A Proposal for a Leadership Model in Health: Post-modern Health

Leadership

Yeter Demir Uslu^{1*}

Ersin Kocaman²

Erman Kedikli¹

ABSTRACT

It is known that leadership concepts and theories have been introduced to the literature

by social sciences before the modern period. The lack of a leadership style within the context

of the peculiarities of health services and post-modern period and the problems experienced in

the management of health systems are the problems of our study. In the study, the literature is

examined within the scope of health and health leadership concepts and the characteristics of

the period which contains the effects of modern approaches on the health care market and

management in health services. This study aims to explain the Post-modern Health Leadership

model that health systems need and to bring it to the literature. To create the Post-modern Health

Leadership model proposal, transformational leadership, effective strategic leadership, and

charismatic leadership models' characteristics were synthesized. The proposed model is located

at the intersection of these leaderships and has all the features of the models.

¹ Istanbul Medipol University, Faculty of Health Sciences, Health Management, Istanbul, Turkey

² Namık Kemal University, Vocational School of Health Services, Medical Documentation and Secretarial, Tekirdağ, Turkey

*Corresponding author: Y.D. Uslu, yuslu@medipol.edu.tr

101

As a result, the health system needs to be innovative, flexible, predictable, capable of doing

business, believe in the creativity of differences and should not be suppressed, advocating the

idea of a pluralist and libertarian organization and leading oneself, patient and employees; focus

on people and production, ensuring that services are provided within the framework of equity,

effectiveness, efficiency and accessibility leader. Thus, it is thought that implementing all of

these in a coordinated manner will empower the health system to succeed.

Keywords: Health Systems, Leadership, Post-modern Period, Post-modern Leadership

INTRODUCTION

The global competition environment, the development of human rights, and the

increasing importance of human factor in enterprises changing and developing technology

directly affected the businesses that are part of the information society in the 21st century.

In the pre-industrial period, when the agricultural economy gained weight in social life,

the source of being powerful was to own land. With the Industrial Revolution, social life

evolved into "industrial society. In this period, businesses, with the development of technology,

have grown, production increased, and the money economy and goods-service markets were

formed. Developments in information and communication technologies since the 1990s have

lifted the economic boundaries between countries and brought about the phenomenon of

globalization and global competition (Koçel, 2018).

With the transition to the information society, many concepts related to the dynamics of

industrial society enterprises have changed, lost their importance and completely new concepts

and dynamics have emerged. Therefore, businesses in any sector must work with the new

conditions, concepts, technologies and practices of this information society. Businesses that

adapt to this change can be successful and achieve their goals. The adaptation to the changes in

102

the transition from the industrial society to the information society is possible under successful business executives with leading qualifications (Steven et al., 2016).

These developments in information and communication technologies and globalization directly affected health systems in the 21st century. There has been a rapid increase in the number of health institutions offering private services within the health systems and also, the demand for private health insurance has increased. This process led to the development of the health field as a "market" (Tengilimoğlu et al., 2008). From 1980 to 2000, the health sector became a market that has grown nearly threefold. Many innovations and changes that call for "health reform" have been made in various countries.

In this study, the aim is to explain the Post-modern Health Leadership model proposal that health systems need and to introduce it into the literature, by examining the literature within the scope of the characteristics of health and health leadership concepts and the effects of contemporary postmodern approaches in the health services market and management.

The Post-Modern Era

Since the 1980s, significant changes have occurred in all spheres of life and even according to some transformations have emerged. The field of business and management is one of them. Fundamental developments such as the increase in globalization, developments in communication and information processing technologies, the growth in the education and expectations of the employees in general, and the overriding of human rights have brought societies from the industrial society stage to the information society stage. Naturally, this transformation affected all businesses. This transformation took place in what is described as the post-modern period.

The post-modern era has witnessed the emergence of a new social society and important developments in organizational theory. Especially with the transition to the post-industrial period, the economic and social structures that have existed since the Industrial Revolution have been reshaped. Developing information technologies has started to form a new social network. This process can be expressed in terms of "change", "innovation", and "disarray" (Keskin et al., 2016).

The first studies on post-modern organizational structures were made by Clegg (1990) and he stated that such organizations exist in countries such as Japan, Sweden, East Asia and Italy. Rose (1991) states that, in post-modern organizations, on the contrary to modernist organization structures which based on the separation of specialization, division of labor, based on the principles of hierarchy and centralization, the post-modern organizations has creativity of differences and he defends that it should not be suppressed. According to Keskin et al. (2016) post-modernism is defined as the transition from mass-oriented mass production to the production of symbolic and customized products and services, and the transformation of the modern era into rigid standardization and routine practices to flexible and changeable production forms thanks to advanced production and information technologies.

Businesses should be able to understand the post-modern period and keep up with the transformation of this period to realize its primary goals. It is possible to see the effects of this transformation in various sectors, such as the production of personalized vehicles in the automobile sector, the construction of personalized home-workplaces in the construction sector, and the working policies of e-commerce giants. In the post-modern era, it is possible to see the effects of transformation in organizations within the health system as in other sector enterprises. The philosophy of the provision of health services "There is no disease, there are patients" is

an example of this approach. In the modern era, routine treatment and care in health systems give place to patient-specific treatment and care (Yalçın Doğan, 2014).

In addition to the developments mentioned above, increasing sensitivity to democratization, patient and health worker rights issues, improving internal and external competition, globalization, business ethics, increasing social responsibility and social sensitivity make health management more difficult and complicated. As a result of these and similar developments, health leaders should ensure that the health organizations in the post-modern era achieve their goals in the best way by using their managerial knowledge.

Leadership

The effects of globalization and developing technology have led to more competition for businesses and the sense of competition is not limited to the private sector. It is clearly observed that public sector institutions also compete among themselves. Providing competitiveness and sustainability can only be achieved with good management. Koçel (2018) has described management at the "Oldest of arts, newest of sciences". But the most widely understood- and used statement on the definition of management is "a process of providing cooperation between people in order to achieve this goal and purpose" (Sığrı and Gürbüz, 2017). The manager performs the planning, organization, implementation, coordination and control functions of the management process. A good management process is possible with managers who have leadership qualities.

Leadership is a process; the person who performs this process is called the leader. Starting from the definition of leadership, a leader is a person who can create goals, gather people around, motivate them, influence them, is knowledgeable, self-confident and has many personal characteristics (Eren, 2001). Many theories have been put forward about the leadership

process, and classifications such as leadership models, leadership philosophy and leadership styles have been made. There is not always a single and strict leadership style (Tabak et al., 2009).

Globalization and the development of technology directly affected management processes and led to differentiation of management approaches. The leadership models that emerged as a result of these classifications have taken their place in the health system. Because health and the health system have unique characteristics, the success of the leaders can only be achieved by mastering the fundamental dynamics of the health system and healthcare enterprises. For this reason, in the health system, rather than the physical characteristics of the leader, mental and personality characteristics are of great importance. In the 21st century, Transformational Leadership, Effective Strategic Leadership and Charismatic Leadership are the most widely accepted approaches to delivering methods and organizations to their goals.

The concept of Transformational Leader was first proposed by Burns (1978) and later developed by Bass (1990) and is known as a successful leadership style to the present day. The leader who changes the needs, beliefs and value judgments of their personnel, achieves superior performance by performing organization, change and renewal (Koçel, 2018). It is also defined as a type of leader that enables employees to discover their strengths and weaknesses reveal their identities, and strives to involve them (James and Ogbonna, 2013). Components of transformational leadership are; creating a strategic vision, explaining the vision, modeling the vision and providing follow-up, and loyalty to the vision (Drucker, 2012). In other words, the transformational leader makes the vision meaningful for the audience and raises their level of dedication.

Weber (1947) described charisma as personality traits that distinguish the individual from ordinary people because of supernatural, superhuman, or at least exceptional power or

characteristics. According to Charismatic Leadership, when followers behave out of the ordinary, they attribute preternatural or heroic features to their leaders (Keskin et al., 2016). The charismatic leader creates an effective vision that is specific to the organization and tailored to his circumstances and exhibits uncommon behavior to persuade and encourage his followers. The charismatic leader appeals to the emotions of the follower and enables them to capture the emotions he conveys.

Regardless of leadership theories, approaches and models, charismatic features play an important role in leading and influencing the followers. However, since leaders with charismatic power are likely to be poisoned by this force, they may cause leaders to focus on their personal interests (Keskin et al., 2016). Peter Drucker witnessed the devastating effects of political leaders in Europe and said that this personal or relational trait (charisma) could lead to similar problems within organizations; "charisma can destroy the leader" and "distract from flexibility, convince them that they are error-free and they should not change".

Ülgen and Mirze (2013) defined the strategic leader as "the person who can make strategic changes when necessary through the ability to see the future, create a vision, be flexible and empower other people". As the strategic leaders of organizations, the main task of CEOs is to select a vision for their organizations and to create conditions for achieving this vision (Uğurluoğlu & Çelik, 2009). An effective strategic leader is defined as a person who can significantly affect the feelings, thoughts and behaviors of other people with whom the strategic leader works. Hereunder, the strategic leadership processes are difficult to understand and imitate by competitors, so the firm has a competitive advantage (Ireland and Hitt, 2005).

Adair (2004) explains strategic leadership practices with three-ring models. In the model, three roles are expected from a strategic leader. These are; to reach a common goal, to

form a team and to develop human resources. Based on these three roles, Adair addresses strategic leadership practices in seven dimensions:

- 1- Determining a direction for the whole organization.
- 2- Successful strategy and policy monitoring.
- 3- Implementing the strategies.
- 4- Organization and reorganization.
- 5- To reveal the organizational spirit.
- 6- Linking the organization to other organizations and society.
- 7- Choosing today's leaders and educating tomorrow's leaders.

The characteristics of these three leadership models are detailed in the table below.

 Table 1:Characteristics of leadership models

Charismatic Leadership	Effective Strategic Leadership	(Transformational) Leadership
Indicates vision	Indicates vision	Indicates vision
• Impressive power	• Flexible	• Ideal effect
Self-confidence	Can handle uncertainties	• Ideal affect behavior
• Brave	• Empowers employees	• Inspirational motivation
Makes admiration on	• Impressive power	• Intellectual strengthening
employees • High persuasion ability	Manage human resources effectively	• Individual support
Motivating power	• Establishes good relations with stakeholders	
	To constantly question and develop their own paradigms and capabilities	
	• Make bold decisions in accordance with environmental conditions.	

METHODOLOGY

National and international scientific studies on health, health systems, leadership, and post-modern management theories have been searched in domestic and foreign literature. In the Post-modern Health Leadership model proposal, Transformational Leadership, Effective Strategic Leadership and Charismatic Leadership models are aim at being formed by synthesizing the characteristics.

RESULTS

Problems in Health Systems

Although the health system and health policies are different, almost all countries experience various issues in health management. Countries are trying to develop multiple policies to prevent these problems. Generally speaking, the lack of a vision in the field of health management in states, the issues experienced by the frequently changing managers in connection with the past, the change and the bureaucracy and hierarchical structure affect and prevent management with various aspects, the inconsistencies in the reimbursement policies, and the failures in financial sustainability are the leading problems in the field of health management. Additionally, infectious diseases caused by immigration, lack of quality and contingency of institutions that train health personnel (Öztürk, 2018), health financing problems (while it continues to be an essential and priority issue among the agendas of countries and governments) put governments under much bigger pressure because of the risks posed by chronic diseases, aging and the increase in health inflation (Çelik, 2018).

Priorities in health policies include the provision and financing of services such as health communication and informatics. In order to improve health services and to reduce costs and to reduce dependence on imported products and technologies, three main axes should be focused on: research and development activities, localization and nationalization in materials and pharmaceutical production, and taking a place among the world's leading companies in health tourism (Sur, 2018).

To solve such problems, the need for a leader that covers all the stakeholders of the health sector and can direct them towards a specific purpose is seen as the universal need of almost all health systems. In this context, changing and developing technology, changing

demographic structures, migration and similar situations, natural disasters and changing expectations and targets for the future make a current health leadership style essential for success.

Post-Modern Health Leadership

The post-modern health leader is one of the three most common health models in the health system, which can contribute to the expectations and aims of the society and the system; Transformative Leadership is inspired by Effective Strategic Leadership and Charismatic Leadership. In all three of these leadership models, leaders are defined as individuals who activate their subordinates with words, thoughts, and behaviors.

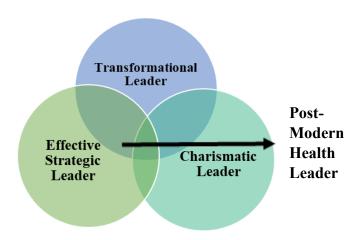


Figure 1:Post-modern health leader

As seen in Figure 1, the Post-Modern Health Leader is at the intersection of Charismatic Leadership, Effective Strategic Leadership and Transformational Leadership. The Post-Modern Health Leader bears all the characteristics of three leadership models. Post-Modern Health Leadership is a more specific and complex type of leadership.

 Table 2: Features of post-modern health leader

Features of Post-Modern Health Leader

- Dominates the basic dynamics of health services and business.
- Focuses on people.
- Indicates vision.
- Impressive power
- Self-confidence.
- Makes admiration on employees.
- High persuasion
- Has the power to motivate.
- Flexible.
- Creative.
- Disciplined.
- Outward facing.
- Shows commitment to work.

- Can handle uncertainties.
- Empowers employees.
- Manage human resources effectively.
- Establishes good relations with stakeholders.
- Continuously questions and develops its own paradigms and capabilities.
- Make bold decisions in accordance with environmental conditions.
- Ideal effect uploaded by others.
- Ideal affect behavior.
- Intellectual empowerment.
- Individual support.
- It is innovative.
- Equity, Efficiency, Accessibility, and Effectiveness are at the forefront.

The Post-Modern Health Leader must lead to three areas. The first should be able to lead the essence, the second should be able to lead the patient and employees, and the third should be able to lead the health system.

The perspective of human resources in health is based on the qualified human factor (Mashrap, 2014). The post-modern Health leader should be able to influence communities' emotions, thoughts and behaviors in a meaningful way while affecting communities.

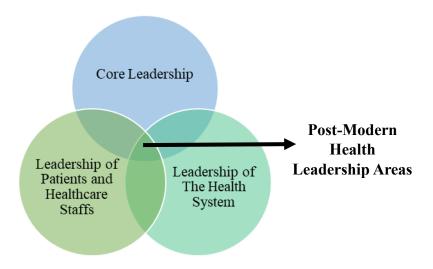


Figure 2:Post-modern health leadership areas

Post-Modern Health Leadership

The post-modern health leader scales have "work and service" on one side and "people who do and service" on the other. The post-modern health leader is at the intersection of the delivery of human-oriented health services and product-oriented health services. In health services, the human element appears as both a service provider and a service receiver. The health leader within the health system should have patients and health professionals at the heart and soul of the purpose of existence. Both the serving and receiving groups should be balanced in the ideal way.

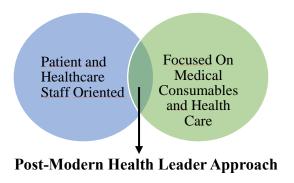


Figure 3:Post-modern health leader approach

They are leaders who emphasize the relationship between people-oriented leaders, take into

account the personal needs of patients and employees and observe differences between

members (Güney, 2018). A post-modern health leader with humans at their center is fair,

respectful of employee rights, safe, respectful of ethical values, differences and human rights,

based on equality of opportunity, support development, peaceful, inclusive, mutual relations

are based on respect and trust, encourages participation, allows personal development, freely

exchanges ideas, will create a healthy and decent, transparent, team-spirited, reliable, equitable

and accessible system.

The system-oriented leader is the leader who gives importance to the technique and content of

the work (Sığrı and Gürbüz, 2017). The post-modern health leader with production in the center

will create a system with high employee loyalty, where corporate goals are internalized, highly

motivated teams, be an indispensable employer brand for employees and strong capital, and the

most effective and efficient use of medical consumables.

Only applying a people-oriented approach will lead to weak product output, and only using the

system-oriented method will cause the essential element of the system to be ignored. Therefore,

these two concepts cannot be considered separately. For the post-modern health leader, there is

a direct correlation between human orientation and service orientation.

114

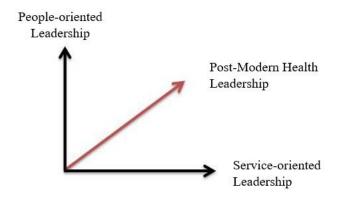


Figure 4:Post-modern health leader focus

The coordinated best practice of the post-modern health leader, who focuses on people and production, will have a strengthening effect on the success of the health system.

As a result, the definition of post-modern health leadership in the health system; "preventive, therapeutic, rehabilitative and health promotion services are provided within the framework of equity, effectiveness, efficiency, and accessibility and to ensure that people are in complete well-being around the community or people can influence them and can be directed and directed." can be applied in that form.

DISCUSSIONS AND CONCLUSIONS

People want to stay healthy and raise healthy generations (Giussani et al., 2011). The right to health is an innate right, and everyone has it. The right to health is the most long-term right that concerns all people, starting from birth and continuing even after death. States guarantee this right with the constitution, and to fulfill their obligations, they plan and supervise health services from a single source and provide health services both in the sense of a social state with their own resources and in cooperation with the private sector from time to time

(WHO, 2006). The classification of health services is made as preventive health services, therapeutic health services, rehabilitative health services, and health promotion services.

As health services have unique characteristics that distinguish them from other services, states should produce correct policies in the provision of health services. Public institutions and private sector enterprises should accurately implement these policies.

The 21st century was entered into as a familiar environment, even with more different features than had been expected. Developments in democratization and human rights issues in societies, increasing sensitivity on patient and health worker rights issues, improving internal and external competition, globalization, business ethics, increasing social responsibility and social sensitivity make health management more difficult and complicated. As a result of these and similar developments, health leaders should use their knowledge of management to achieve the goals of health systems and organizations in the post-modern era in which a pluralistic and libertarian organization that believes in the creativity of differences and opposes bureaucratic organizational structures is advocated for.

The person who undertakes the mission of health leadership should be able to lead the core, the patient and employees, and finally, the health system. The post-modern health leader scales have "work and service" on one side and "people who do and service" on the other. The post-modern health leader is at the intersection of the delivery of human-oriented health services and product-oriented health services. For the post-modern health leader there is a direct correlation between human orientation and product orientation.

As a result, being innovative, flexible, predictable, capable of doing business, believing in the creativity of differences and advocating that they should not be suppressed, while promoting a pluralist and libertarian organization idea that can lead to the oneself, patient,

employees and health system, the post-modern health leader in addition to being one who focuses on people and production, ensuring that they are presented in the framework of efficiency and accessibility, and implementing them in a coordinated manner will create a strengthening effect for the success of the health system.

REFERENCES

Adair, J. (2004). Etkili Stratejik Liderlik. (S.F. Güneş, Trans.). İstanbul: Babıali Kültür Yayınları. (Original work published 2002).

Bass, M. B. (1990). From transactional to transformational leadership: Learning to share the vision. Organizational Dynamics, 3,19-31.

Burns, J.M. (1978) Leadership. New York: Harper & Row.

Clegg, S. (1990). Modern organizations: Organization studies in the postmodern World London, UK: Sage Publications.

Drucker, P. F. (2012.). Yönetim. (İ. Gülfidan, Trans.). İstanbul: Optimist Yayınları. (Original work published 2009).

World Health Organization (WHO) (2006, October). Constitution of The World Health Organization, http://www.who.int/governance/eb/who_constitution_en.pdf

Eren, E. (2001). Örgütsel Davranış ve Yönetim Psikolojisi. İstanbul: Beta Yayınları.

Giussani, C., Riva, M., Gallucci, M., Boukhatem, L., Sganzerla, E. P., Demonet, J. F., Roux, F. E. (2011). Anatomical correlates for category-specific naming of living and non-living things. Neuroimage, 56,323-329.

Güney, S. (2018). Davranış Bilimleri. Ankara: Nobel Yayıncılık.

House, R.J. (1976). A 1976 Theory of Charismatic Leadership. Working Paper Series 76-06.

Hunt, J. G., & Larson, L. L. (1977). Leadership: the cutting edge: a symposium held at Southern Illinois University, Carbondale: Southern Illinois University Press.

Hurst, J. (2000). Challenges for health systems in Member Countries of the Organization for Economic Cooperation and Development. Bulletin of the World Health Organization, 78,751-760.

Ireland, R.D., Hitt, M.A. (2005). Achieving and Maintaining Strategic Competitiveness in the 21st. Century: The Role of Strategic Leadership. Academy of Management Executive, 19, 63-74.

Odumeru, J. A., Ogbonna, I. G. (2013). Transformational vs. transactional leadership theories: Evidence in literature. International Review of Management and Business Research, 2,355.

Keskin, H., Akgün, A. E., Koçoğlu, İ. (2016). Örgüt Teorisi, Ankara: Nobel Yayın.

Kılınç, T. (1997). Liderlikte Durumsallığın Ötesi (II) Karizmatik Liderlik Yaklaşımı. 21.Y.Y'da Liderlik Sempozyumu Bildiriler Kitabı, İstanbul, 5-6 June 1997.

Koçel, T. (2018). İşletme Yöneticiliği. İstanbul: Beta Yayınları.

Acceptance Date: November 29, 2019

Maşrap, A. (2014). Sağlık İşletmelerinde Kalite. İstanbul: Beta Yayınları.

Hill, M., Mcshane, Steven L., Von Glinow, Mary Ann, (2016). Örgütsel Davranış, (A. Günsel, S. Bozkurt, Trans.). Ankara: Nobel Yayınları. (Original work published 2014).

Öztürk, R. (2018) Tıp ve Diğer Sağlık Mesleklerinde Eğitim. Sağlık Düşüncesi ve Tıp Kültürü Dergisi, 48,60-63.

Robbins, S., Judge, T. A. (2015). Örgütsel Davranış. (R. Erdem, Trans.). Ankara: Nobel Yayınları. (Original work published 2012).

Rose, M. A. (1991). The post-modern and the post-industrial: a critical analysis. Cambridge University Press.

Sığrı., Ü., Gürbüz S. (2017). Örgütsel davranış İstanbul: Beta Yayınevi.

Tabak, A., et al. (2009). "Örgütlerde Yöneticilerin Dönüştürücü Liderlik Algılamalarının Problem Çözme Becerilerine Etkisi: Kamu Sektöründe Bir Uygulama. Çukurova Üniversitesi Sosyal Bilimler Enstitüsü Dergisi, 18, 387-397.

Tengilimoğlu,, D., Işık, O., Akbolat, M., (2008). Sağlık İşletmeleri Yönetimi. Nobel Yayınları, Ankara.

Türk Dil Kurumu. (2018, December 28). Postmodernizm.

http://www.tdk.gov.tr/index.php?option=com_gts&arama=gts&guid=TDK.GTS.5b1a1fa 6683906.43056745

Uğurluoğlu, Ö., Çelik, Y. (2009). Örgütlerde stratejik liderlik ve özellikleri. Hacettepe Sağlık İdaresi Dergisi, 12, 121-156.

Ülgen, H., Mirze, M. (2013). İşletmelerde Stratejik Yönetim. İstanbul: Beta Yayınevi.

Weber, M., (1947). The Theory of Social and Economic Organization. New York: Oxford University Press.

Yalçın Doğan, N. (2014). Sağlık Kuruluşlarında Kalite ve Akreditasyon Açısından Tıbbi Kayıt Sistemine Yaklaşımlar. Dokuz Eylül Üniversitesi/Sağlık Bilimleri Enstitüsü, İzmir.