

# Managing health and healthcare services

## A study of 11 successful clinical health care leaders

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### Introduction

The rapid changes in the last decades, both in technical development as well as the overall social conditions in our society, have led to dramatic changing conditions regarding successful leadership and the development of organizations.

Rapid knowledge development and increased customer demands within all sectors of society have made it necessary to de-centralize and give greater individual freedom to co-workers. This has led to leaders having to abandon micro management as a leadership philosophy. Today, the image of leaders as architects and framers of a system's structure, who also handle all aspects of that system, and create a reality for employees, are quickly disappearing. Instead, the most important strategic leadership task has become to formulate a clear vision and convey that vision to co-workers as a direction in which the organization should be aimed. To guide and stimulate people in ongoing processes and functions becomes an all important leadership undertaking. Several researchers have found that this "new" consultative leadership is not a fad, but an expression of shifting values in society.

### New visions of knowledge

In spite of all the energy focused on developing visions and goals, it seems as if the gap between what we want to achieve and what happens in reality is increasing. Leaders find it difficult to discover new methods and help models, and still operate within the old frame of knowledge to a great degree. Traditional management arsenals contain many means of management and control, but few that can help supervise and stimulate. Today we stand in the midst of a change, where old established ideas are being challenged and gradually replaced with new ones.

***"From an industrial society to a knowledge based society."***

***"From the machine age to the systems age."***

***"From rational knowledge to interpretational knowledge."***

The descriptions of these shifting values are almost as many as the number of researchers attempting to describe the changes we are currently experiencing. The rational knowledge on which industrialism and natural science are built, and the management philosophies that have developed during this era, are today being challenged by new ways of looking at science and knowledge. These new ideas lead to a need to develop new forms of leadership and learning within the organizations. The challenge is to lead open, complex and rapidly changing systems.

### Leading health and healthcare operations

During the last years the debate surrounding health and healthcare operations have been robust. So far it has been difficult to accomplish the necessary changes regarding customer satisfaction, security, the ability to transform new knowledge fast enough and the ability to produce more value with limited resources. At the same time, rapid changes in management on all levels increase, and discontent with the working environment is more often expressed. These trends are mutual in many public organizations today.

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What characterizes publicly financed operations is that historically their organizational form is often based on military organization, complete with conformity, order giving, clear goals, routines and control systems. Today, many health and healthcare organizations can be included among the Multi Professional Organizations (MPOs). These are characterized by:

- A social (public) function
- Unclear, often conflicting goals
- Based on professional career groups
- Difficulties evaluating results and effects
- Parallel and sometimes conflicting leadership systems
- Mixed forms of finance
- Competence as a decisive factor for results

The three parallel leadership and management systems are politically, administratively and professionally based. These develop their own power structures and networks and often work in different directions. This leads to a buildup of tension and conflict, which have their basis in different system logic. As a leader it means that one must understand and be able to integrate all three systems regardless of one's own background.

It has been established that a powerful renewal and increased development of leadership competence within the health and healthcare area is needed, so that the results demanded by society today and in the future can be achieved. However, this cannot be accomplished unless energy is placed on development of all associate's abilities to influence and to take pride in their work.

At the same time the question of which leaders can successfully handle these complex systems has become important to illuminate. Many otherwise good leaders have been recruited to management positions where they have been unable to bring about the desired results because of actual expectations being different than those expressed. This has led to poor matching of an individual in relation to that individual's capacity. The result is that many have experienced a short-lived leadership role.

The need to understand an organization's inner logic, and how results can be created, is an underestimated part of recruiting and management selection in many organizations today. Understanding the real demands is crucial if the evaluation and recruitment of qualified people is to be successful. One must move beyond the wish list and concentrate on a realistic picture of the current situation.

### **The assignment**

Some good examples of leaders who do the job well.

Two County Councils, which are establishing a new work culture, appointed Mercuri Urval to study how successful individuals think and act in their role as leaders of primary health care as well as institutional care organizations. The purpose of the study was to further understand how to identify and develop new leadership abilities.

For a number of years these two county councils have conducted some very aggressive development work. Both are now entering a new phase where it is important to create deeper knowledge of the cultural aspects and the leadership style that is being developed within the health and healthcare operations. To find strategies for the future it is important to understand how well accomplished managers think. What are their backgrounds? What has led to them to

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managing change so cleverly, while steering towards improved results from a resource, customer, co-worker and renewal perspective? Do the different personalities have mutual character traits or patterns of behavior that one can learn from when looking for and developing new leaders?

To clarify these questions, a project has been undertaken where both organizations chose a total of 11 operational managers that are doing “a good job”, meaning that they are demonstrating good leadership according to a balanced means of measurement. For a number of years, every leader has had to:

- Document results of developed patient care in their operation
- Satisfy co-workers according to the personnel survey
- Drive renewal projects with success
- Achieve a balanced economy

These eleven leaders have had the opportunity to describe the thoughts and actions surrounding their leadership, and the results of these in-depth interviews are presented in this report.

### **The purpose**

To identify the characteristics of operations and individuals that are associated with documented improvements of health and health care organizations. This must be reflected through balanced measurements of improvement in patient care, employee satisfaction, success in renewal projects and a balanced economy.

This knowledge can be used in the future to better identify, choose, and develop leaders who can achieve results in the above areas, and have competence in managing health and health care organizations in times of strong development and continuing change.

### **The method**

Both health care organizations themselves chose 11 operational managers that are “doing a good job”.

Every operational manager underwent Mercuri Urval’s comprehensive assessment, including a structured evaluation of education, experience and personal characteristics. The purpose was to better understand a persons actions and underlying thought processes in relation to the requirements that have emerged from the analyses of the operation.

The comprehensive assessment consists of written and oral information gathering and problem solving. The written part consists of personal information where the individuals describe their background and previous experience in their own words. Mercuri Urval’s written tests consist of:

- Mercuri Urval Intellectual Test Battery (MU-ITB), which measures “aptitude/intelligence” in the g-factor, verbal as well as spatial/numeric factors.
- Mercuri Urval Personality Measurement Instrument (MU-PMI), which measures personality and motivation (typical behavior), built upon “The Big Five”: reliability, kindness, emotional stability, extraversion and openness to experience.

An interview is then conducted where information is gathered, creating ground for the secondary assessment along with the hypothesis created in the written part.

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A meta-analysis of the different test's validity in real life has been made and is referred to in: Schmidt, F.L. & Hunter, J.E. (1998) The validity and utility of selection methods in personnel psychology: Practical and theoretical implications of 85 years of research findings, Psychological Bulletin, 124, 262-274

Mercuri Urval's tests are approved according to these criteria in a study done by Professor Bo Ekehammar, Uppsala University, 1999, at the request of the Telia Group and Posten AB, among others.

### **The results**

Both County Councils have high ambitions as health care providers. Their finances are proportionately sound and they have formulated a vision about their responsibility to support the population in the two counties live a good life. To reach their vision the services that the County Council offers its citizens must carry the trademark of good quality, priority according to need, high accessibility and choice.

Since the beginning of the 1990's, managers at all levels within the two agencies have been pushing the organizations to develop a methodical improvement method to bring about a higher grade of satisfaction from customers/citizens, co-workers and owners/financiers.

They have utilized the knowledge developed nationally and internationally within the area of "improvement knowledge", and have also tested different forms of how care services can be developed.

Some examples of teaching aids that have been tested, used and developed are:

- QUL, Quality, Development, Leadership, a framework for organizational assessment based on MBNQA.
- Wide education efforts where methods and quality tools were dispersed to all co-workers
- Värdekompassen (The Value Compass)
- Genombrott (Breakthrough Series) and Idealized Design, which imply an aggressive method of developing an organization's ability to meet the demands of patients and co-workers

Gradually, resources have been created to support the work at an operational level. Also, different types of mutual support resources for development of knowledge within these areas have been created.

The development of the County Councils is characterized by the managements ensuring that as many co-workers as possible are involved in developing better care services for today's changing society.

In order for this to function well, it is important that the managers at operational levels have a good global view, understand how the complex systems of healthcare are constituted and how they interact in various ways. They also need to have knowledge of facilities and methods for change. Above all, they must have the personal characteristics that make it possible for others to learn and bring about positive results, while handling the often-demanding surrounding environment.

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## **Expectations of the result**

The result expectations have been expressed somewhat differently in the two County Councils. Below are the expectations of one of them:

QUL's 13 basic values shall characterize the County Council. They are:

- Customer orientation
- Engaged leadership
- Everyone's participation
- Competence development
- Long term vision
- Social responsibility
- Process orientation
- Preventative measures
- Continuous improvements
- Learning from others
- Fast reaction
- Fact based decisions
- Co-operation

Results in all operations are measured according to a balanced score card, "BSC" in four dimensions;

- Citizen and customer perspective (outward)
- Process and production perspective (inward)
- Learning and renewal perspective (forward)
- Economic perspective (backward)

Within each area there exists a number of critical success factors. The learning and renewal perspective is the one that best stimulates forward development and also formulates leadership views within the County Council.

"Leadership shall show and mirror notions such as personal engagement, everyone's participation and co-operation, continuous improvements, process and result oriented thinking. The leadership shall create a working environment where cross professionalism and co-operation between units stimulate continuous improvement".

In the other County Council, leadership is described as:

- Giving confidence and prerequisites
- Developing confidence
- Creating co-operation

Quality principles that shall be instilled in working methods and the work place are:

- Keeping the patient in the center
  - Maintaining aim consciousness
  - Participating
  - Based on fact
  - Emphasizing the processes
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- Continuing improvements

“It is essential for success to be less prestigious and to seek dialogue before making a decision.”

In the healthcare district where the study was carried out, results are measured from three perspectives on all levels:

- Customers/patients
- Co-workers
- Owners

### **Work responsibilities**

Becoming a manager at an operational level in both County Councils means assuming responsibility for development in all perspectives within the area.

Managers have the responsibility to see that all resources, both human and economic, are utilized in the best way to meet the population’s needs. This means that the manager is responsible for all co-workers and for the economy as well as the development of processes, knowledge development and teaching within their respective areas. Furthermore, the managers have responsibility for co-operation with others, both inside and outside the County Councils, from an overall perspective.

### **Results of the deeper assessment**

The group consists of four women and seven men, of whom five are active as leaders within primary healthcare. Five of them work in institutional somatic healthcare and one in the field of psychiatry. Three individuals have defended a thesis in their respective field. Ten are doctors and one is a nurse.

Below, they are described as “clinicians”, meaning they work actively with patients within their vocation, for example as a doctor, nurse or with some other professional background in health care. This is a group of people that at first sight seem to be very different. Some were very easy to make first contact with, and some are intensively verbal, while others seem more laid back and hesitant. But behind all of these seemingly different surface traits a number of strong mutual characteristics have emerged when going through the assessment material and during the interviews

#### **1. Likes to work with people, both as a leader and clinically**

They all show a strong interest in other people. Maybe this has been the most important factor in their choice of career. They take their basic point of view from the patient’s need for help and support, and bring this perspective into the organization. Their deep human interest expresses itself in their work with patients and co-workers. These traits are the strongest driving forces for a leader and a clinician.

#### **2. Extraordinary energy – borderline impatience**

These people have a very strong “engine”. They are curious and engaged in many different things. In their work, they take an active role and push development within their field, as well as in work improvement and leadership. Several have shown a strong interest in society expressed by their involvement in various associations and political issues, among other things. Their own energetic capacity is sometimes frustrating to them and they sometimes have difficulties understanding and enduring when change and development move slowly.

#### **3. Maintains focus on the operation, not administration**

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All the individuals in the group are clinically active to some extent, using their own experience as the basis for a teaching leadership role. The number of people varies depending on the circumstances, but all of them consider it necessary to be a part of the practical operation, so that they may understand how it can be developed and improved. Being clinically active just to be included with colleagues is not important, it is rather the daily work with patients and co-workers that gives a deep understanding of the operations inner workings, creating the best conditions for new ideas on improvement. They see themselves as an example for others, and use that when attempting to influence their co-worker's and colleague's vision on what is possible to accomplish. Ten of the managers being doctors may have significance on the results, but the eleventh individual points out the clinical work as a decisive factor for a leader with the ability to make changes.

None of the operational managers devote much time to "administration", but they all understand their responsibility and surround themselves with people who are good "administrators". Economy in itself is not the main point of focus. When asked how they maintain a balanced economy, they all say that it is a matter of having an effective operation and effective first line managers. Often it is the head nurse, but also medical secretaries play an important role here. "If I have good head nurses they attract good personnel that will stay on and develop the operation, and then money will not be a problem". None of those interviewed mentioned "cut-backs in health care" as being a problem.

#### **4. Unafraid and with civil courage**

The interviews reveal a clear mutual trait. These are people that are not concerned about what other people might think of them. They are not dependent upon outer confirmation to carry on. Instead, they get that confirmation from within themselves when they feel that they are on the "right" path. They are unafraid and possess civil courage. They don't hesitate to go against the established rule system or conventions built up by colleagues and others. The task of leading the operation towards improvement is always above the fear of not doing it right. In combination with an anchored position in the clinical aspect they use this fearlessness to risk experimentation and move forward. This sometimes makes others perceive them as being very result oriented and unconventional.

#### **5. Trust in others**

They have strong confidence in other people's will and capacity. This is expressed in their treatment of co-workers as well as patients. They believe that others have a will and a way. Therefore, they are prepared to give great freedom and responsibilities to subordinates. They are brave enough to support other's desire to try new things.

#### **6. Delegates and prioritizes, keeping an overview**

This is a group of people who do not feel the need to have "full control". At the same time, they delegate and prioritize, so as to not overwork things. They survey the situation and can easily skip from one task to another. They don't delve deeply into tasks in such a way that they lose their general overview, and they allow their co-workers free reign. Their high capacity and willingness to trust others, along with their desire to experiment, creates a learning environment. At the same time they seem to be able to engage themselves in the development of their own operation as well as in the health and healthcare areas in general, both on their home turf and elsewhere.

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### ***Summary and discussion***

The in depth assessment of the eleven leaders has given a clear picture of a set of common personal traits that seem to be decisive factors for those considered successful in their environments.

Looking at the increased demand for effective health and healthcare service, the question of finding the right leader, one who can bring about the desired results, is essential for success.

There is a need to develop methods that match these demands to individuals that have the capacity and potential to meet the requirements.

The study has shown that it is possible to identify personal qualities that are common to successful leaders in this field.

A method, that analyzes an operation's requirements for a result oriented leader, and also identifies and chooses individuals that possess the strength and potential to meet those requirements, will ensure the supply of qualified leaders within the field of health and healthcare services.

This method makes it possible to identify people with personal qualities that match these needs, early in their careers, and give them the opportunity to build knowledge and experience that further prepares them for future leadership roles. This approach creates new possibilities for positive development with the view of supplying leaders in health care. This is in strong contrast with today's methods of appointing managers and the general view of there being shortage of leaders in health care.

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### **Facts on health care in Sweden**

*Sweden has three democratically elected levels of government. At the national level there is the Parliament, at the regional level there are the 18 County Councils and two Regions and at the local level there are 289 Municipalities. Members of Parliament, County Councils and Municipalities are elected every fourth year.*

*The county councils are responsible for matters of common interest, which are too extensive and too costly for individual municipalities to manage. This mainly concerns health care, which is the county councils' major task, but also dental care, public transport, culture, higher and upper-secondary education, tourism, the environment, support for business and industry and regional growth and development.*

*Swedish health care is available to everyone. Agreements with other countries mean that foreign citizens are also entitled to care in Sweden. The health care system also works with measures to prevent illness and ill health, or to counteract any deterioration in health. Health care represents approximately 80% of total activities in the county councils.*

*The health care system is divided into three levels: primary care, county care and regional care. Primary care represents the base in the health care system with local health care centres, private general practitioners and physiotherapists in private practice.*

*The county care level deals with practically all illnesses. Rare and complicated illnesses and injuries are dealt with at the regional care level. In Sweden there are six health care regions.*

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