

# Persistent challenges to healthcare systems and the role of strategic and collective leadership: Strategic and Collective Leadership in Healthcare

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# Persistent Healthcare Systems Challenges and the Role of Strategic and Collective Leadership

## **Abstract**

Healthcare systems continue to face various challenges that persist and will continue to trend in the future, therefore need to be constantly managed. This paper identifies and focuses on organisational culture, workforce shortage and the adoption of new technological innovations, as some of the major challenges that face healthcare systems globally. It explores the opportunities that exist through strategic and collective leadership in addressing these persistent challenges and in improving the quality of care as well as enhancing team effectiveness and organisational outcomes in healthcare.

**Keywords:** Strategic leadership, collective leadership, healthcare challenges, organisational culture, workforce shortage, technological innovation.

## **Key points**

1. Organisational culture, workforce shortage and the adoption of new technological innovations are some of the major challenges that face healthcare systems globally.
2. Opportunities exist to address these persistent challenges through strategic and collective leadership approaches in healthcare.
3. Strategic and collective leadership involve embedding the organisation culture in envisioning future direction and motivating everyone in the organisation to think beyond individual responsibilities and adopt a team attitude.
4. Strategic and collective leadership will help in improving the quality of care as well as enhancing team effectiveness and organisational outcomes in healthcare.

## **Introduction**

Effective leadership enhances organisational capacity, learning, performance and improves the quality of care and outcomes in healthcare organisations. Evidence has shown that leaders who develop skills in managing uncertain situations, cultural and behavioural changes are key to quality improvement in the healthcare sector (Hardacre et al. 2010).

Healthcare systems are complex and constantly changing, with diverse culture, professionals, resources and technological advances. This poses challenges to healthcare leaders in managing diversity within organisations and efficient use of resources in designing service delivery process as well as motivating the employees to work towards a common goal (Gn et al. 2010). Therefore, it is important to examine the trending challenges for leaders and managers in the healthcare sector, with a specific focus on organisational culture, workforce shortage and technological innovation. These challenges are current and persistent, and there is the need to highlight possible ways of addressing and turning them into opportunities for delivering maximum impact through strategic and collective leadership.

## **Persistent Challenges of Healthcare Systems**

The constantly changing nature and the inherent complexity of the healthcare system are increasingly challenging, with the rise in cost and poor quality of care services becoming major global issues. Major factors contributing to the challenges within healthcare systems are associated with outdated leadership practices, such as linear thinking and poor readiness for innovation. According to Figueroa et al (2019), the key challenges and emerging trends affecting the healthcare sector globally are grouped into three levels:

1. The macro-level (system context), these include society, demography, technology, political economy and culture.
2. The meso level (organisational context), these include infrastructure, resources, governance, clinical process management processes and patients.
3. The micro context which is related to the individual management style.

These are linked to the various leadership challenges faced by local healthcare organisation as discussed by Ghiasipour et al (2017), include organisational structure (complexity, centralisation and bureaucracy), human resources/workforce (staff empowerment and

education, motivational mechanisms, and staff diversity), work nature (stress, tension and team orientation) and context (regulations, cultural issues, social issues and economic issues). Consequently, system inefficiencies, increasing complexities, the rising cost of care, resources shortage, the pace of technological innovations, and an ever-expanding evidence gap have become pressing issues common to most healthcare systems, impacting the quality of care. Hence, leaders must understand the complexity of the healthcare system and develop various solutions for improvement by tackling challenges that emanate from organisational culture, workforce shortage and adoption of new technological innovation.

### ***Organisational Culture***

Culture is co-created by all in an organisation and tends to change slowly over time based on organisational vision, goal, leadership, and nature of services provision and intrinsic values of employees. Effective leadership has proven to create an organisational culture that improves quality, efficiency and team productivity, enhancing employees' satisfaction and meeting personal and organisational goals in the healthcare sector (Day et al. 2014). In the UK, the NHS major cultural changes are based on the structure and procedures to deliver the desired improvement in the quality of care and performances of the organisation. Culture has been associated with organisational effectiveness in the healthcare sector. In a situation where an organisation culture and capacity are inadequate or does not match the intrinsic needs of the employees, emotional exhaustion may lead to different variation in outcomes (Krien et al. 2010). Although, Walmsley and Milley (2008) suggest that organisation culture supports personal and professional development and provides an environment where improvement efforts can thrive. However, the complexity that arises when implementing an intervention in improving the quality of care without adequate cultural support such as the organisational norms and values, hinders the progress in sustaining the organisation's collective knowledge and enthusiasm (Benning et al. 2011). Some organisations have engaged external support from professionals to help in overcoming the various cultural limitation, but the extent to which these can compensate for adverse culture is still unclear (Dixon-Woods, McNicol and Martin 2012). Therefore, leadership capacity to meet the challenges of culture within a healthcare organisation is key.

### ***Workforce Shortage***

Shortage of workforce is another major current and future challenge in the healthcare sector as almost all countries have skills deficit of clinical, allied and managerial healthcare professionals. The World Health Organisation (2014) predicts a shortage of about 12.9 million trained healthcare workers, across developed and developing countries by the year 2035. Also, the European Commission (2012) estimated a shortage of about one million healthcare workforces by 2020, which will increase to two million if long-term care that helps meet the medical and non-medical needs of individuals with chronic illness and disabilities is taken into action. In the NHS, there are currently about one hundred thousand vacancies waiting to be filled, and this could increase to one million by the end of the next era (Buchan et al. 2019). This has led to longer waiting times, a decline in the quality of care and increased cost among other issues. As the demand for healthcare workforce is growing and changing, there is a need for leaders to create a balance for the supply of healthcare workforce. Also, in most developed countries the healthcare workforce is ageing, and a significant proportion will retire in the next decade. Poor talents management has impacted on the values and culture of healthcare organisations and poses a threat for leaders in retaining the workforce (Turner 2017). Therefore, leaders need to be more strategic with talent management in order to attract, recruit, retain and develop a suitable workforce for the healthcare sector. Furthermore, leaders need to recognise and encourage talents within the healthcare organisation by developing the workforce core competencies and creating a positive and collaborative working environment, relationships and integrity in the organisation.

### ***Technological Innovation***

Innovations are new products and processes that create dynamic social and economic changes within a system (Weberg 2009). The influence of technological innovations has created various opportunities for improving quality of care and saving cost, however, adoption and use of advanced technological innovations is a major challenge that exerts pressure on healthcare organisations. The speed at which new technological innovations in healthcare are introduced and used by the population has created a huge challenge for sector and professionals in the prevention and treatment of diseases. Hence, the need for leaders to ensure that the healthcare workforce has relevant knowledge and skills on the trending technologies in meeting with patients/users' needs and improving service delivery.

Innovation requires time and impacts both individuals and organisations, leaders must develop the workforce competency for the adoption of innovations as means for exploring new ways of solving problems in the healthcare sector (Melnyk and Fineout-Overholt 2010). Also, with changing healthcare goals and delivery approaches, leaders are seeking for an effective strategy to build strength and capacity to meet the future need of healthcare systems and the population using innovative ideas and technologies in the sector (Figueroa et al. 2019). But the healthcare funding gap is one of the impediments to meeting this challenge as numerous needs are competing for the available fund. Notwithstanding, leaders must have to balance the continuous demand in the health sector and increasing pressure for adoption and use of cost-saving technological innovation to meet the challenges of quality care and organisational effectiveness.

### **The Role of Strategic and Collective Leadership in Healthcare**

Effective leadership is learnt by experiencing and developing ways of managing challenges as well as exploring new opportunities (Mintzberg 2014). In developing solutions to the challenges of the healthcare sector, leaders must have the ability to integrate theory and practices that come from understanding the nature of leadership and management. According to Barbera (2014), the key determinant for developing and maintaining a culture within an organisation is in leadership, as every interaction by leaders at every level shape the emerging culture of the organisation. The traditional approach to leadership which have focused on developing individual capability while neglecting the need for developing collective capability is deficient for tackling the complex problems that are faced by healthcare systems (Uhi-Blen, Marion and Mckelvey 2007). Therefore, there is the need for leaders and their team to understand interconnectedness and constant change as normal operating conditions within healthcare organisations and begin to devise new means and ways to engage and work collectively and collaboratively.

In sustaining a culture that promotes change and enhances high-quality care, leaders must move from the traditional approach of leadership, towards a strategic and collective leadership approaches. This involves careful consideration of current situation, embedding the organisation culture in envisioning future direction, motivating others towards achieving the organisational goals as well as the need for everyone in the organisation to cease thinking solely in terms of their individual responsibilities and adopt a team attitude. Strategic and

collective leadership have been argued as effective approaches for meeting the dynamic challenges and enhancing the performance of complex systems such as healthcare organisations (Crossan et al. 2008, Wooten et al. 2006).

Collective leadership implies that organisational success is seen as every member responsibility rather than any single individual's job. This has the potential to create a culture that promotes high quality and compassionate care, as employees accept shared responsibility and motivate one another, which will stimulate individual, team and cross-boundary innovation (West et al. 2017). Hence, healthcare leaders and workers must devise new means of sharing power, responsibility, accountability and supporting one another at both individual and collective level. King Fund (2019) reported that, where there is collective leadership within an organisation, the organisation will benefit from direction, alignment and commitment. Direction implies that people agree based on the goal and target the organisation is working to achieve (strategic vision). Alignment refers to the effective coordination and integration of various aspects of the work to enable everyone's effort to fit in together in delivering services. Commitment implies that everyone takes responsibility and work towards the success of the organisation as a priority. Hence, strategic and collective leadership approaches are complementary, and for healthcare leadership to be effective, it must be both strategic and collective in principle and practice.

Strategic and collective leadership inspires vision and clear strategy in managing challenges and task, positive participation that values diversity, creates psychological safety and encouraging teams to be compassionate in delivering care and towards one another (Kumar et al. 2015). Although the shortage of workforce will continue to be a threatening challenge, collective leadership will encourage employee engagement at all levels, and this will help in retaining more workforce as well as balancing the inflow and outflow of the workforce within the healthcare sector (Dixon-woods et al. 2014). Leaders help to create the conditions for employee engagement, by promoting an energetic working environment, nurturing trusted relationship, recognising employees input, providing information, giving helpful feedback, promoting equality and transparency and supporting employee innovation, which will further ensure high quality of care (West et al. 2014).

Furthermore, system and innovative thinking is an effective way of managing the challenges in the healthcare, as leaders need to understand perspectives, interrelationships, boundaries



and the importance of positive and negative feedback mechanism in improving quality care. This influences the action rather than directly managing the actions concerning organisational culture (Weberg 2012). If leaders promote a positive feedback mechanism, the energy to be productive will increase, as well, a negative feedback system will reveal where and when change is needed. Also, leaders need to support innovative solutions in healthcare, hence new ways of thinking, collaboration, educational support, shared value and decision-making and skills development to drive healthcare innovation to meet the future needs of new technological innovation adoption and use.

Moreover, teamwork is essential in providing healthcare services, as the healthcare sector is made of multidisciplinary teams and no single professional can deliver a complete healthcare service. Studies have shown that effective teamwork in healthcare is associated with an increase in patient safety, job satisfaction, effective use of resources, employee retention, cost-effective as well as improving the behavioural and psychological state of employees in an organisation (Firth-Cozens 2001; Abualrub et al. 2012; Cassar, Bezzina and Buttigieg 2017). Collective leadership could help build a stronger team bond with shared value, vision, responsibility and success, which will help build positive organisational culture.

Organisation culture is an important variable for behaviour and performance in the workplace, as effectiveness in the team is achieved by a strong and dynamic value system. Invariably, organisation culture influences the implementation of new interventions, hence, leaders need to motivate, support and empower their team through the changes and innovation process that occurs in healthcare organisations. In the healthcare sector, patient satisfaction is an indication of an effective strategic and collective leadership, as high-quality of care is delivered through organisational values and vision, and diverse collaboration and organisational learning in the team, as well as empowering individuals to have the freedom and ability to make decisions, have clearly defined roles, necessary resources and support that are needed.

Strategic and collective leadership if applied in practice will facilitate the development of leadership values and behaviours, with employees fully involved in informed and collaborative decision-making and problem-solving. This will enable healthcare leaders and professionals to enhance organisational learning in their team and diverse collaboration among employees and patient/users in improving the quality of service delivery and organisational effectiveness.

## **Conclusion**

Leaders and manager in the healthcare sector are constantly faced with challenges like organisational culture, shortage of workforce and adoption of technological innovations. Strategic and collective approaches in leading within the healthcare systems present opportunities to enhance effective influence, team motivation and collaboration towards achieving organisational goals and effectiveness. Strategic and collective leadership ensures high-quality patient care, as teams are focused on working together across boundaries. Therefore, healthcare organisations must encourage and create opportunities for their workforce at all levels to not only contribute to formulating organisational long-term direction but also participate in leading through change and improvement in the healthcare system.

## References

- AbuAlRub, R. F., Gharaibeh, H. F., and Bashayreh, A. E. I. (eds.) (2012) Nursing Forum. 'The Relationships between Safety Climate, Teamwork, and Intent to Stay at Work among Jordanian Hospital Nurses': Wiley Online Library
- Barbera, K. M. (2014) The Oxford Handbook of Organizational Climate and Culture [online]: Oxford University Press
- Benning, A., Ghaleb, M., Suokas, A., Dixon-Woods, M., Dawson, J., Barber, N., Franklin, B. D., Girling, A., Hemming, K., and Carmalt, M. (2011) 'Large Scale Organ-isation- al Intervention to Improve Patient Safety in Four UK Hospitals: Mixed Method Evaluation'. *BMJ* 342, d195
- Buchan, J., Charlesworth, A., Gershlick, B., and Seccombe, I. (2019) 'A Critical Moment: NHS Staffing Trends, Retention and Attrition'. *Health Foundation*
- Cassar, V., Bezzina, F., and Buttigieg, S. C. (2017) 'The Relationship between Transformational Leadership and Work Attitudes: Comparing Mediating Influences of Social Identity and the Psychological Contract'. *Leadership & Organization Development Journal* 38 (5), 646-661
- Crossan, M., Vera, D., & Nanjad, L. (2008). Transcendent leadership: Strategic leadership in dynamic environments. *The leadership quarterly*, 19(5), 569-581.
- Day, M., Shickle, D., Smith, K., Zakariasen, K., Moskol, J., & Oliver, T. (2014). Training public health superheroes: Five talents for public health leadership. *Journal of Public Health*, 36(4), 552–561.
- Dixon-Woods, M., Baker, R., Charles, K., Dawson, J., Jerzembek, G., Martin, G., McCarthy, I., McKee, L., Minion, J., and Ozieranski, P. (2014) 'Culture and Behaviour in the English National Health Service: Overview of Lessons from a Large Multi-method Study'. *BMJ Qual Saf* 23 (2), 106-115
- Dixon-Woods, M., McNicol, S., and Martin, G. (2012) 'Ten Challenges in Improving Quality in Healthcare: Lessons from the Health Foundation's Programme Evaluations and Relevant Literature'. *BMJ Qual Saf* 21 (10), 876-884
- European Commission (2012) Commission Staff Working Document on an Action Plan for the EU Health Workforce. European Commission, Brussels. [online] Available from [https://ec.europa.eu/health/sites/health/files/workforce/docs/staff\\_working\\_doc\\_healthcare\\_workforce\\_en.pdf](https://ec.europa.eu/health/sites/health/files/workforce/docs/staff_working_doc_healthcare_workforce_en.pdf) [6 May 2020]
- Figueroa, C. A., Harrison, R., Chauhan, A., and Meyer, L. (2019) 'Priorities and Challenges for Health Leadership and Workforce Management Globally: A Rapid Review'. *BMC Health Services Research* 19 (1), 239
- Firth-Cozens, J. (2001) 'Cultures for Improving Patient Safety through Learning: The Role of Teamwork'. *BMJ Quality & Safety* 10 (suppl 2), ii26-ii31

- Garman, A., Goebel, L., Gentry, D., Butler, P., and Fine, D. (2010) 'Healthcare Leadership Outliers': An Analysis of Senior Administrators from the Top US Hospitals'. *Journal of Health Administration Education* 27 (2), 87-97
- Ghasipour, M., Mosadeghrad, A. M., Arab, M., and Jaafaripooyan, E. (2017) 'Leadership Challenges in Health Care Organizations: The Case of Iranian Hospitals'. *Medical Journal of the Islamic Republic of Iran* 31, 96
- Hardacre, J., Cragg, R., Flanagan, H., Spurgeon, P. and Shapiro, J. (2010), "Exploring links between NHS leadership and improvement", *International Journal of Leadership in Public Services*, Vol. 6 No. 3, pp. 26-38.
- King's Fund (2019) *Leadership and Engagement for Improvement in the NHS* [online] Available from <https://www.kingsfund.org.uk/publications/leadership-engagement-for-improvement-nhs> [11 May 2020]
- Kumar, S., Kumar, N., Adhish, V. S., and Reddy, R. S. (2015) 'Strategic Management and Leadership for Health professionals—Skills to Leverage Resources to Achieve Health Goals'. *Indian Journal of Community Medicine: Official Publication of Indian Association of Preventive & Social Medicine* 40 (3), 158
- Melnik, B. M. and Fineout-Overholt, E. (2011) *Evidence-Based Practice in Nursing & Healthcare: A Guide to Best Practice* [online]: Lippincott Williams & Wilkins
- Mintzberg, H. (2004) 'Leadership and Management Development: An Afterword'. *Academy of Management Perspectives* 18 (3), 140-142
- Turner, P., (2017) *Talent Management in Healthcare: Exploring How the World's Health Service Organisations Attract, Manage and Develop Talent*. Springer
- Walmsley, J. and Miller, K. (2008) 'A Review of the Health Foundation's Leadership Programmes: 2003-2007'. London: The Health Foundation
- Weberg, D. (2009) 'Innovation in Healthcare: A Concept Analysis'. *Nursing Administration Quarterly* 33 (3), 227-237
- Weberg, D. (ed.) (2012) *Nursing Forum*. 'Complexity Leadership: A Healthcare Imperative.'
- West, M. A., Eckert, R., Steward, K., and Pasmore, W. A. (2014) *Developing Collective Leadership for Health Care* [online] : King's Fund London, UK
- West, M., Eckert, R., Collins, B., and Chowla, R. (2017) 'Caring to Change'. *How Compassionate Leadership can Stimulate Innovation in Health Care*. London, UK: The King's Fund
- WHO (2014) *A Universal Truth: No Health Without A Workforce*. Global Health Workforce Alliance. World Health Organization, Geneva [online] Available from <https://www.who.int/workforcealliance/knowledge/resources/GHWA-a-universal-truth-report.pdf?ua=1> [12 May 2020]
- Wooten, L. P., Anderson, L., Pinkerton, J., Noll, T., Lori, J., and Ransom, S. (2006) 'Strategic Leadership in Healthcare: The Role of Collective Change Agents in Closing the Gap of Healthcare Disparities'. *Ross School of Business Paper* (1060)