[Indian J Chest Dis Allied Sci 2017;59:5-7]

Editorial

Quest for Leadership in Medicine: Indian Perspective

"The greatest leader is not necessarily the one who does the greatest things. He is the one that gets the people to do the greatest things."

Ronald Reagan

Rather than keeping pace with global advancements, the health sector in our country; more so in public sector is struggling and plagued with various issues, like shortage of work-force, poor infrastructure, paralysed policies and insufficient funding. Majority of the medical professionals adopt their traditional role as clinicians, diagnosticians, teachers or researchers with individual centred approach and remain largely ignorant to the fundamental policy and systemic challenges in the medical profession. In general, lack of formal training in administrative and leadership skills along with complexities arising from the lack of autonomy and interference further adds to their reluctance to attain leadership roles. The medical professionals as a whole need to tune their mindset from merely attempting to survive to focused efforts to attain leadership attributes. This is the need of the hour for the country as well as the medical profession as a whole.

Despite the rapid economic growth of the country, health sector remains neglected with only 1% of its gross domestic product (GDP) being spent on public health. Insufficient financial support from the government to the heath sector reflects in a substandard and over-burdened infrastructure, especially in the public sector and unregulated inequitably distributed infrastructure in the private sector. Poor work conditions in public sector compel medical practitioners to embrace private practice or immigrate to developed countries in search for a better future. Indian doctors constitute the largest fraction amongst all nationalities of foreign medical graduates emigrating to the USA.[1] This adds to the deficit in the significantly limited number of doctors serving in the community for our population as compared to medical graduates that are produced every year. As a result, existing work-force is over-burdened with multi-tasking and consequently results in substantial compromise with quality of health-care.

Another factor is perhaps lack of political will and administrative commitment to implement the policies. Unfortunately, the trajectory of health-care in our country is tilted in favour of the rich and largely insured with health-care facilities in the private sector promoted by businessmen, tacitly supported by the government and many times, inadvertently eulogised by the media. It is a harsh reality that glitzy the corporate hospitals hide a world of unseen misery.

The National Health Policy Draft also proposes to divest health-care to select private hospitals, thereby further enlarging the scope of their business.[2] The empanelment of private health-care facilities for providing medical care to government public servants also underlies the limitations and the poor status of the government health sector facilities. Though privatisation cannot be considered always detrimental for health care; but rapid industrialisation of health-care with profit making attitude of the corporate sector, compromised ethics and human values compounded by the lack of strict regulation and the supervision by the authorities makes the medical system inaccessible for a large segment of the population and does not seem to be a plausible model of health-care delivery for a developing country like India.

Indian medical education system, which has the sole responsibility of providing quality medical work-force including doctors, is also suffering from various shortcomings, like maldistribution of resources, unregulated growth in the private sector and traditional curricula lacking innovative approaches.[3] A major challenge is rapid privatisation of medical education with flourishing corruption in the system generating 'certified' medical graduates with compromised ethics, clinical skills and medical knowledge.

It is very easy to fathom that conquering all these challenges to deliver high-quality health-care to patients would entail an exemplary medical leadership in the profession. Instead of remaining silent spectators and waiting for a miracle to happen; the medical fraternity should adopt an ethical and dedicated leadership role in planning, execution and implementation of the policies with regard to health-care of the country. Therefore, it becomes all the more prudent to debate and evolve a formal methodology to train medical professionals in leadership qualities in medicine with emphasis on the potential opportunities and challenges in the profession.

Doctors and Leadership Roles are not Synchronised in Public Health Sector

Public health sector is primarily regulated by the bureaucrats, which may look a natural corollary as they are trained administrators and policy makers. Moreover, physicians are reluctant to take leadership roles as they want to continue with the practice of medicine in which they have been trained. This

arrangement proves to be a hindrance as bureaucrat administrators are ignorant of basic needs of health-care sector and the ethical core values of medical profession. Therefore, while planning strategies and making policies, there is a disconnect from the ground realities. Though medical professionals are usually part of the various committees, the hierarchical supremacy of administrators results in dilution or at times rejection of the valuable suggestions provided by the medical health-care professionals. As a result, decisions are imposed over the whole medical fraternity even if these are detrimental for the profession and to the society.

Furthermore, the involvement of the government in office has the overriding authority in selection of Vice-chancellors and Directors in public institutions; many times the recommendations of the selection committee of medical experts constituted for these appointments is also overlooked; thereby compromising the selection process due to political expediencies. This extreme form of involvement of the authorities combined with poor working conditions due to insufficient funding, widespread nepotism and corruption has proved detrimental for quality growth of the health sector as well as academic standards of health-care professionals in our country.

Unfortunately, the medical fraternity rarely takes a principled and rational approach on these burning issues, Craven submissions usually become survival strategy and dissent is expressed only in hushed tones. This might be due to lack of the leadership skills in the medical curriculum during the training of health-care professionals.

Leadership is not Synonymous with the Management

Leadership should not be confused with management skills as leadership traits include vision, attitude for innovation and collaborative abilities; besides fine administrative skills. Management and leadership though have distinct roles but combination of both attributes is crucial for the attainment of excellence in medical profession. Literally in lay man terminology, management means coping with complexities of the organisations and ensuring that things run well, everyday problems are dealt expeditiously and that there is a steady and continuous performance of the whole organisation; whereas, leadership requires dealing with change, often unanticipated, whether it comes from external forces, such as government, or from internal forces, such as the development of new technology or systems requiring new knowledge and expertise.[4] A leader must have a vision and abilities to communicate this vision to his or her colleagues and motivate and inspire them as a team to succeed in accomplishing these changes.[5]

Attributes of Leaders

The description by Kotter clearly portrays the path of success achieved by leaders: Leadership defines what the future should look like, align people with that vision and inspire and motivate them to make it happen despite obstacles.[6] This illustration also defines attributes of a future leader which includes an ability to define a distinct goal (vision), aptitude to inspire and involve others in planning process for the desired results, collaborative skills for sharing responsibilities, optimismic outlook, strong administrative capabilities to overcome the obstacles and most important is the capacity of nurturing leadership trait in others. In an analogous opinion, Warren Bennis also concludes that leaders should seek four ideals: meaning or direction, trust in and from their leaders, a sense of hope and optimism, and results.[7] Overall leaders need to be highly intelligent in communication and relationship-building to support and motivate inter-disciplinary teams, instil integrity, adapt to change and to empathise with patients.[8]

Leadership Education or Selection

Before moving further, one crucial question needs to be answered, whether leadership trait is an inborn characteristic or can be acquired through education? It should be understood that though a cohort of population may have inherent inclination and potential to become pioneer in their respective field of interest, leadership is an art which can be honed by continuous motivation and practice. This is a journey of self-discovery and self-development which is facilitated by mentorship and formal education. However, it is important to identify potential leaders who are passionate to fight for their academic mission. Therefore, in the selection process of institutional heads or academic chairs, candidates with strong emotional, personal and social skills who are able to identify innovative strategies should be preferred.[9]

How to Create Leaders within Medical Fraternity

Constructive changes in the health-care system, cannot be achieved without active involvement of medical professionals. Health-care professionals must identify the problems early, convey their perspectives and should propose solutions through representations and active participation with the stakeholders. To ensure participation of medical fraternity, medical leadership should be incorporated at undergraduate and postgraduate curriculum as well as in the assessment system. Specific leadership courses and fellowships in public administration should also be introduced in the Indian medical universities.

Even at work-place, there should be opportunities for developing leadership skills through coaching, mentoring, action learning and seminars. Self-directed learning using books or audio recordings should be promoted for doctors working in remote places. Future medical leaders will require a broader range of non-technical skills to allow them to lead others, not just in their own field but across all professional boundaries. These skills include creating and communication of their vision, setting clear direction, service redesign and health-care improvement, effective negotiation, awareness of both self and others, collaborative working and networking.[10] Lal Bahadur Shastri National Academy of Administration located at Mussoorie (Uttarakhand), India can provide training to medical professionals who are selected or promoted to higher administrative posts. In addition, mid-career training programmes should be organised periodically for professionals in higher posts, like their counterparts in bureaucracy to refine their administrative skills.

As individual leader usually faces difficulties in bringing complex changes in the system, the medical community needs to develop and sustain a collective force referred to as "connected leadership". This concept emphasises the importance of relationship building as the basis for leadership, among individuals, professionals, within groups and teams and among whole organisational systems, and communities. Complex change is facilitated when the strengths and contributions of all stakeholders are openly and genuinely valued. Establishing a network of like-minded individuals, who can support, encourage and provide opportunities for each other not only to learn and develop; but also to take on new roles or leadership positions, is extremely desirable in the current scenario.[11]

Though leaders have to come from within the medical fraternity, role of political support cannot be under-estimated. A substantial expansion of investments in health-care sector by government along with minimising bureaucratic interference with proper utilisation of energy and expertise of health-care professionals can bring the systemic change required in the delivery of health care in our country.

In conclusion, despite struggling with multiple challenges in health sector, medical leadership is not a very popular concept in India. Medical leadership skills have been entirely ignored in the curriculum as well as in routine practice leading to dearth of leadership. There is an urgent need to adopt leadership roles by health-care professionals. Inclusion of leadership skills in the medical curriculum along with the introduction of specific leadership courses, fellowships and motivation for self-directed learning could change the scenario. Nonetheless, the target cannot be achieved unless there is professional commitment along with strong political support to combat the obstacles.

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References

1. Mullan F. The metrics of the physician brain drain. *N Engl J Med* 2005;353:1810–18.
2. Chandy S. Healthcare in India should be service, not business. *Indian Express*;14th March 2015.
3. Solanki A, Kashyap S. Medical education in India: current challenges and the way forward. *Med Teach* 2014;36:1027–31.
4. Gibbon JH, Jr. Leadership in medicine by John Waldhausen. *Bull Am College Surgeons* 2001;86:15–19.
5. Kotter JP. *What Leaders Really Do*. Boston : Harvard Business School Press, 1999.
6. Kotter JP. *Leading Change*. Boston : Harvard Business School Press, 1996.
7. Bennis W. *The Leadership Advantage in Leader to Leader*. San Francisco: Drucker Foundation and Jossey-Bass, Inc, 1998.
8. Shore DA, Kupferberg EDJ. Preparing people and organizations for the challenge of change. *Health Commun* 2014;19:275–81.
9. Clavien PA, Deiss J. Leadership: ten tips for choosing an academic chair. *Nature* 2015;519:286-7.
10. Warren OJ, Carnall R. Medical leadership: why it's important, what is required, and how we develop it. *Postgrad Med J* 2011;87:27–32.
11. Collins-Nakai R. Leadership in medicine. *Mcgill J Med* 2006;9:68–73.