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**Particularities of Leadership
and Motivation in Healthcare Organizations**

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Abstract

Health care systems are designed to provide citizens with adequate services to protect their health, according to their regularly assessed needs. Hospital-level leadership is a challenge in any country and health system, especially in an economic crisis and in the context of recent developments and health care reforms. Leadership in the hospital has special features, which are related to the specifics of the medical activity carried out and the evolution of models and styles that prove their effectiveness, playing a major role in the success of these organizations in today's competitive environment. Motivation is essential in any public or private organization but a difficult condition to manage to achieve performance in the workplace. The motivation of medical staff is related to the specifics of a country and region, with important socio-cultural differences. Good hospital managers are able to anticipate important staffing needs to motivate people accordingly. The current empirical research aims to investigate the peculiarities of leadership and motivation in healthcare organizations. The conclusions of this article could help health care decision makers channel their actions towards attracting the best specialists, equipment, and resources to the hospital and achieving motivation and professional satisfaction of the medical staff which is vital to any performant hospital.

Keywords: leadership, motivation, healthcare, job satisfaction, motivational factors.

JEL Classification: I12, J24.

1. Introduction

The motivating factor is essential in any organization and institution, regardless of field, level, or size. In order to motivate people, managers need to know what their main values and needs are, and then to understand what motivates employees to adopt a certain attitude and develop behaviours that will achieve the desired result or achieve the pursued goal in different contexts (Breugh, Ritz, Alfes, 2018). The literature in the field has developed accordingly, especially theories and studies on

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staff motivation (De Simone, 2015; Rahbi, Khalid, Khan, 2017; Lohmann et al., 2018) despite the difficulty of measurement, and the concept of motivation in and for work has changed over time. People's motivations are diverse and different, but regarding work motivation, there are: financial and non-financial, each with its own importance.

Leadership in the field of health care services has been little approached in research that deals with the subject in terms of the complexity of hospital-type organizations (Hartley, Benington, 2010; Hahn, Gil Lapetra, 2019). There are certain trends in the global approach of health leaders and professionals, especially in terms of their motivations and leadership styles. Researchers in the field emphasize the overwhelming importance of the human health factor (Potcovaru, Girneata, 2015), especially physicians, in the quality of services provided and the effects of these services on patients. This influence involves the specificity of the health services market, respectively, of the main phenomena that shape it so differently: the strategic importance of human health and implicitly of the health sector, the very personal character of health care, high specialization of providers, information asymmetry, demand-induced supply, agency relationship, clinical risk associated with services (especially hospital services), moral hazard, adverse selection, presence of merits and externalities, market failure.

2. Literature Review

Leadership enjoys a growing interest in politics, business, the press, online, and academia. The value that the great leaders of the world attach to the image, attitude, way of presenting and addressing the public, the messages they convey, the charisma, the way they exercise their power and, implicitly, the advice they receive for to enjoy popularity, recognition, influence, achievement of goals, and even domination cannot be ignored. Therefore, the number of theories, research, and publications and events on leadership topics is relevant. The vision of the concept of leadership can differ significantly by addressing its personal characteristics – charisma, intelligence (including emotional), determination, extraversion, fluency, integrity, and more, or through the process of direct interaction between the leader and his followers, increasing and availability (Northouse, 2013).

Relevant research on scientific publications on this topic from 1900-2020 identified more than 200 different definitions of leadership. From the multitude of definitions of the concept, it can be concluded that genuine leadership is the ability, desire, and strength to mobilize, influence, and coordinate a group of people around achieving a common goal, project, including personal example.

The management literature signals performance issues at the level of organizations due to the fact that they adopt a certain frame of reference that can make them inflexible to consider other approaches and other solutions. The much faster pace at which new medical services are being developed requires the integration of patients' needs and the participation of some of them from design to implementation and validation of results. The importance of consultative processes is critical to success, and from this perspective a solution can be the development of

new services, with the support of interdisciplinary teams involving medical experts, various stakeholders, and patients. Solutions whose design and implementation have been made with the participation of stakeholders are more likely to be accepted and effective as they already integrate their needs.

A wide range of researchers believe that the motivation of individuals, including the motivation to work, involves a considerable degree of subjectivism and variability, even for the same person at different stages of life and personal and professional development, and is therefore difficult to measure, to be compared, and evaluated. Many authors have considered three defining elements of motivation, according to which they analyse this concept and related theories, and namely: direction, effort, and persistence (Armstrong, 2009; Robbins, Judge, 2013).

Musringudin, Akbar and Karnati (2017) considered motivation to be an essential but difficult condition to manage in order to achieve performance in the workplace, along with other aspects - individual skills and environmental factors. The human resources approach supports the idea that people naturally like to participate, work, and make their own contribution to the workplace, one that matters, which has led many contemporary employers to invest, e.g., in a better and more appropriate organization of the work environment, to value their own human capital, and to take more into account the needs of people both as employees and as individuals. These authors also emphasized the complexity of the structure of motivation, as in Herzberg's theory: motivational factors that fuel and determine job satisfaction – recognition, fulfilment through professional activity itself, self-definition by profession – especially in the medical field, responsibility, promotion, growth and development; and the “hygienic factors” that affect job satisfaction fuel dissatisfaction with it – job stability, payroll, supervision or control, working conditions and environment, labour relations, company policies (Musringudin, Akbar, Karnati, 2017).

Robbins and Judge stressed the importance of elements such as job description and proper design, job design, which positively influences job satisfaction and thus the performance of each person, as well as the appropriate rewards to stimulate motivation and job satisfaction (Robbins, Judge, 2012). According to the Job Characteristics Model, developed by Hackman and Oldham, in order to achieve the expected results at work with a high level of professional satisfaction, the job description and organization must take into account the characteristics and combination of the following elements: range of skills, competencies, and abilities of the employee; the identity of the traced task, the significance of the task or activity; work autonomy; providing feedback (Taylor, 2015). Consequently, job redesign can be successful through professional recognition, diversification, rotation, participation in decision-making - participatory management, and flexible work arrangements. Examples in this direction could be: agreeing on a flexible work schedule for employees; job-sharing, respectively, sharing a job with full-time in two part-time positions held by two people, ensuring the best possible communication between the parties, teleworking, working remotely from the headquarters of the organization, including at home for certain tasks, activities or at certain times, etc.

Financial rewards should take into account both individual and organizational results and performance, as well as the use of applicable incentives, such as bonuses, bonuses, benefits, and merits (Robbins et al., 2013).

As motivation and job satisfaction are fundamental, logical, collaborative, and behavioural, they should be best understood, considered, and evaluated over time by managers, in order to ensure a win-win relationship for both stakeholders: by improving the motivation of employees, the organization achieves better performance, and individuals reach a better coverage and satisfaction of their personal needs, having the satisfaction of doing a good, useful, and appreciated job. Motivation is seen as a process of allocating efforts and resources to maximize the satisfaction of organizational and individual needs, based on five interconnected components: actions, results, effects, evaluations, and satisfaction. Consequently, improving motivation requires ability, anticipation, adequate resources available, adequate authority or autonomy given to employees, specific work strategies, measurement, monitoring, and evaluation (Pritchard, Ashwood, 2008).

3. Research Methodology

The current empirical research aims to investigate the peculiarities of leadership and motivation in healthcare organizations. In order to reach this objective, qualitative research was employed and a great variety of case studies and journal articles, books and reports in this field were carefully analysed, and the main results were summarised and presented in the following sections of the paper. The main objectives of the research are:

- To investigate the research findings in the field of leadership and motivation in any type of organizations;
- To analyse the main peculiarities of motivation in the healthcare system;
- To highlight the peculiarities of leadership in the healthcare system;

The conclusions of this article could help health care decision makers channel their actions towards attracting the best specialists, equipment, and resources to the hospital and achieving motivation and professional satisfaction of the medical staff which is vital to any performant hospital.

4. Particularities of Motivation in the Healthcare System

The motivation of medical staff is related to the specifics of a country and region, with important socio-cultural differences. Proper motivation of hospital medical staff is a prerequisite for: avoiding fluctuations and shortages of doctors and nurses, providing good quality medical services, achieving high levels of patient satisfaction with the care received, improving performance, and image organization - valuable advantages in a competitive market, where the patient usually follows the doctor, and the money follows the patient.

In the case of clinical or university hospitals, which are very special, elite organizations, certain specific measures facilitate both professional motivation and good leadership, namely: encouraging interdisciplinary medical collaboration,

stimulating teaching and clinical research activities while providing health and care services taking full advantage of specialization, sharing knowledge and skills to achieve outstanding performance and excellence, contributing to staff self-updating including by acquiring essential leadership skills, staff participation in decision making, transition from organization to model a modern, flexible, and adaptable model (Brand, Walker, 2021).

Good hospital managers are able to anticipate important staffing needs to motivate people accordingly (DiPietro, Condly, 2007). It is necessary that the financial and non-financial rewards be addressed and cover the needs of the people, because otherwise their motivation is not realized. The quantitative performance indicators of the hospital, and the degree of patient satisfaction are influenced by the motivation of the staff (Johansen, Sowa, 2019), motivation that must be measured periodically by appropriate specific means. Job satisfaction and motivation are reflected in the relationships between employees, employees and management, and employees and hospital patients, respectively. In the personal-patient relationship, it will be reflected in the time and attention dedicated to the patient and his needs, communication and information, collaboration, treatment compliance and treatment conditions for a prompt, good and lasting success, follow-up and supervision, feedback, respect, politeness, understanding and empathy.

5. Particularities of Leadership in the Healthcare System

Hospital-level leadership is a challenge in any country and health system, especially in the current post-economic crisis and in the context of recent developments and health care reforms. But the tools and models of leadership in the hospital field involve a great diversity. Although the literature provides relevant information in describing and analysing the typology of leaders, especially in the political and industrial area, given the particularities of the hospital services market, for this research it is necessary to study and apply specific models and tools or with applicability in health.

Some authors emphasize changing the role of hospitals and their governance accordingly, considering that hospital leaders, through their knowledge, specific experience, and effective action, are the main cause of the success of these organizations, despite various funding mechanisms and market difficulties, in the context of frequent market changes and globalization (Saltman, Durán, Dubois, 2011).

Decision-making by highly effective health care leaders involves, in principle, several key features and elements: evaluating the best approach, analysing the decision, the quality of good judgment, keeping track of time, acting with integrity and consistency, personal development. At the same time, there are challenges at the level of these leaders, especially related to: the fear of making wrong decisions and, especially, of recognizing when this still happens, the unavailability to take too many risks, the lack or difficulty the use of good, sound decision-making methods, over-analysis and deliberation in decision-making, overconfidence (Wolff et al., 2020).

Mitchell and Boak propose five interesting qualities that would shape a dynamic leadership considered for the future in the health field, in which the promising leader: a) is an interested independent thinker who understands the emerging market of medical services; b) is passionate about knowing and covering the needs and expectations of the patient-client; 3) is able to represent an agent of change in the respective health organization; 4) has the ability and skills to motivate and inspire people; 5) leads a flexible, progress-oriented, high-quality organization (Mitchell, Boak, 2009).

According to Cragg and Spurgeon (2018), an exceptional leader in the clinical field has certain characteristics: he/she is a visionary who lives according to his/her own beliefs; cultivates self-awareness; he/she is defined by high emotional intelligence; he/she does not communicate at random even under the rule of emotions, but has a vision of communication, being at the same time a good listener who provides feedback and guides others; he/she does very well in dealing with people; he/she energizes people, creating and developing teams; he/she gains the loyalty and trust of others by generating informal power, building consensus, making decisions, determining results, mastering duties and responsibilities, stimulating creativity and cultivating adaptability.

The elements that make an exceptional leader can be defined as competencies because:

- Many good healthcare leaders want to be truly authentic for a very good reason: to make a difference for patients, their families, and the community they serve as a result of the medical services they receive;
- Most health leaders do not have many mentors, except in medicine (not as leaders), do not participate in leadership courses or training programs, and therefore do not have the opportunity to develop the necessary skills and abilities, even if they are native;
- Physicians are, by definition, leaders in teams where they work and especially for their patients, and in a time of “talent war”, leaders need to know how to evaluate other leaders in terms of skills, abilities, and competencies, especially those they hire.

The leader who lives according to his own values and beliefs, proves that he can always take a stand according to them, even if his popularity or recognition will be affected, he remains comfortable in difficult situations and will face difficult challenges with self-confidence, which is very inspiring for those around him. Usually, the leader does not live according to his own stated beliefs when: he has ambiguities and internal conflicts; professionally, he disconnects from his own beliefs; obsessively pursues his own goals and interests, using his hierarchical position for personal fulfilment; considers his own perspectives and beliefs to be the only good and right ones, ignoring or even forbidding others; he ends up preferring the obedient, he cannot stand criticism; he becomes too moralistic.

Gunderman warns that health care leaders must have a deep understanding of physicians' financial and non-financial motivation, and promote their professional development accordingly (Gunderman, 2009). Otherwise, the performance of

doctors will be far from potential; thus, patients and, indirectly, their relatives, will suffer.

An edifying argument is the visible effects of the demotivation of medical staff in the European countries of the former socialist bloc - Semasko-type health systems, which have transitioned with great difficulty to other forms of organization and financing, with still poor results compared to developed and characterized nations. From this point of view, the latest data indicate Romania as the first place in the world in the migration of doctors, estimating that, after the revolution and until now, about a third of Romanian doctors have gone abroad.

In an attempt to promote the development of leadership in the field of health, West and his collaborators started from its specificity, considering that the leaders to be appreciated prioritize the following: safety; high quality and care with respect and compassion for the patient, whose needs and feelings matter; motivating, appreciating, supporting and empowering staff; encouraging teamwork, responsible professional collaboration; transparency in solving problems, learning from mistakes; prevention of errors and serious incidents; promoting innovation and progress (West et al., 2015).

6. Conclusions

The performance of the medical system is influenced by elements of the social context such as: patients – individuals, groups, communities, institutional framework, processes, etc. Human health is a major, vital component of individual well-being, happiness, and individual, community, and social progress. Without being healthy, people cannot even cope with ordinary everyday activities or roles, while the current significant information, economic, and global challenges are becoming insurmountable. Health systems, and in particular health care systems, are designed to provide citizens with adequate resources, services, products, and programs to protect, promote, maintain, monitor, improve, restore, or rehabilitate their health, according to their regularly assessed needs.

Leadership in the hospital has special features, which are related to the specifics of the medical activity carried out and the evolution of models and styles that prove their effectiveness, playing a major role in the success of these organizations in today's competitive environment, marked by a series of challenges. A good leader will create the premises for attracting the best specialists, equipment, and resources to the hospital, but he will also create the right atmosphere and ensure the support of the team so that people want to work together, day by day, in this organization despite adversity.

Financial motivation is necessary but not sufficient for doctors and nurses in hospitals, and the motivation and professional satisfaction of medical teams can be positively influenced by: ensuring a modern medical equipment as efficient as possible; improving working conditions and environment, safety, and psychological comfort; completing the hospital's medical teams for the highest possible level of occupancy, so that patients are as well served as possible and staff are not overloaded, stressed, tired, and exposed to errors; encouraging and supporting staff

to regularly attend specific continuing education courses and activities provided by the best experts in the field, at national, European or international level; giving up authoritarianism and adopting a modern, flexible, participatory leadership style appropriate to the organization, specific activities and team; knowing the needs of the staff, valuing each individual employee, his professional and human recognition; ensuring an atmosphere of trust, understanding, mutual respect (not unilateral), collaboration and support in the hospital; regular evaluation of staff professional satisfaction and improvement of the situation according to the identified problems and causes, respectively to the staff proposals; constant participation in studies, research and development projects carried out.

Adequate regular study of the motivation and satisfaction of hospital staff allows one to know the opinion and suggestions of employees about: working conditions, problems and shortcomings, perception of interactions and inter-relationships in the organization, internal and external changes that affected their hospital activity, various other issues that employees do not always have the opportunity or intention to pass on to the hospital management. It is very useful that the reasons for dissatisfaction and the proposals mentioned by employees are always analysed and taken into account to improve the situation. On the other hand, it is necessary that the information obtained from the staff be correlated with the results of the study of the opinion of the patients on the services received in the hospital during the same period. If the motivation and professional satisfaction of the hospital staff do not become a permanent and real, tangible concern of the management, people will feel ignored, unsupported, undervalued, and consequently will not perform to the fullest and will even tend to leave the organization. Asking for feedback and consulting with the hospital team in making important decisions costs nothing but is an advantage for good leaders.

The motivation and professional satisfaction of the medical staff is vital to the hospital and is supported by: ensuring very good medical equipment, good working conditions, safety and comfort environment; sufficient medical staff, sustained, remunerated to the maximum, continuous professional development; modern leadership style, participatory, flexible, rewarding; atmospheres of trust, collaboration, understanding, respect; participation in research and development projects.

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