reality check' and exploration of 'Options'. Limited financial resource needs innovation and innovation needs 'resourceful' minds who can think out of the box. A far-sighted leadership of 'distributive' and 'Inclusive' nature can involve more human-resources by influencing the workforce from different strata with different skill sets^{12,18-19}. Satisfied and engaged employees in a conducive environment can produce better performance^{16,18} (Fig 1).

Only then, a tiny ripple of change can be converted into a bigger wave with wider range of participation.

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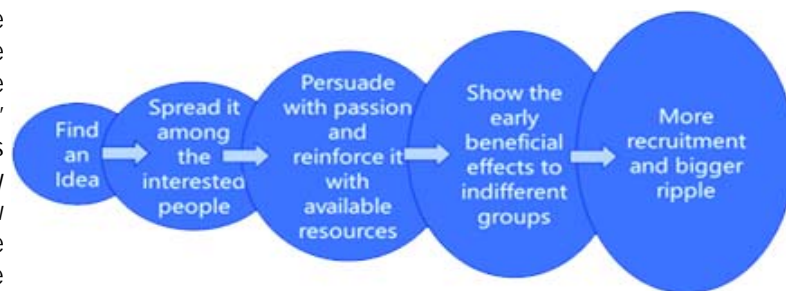


Fig 1 — The ripple effect

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