A Leader Facing Challenges of Navigating Management

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Abstract-

Introduction

Good leadership is a crucial element of healthcare systems that serves in a lot of things such as for enhancing organizational efficiency and effectiveness. The purpose of this study was to examine the leadership difficulties faced by hospital leaders in navigating management.

Materials and Methods

This quantitative research was done utilizing an online survey (questionnaire) approach on a carefully chosen sample of 300 hospital management team members (doctors, nurses, medical leaders, ward managers, and technical employees).

Results

Four key leadership obstacles were identified in this study: interaction with other departmental managers, lack of support from others, lack of seriousness towards the obligations, and difficulty maintaining overall staff control.

Conclusion

The results of this research shed some light on the leadership challenges faced by a developing country with a distinctive culture. The results also showed the importance of hiring experienced leaders who can analyze, assess, and deal with **complicated issues.**

Keywords: Leadership, Health Care organization, Challenges, Hospital, Navigating Management.

I. INTRODUCTION

Due to their challenging procedures and variety of resources, health-care system organizations, with hospitals at their core, are regarded as huge and complex modern organizations (Baker, 2011). The knowledge, skills, and motivation of the human resource department affect how well health care organizations perform (Leggat and Balding, 2013). Given the importance of this resource, sustained leadership is essential for achieving excellent productivity, boosting the workforce's skills to improve results, as well as enhance the quality of healthcare (Hardacre et al., 2011). It takes leaders who can handle uncertainty as well as promote behavioral and cultural adjustments to drive quality improvement processes (Chen et al., 2013).

A firm's or organization's purpose, as well as specific goals, is accomplished through the long-term leadership process (Mosadeghrad et al., 2013). This process establishes objectives and plans of action, improves organizational productivity and dedication to goals, and fosters a culture of teamwork and dynamism inside businesses (Tingvoll et al., 2016). Additionally, it is a time-tested strategy to structure or restructure the circumstances, as well as the members' views and expectations (Arroliga et al., 2014). Studies have shown that inadequate leadership and communication are the leading causes of issues in the health care systems (Martin and Learmonth, 2012). Poor leadership in health care organizations could result in higher expenses, less efficacy as well as effectiveness, and staff unhappiness, all of which would impair patients' satisfaction and humanity's health level (VanVactor, 2012). Appropriate leadership might develop an organization's commitment to quality, mitigate problems, improve team quality as well as performance, boost satisfaction of staff, improve healthcare quality, and ultimately help people achieve their personal and professional objectives (Pahlavanzadeh et al., 2016). Only a minimal number of leadership researches have been done in the field of healthcare; the majority has been done in industrialized nations and other areas (Rabarison et al., 2013). There seems to be an essential need for such research in emerging economies due to the significant impact of context, which can be seen in the way that national culture, public laws, and economic status may affect executives' conduct and leadership style (Benzer et al., 2012).

Although leading healthcare organizations in underdeveloped nations present significant issues, not enough research has been conducted in these nations (Rad and Yarmohammadian, 2006). The majority of leadership-related research that has been conducted has examined leadership style and its effects on a variety of topics, including employee satisfaction, conflict resolution, incentive systems, innovation, and operational indicators of hospitals (Dansereau et al., 2013). While the majority of studies have been undertaken in small hospital environments, others have looked farther into the transformative, moral, inspirational, intellectual, and other well-known hospital leadership styles (Day et al., 2014).

As a result, there is a lack of comprehensive studies that explore and identify the difficulties of leadership in the health care system (Forsberg et al., 2004). As a successful strategy, quantitative studies are anticipated to offer unbiased perspectives on the actual experiences of industry leaders. The goal of the current study is to clarify the challenges and difficulties faced by leaders in healthcare organizations so that problems may be found and suitable functional and practical solutions can be developed.

II. MATERIAL AND METHODS

Study design

The author employed a quantitative research approach to gather data for this project. The term "quantitative research approach" describes the process of collecting data through open-ended questions and discourse. Analyzing and gathering numerical data are part of the quantitative research methodology (Watson, 2015).

Research Sample

Hospital managers from various managerial levels participated in the study. The inclusion criteria of the study include: medical leaders, doctors, nurses, technical staff, and ward managers

Data collection

The gathering of data is among the most challenging and crucial steps in carrying out a research project. There is various top research methodologies used around the globe, but if the author is unable to get the necessary data, we will not be able to finish our research project. Data collecting is a challenging and complex task that needs careful planning, careful execution, knowledge, inspiration, and many other factors in order to be completed appropriately. The initial step in data collection is determining what type of information is needed, and then it is preceded by acquiring data from multiple population groups. After then, it's crucial to employ a specific technique to gather data and information from the chosen sample (Bloomfield and Fisher, 2019).

Collecting data for this study topic involved using an online survey approach (questionnaire). The questionnaires were sent to the targeted population by email. A questionnaire was created in order to collect data. An online survey was conducted to gather information from medical leaders, doctors, nurses, technical personnel, and ward managers, and questionnaires were emailed to the targeted audience.

Analysis of Data

The surveys ask a variety of questions about the challenges in hospital management presented to leaders (In APPENDIX attached). There are two sections in the survey. The questions participants were asked regarding their demographics were covered in the first part. There were "Yes" and "No" alternatives on the questionnaire for the participants. Questions were included in the second segment. The 300 individuals provided the data. The data was organized appropriately for analysis after being collected from the intended demographic. For conducting the analysis IBM SPSS 22.0 version was used. Quantitative analysis was done to analyze the data of the answers to the questions. However, this analysis was also used to identify the major issues that are experienced by the leaders in navigating management.

Reliability of the research

A sufficient amount of time was invested in data collection, continuous data evaluation, and respondent input to strengthen the trustworthiness of the findings. Participants were chosen from various management levels and organizations. If there are any differences among the responses as well as the assessment, the entire content has been thoroughly examined. Additionally, more phone calls were made to help clarify any hazy situations. To ensure the reliability of the conclusions, an audit test was used.

Ethics-related concerns

The study's goals, the privacy of the respondents' data, as well as the study's voluntary nature were adequately explained to the participants. They gave their agreement after being fully informed.

III. RESULTS

Three hundred people were selected for data collection. The results from the online survey have shown that there were four significant challenges faced by the leader in the hospital: poor interaction with the other departmental managers, no support from others, no seriousness about the duties, and hard to control the whole staff.
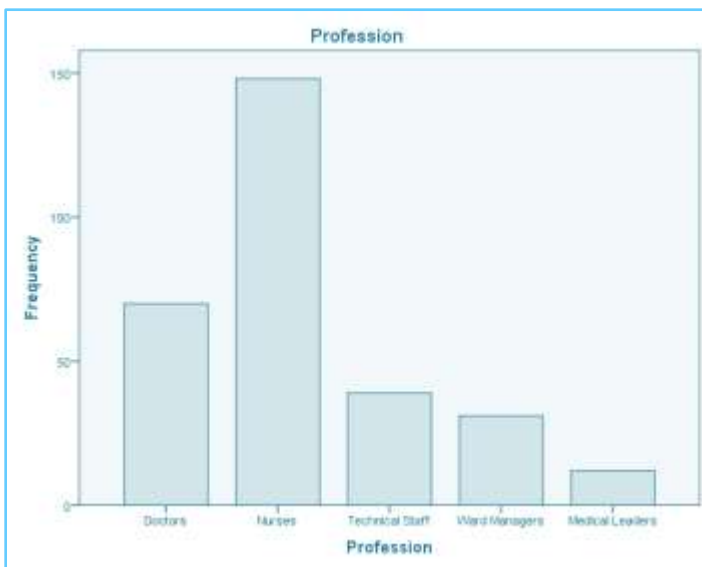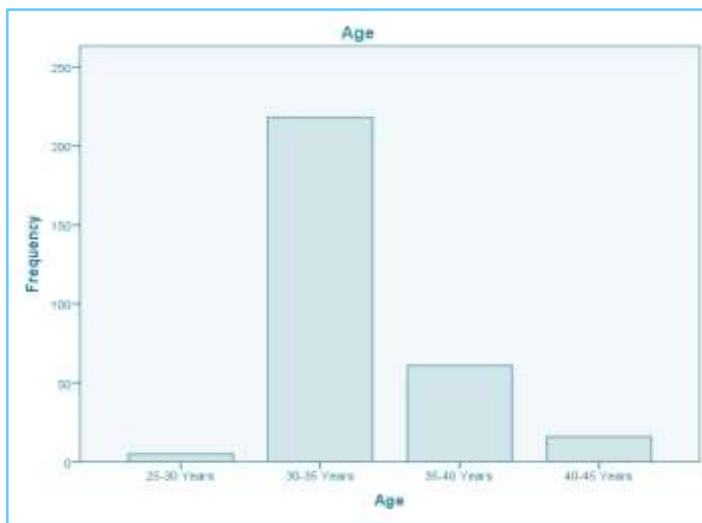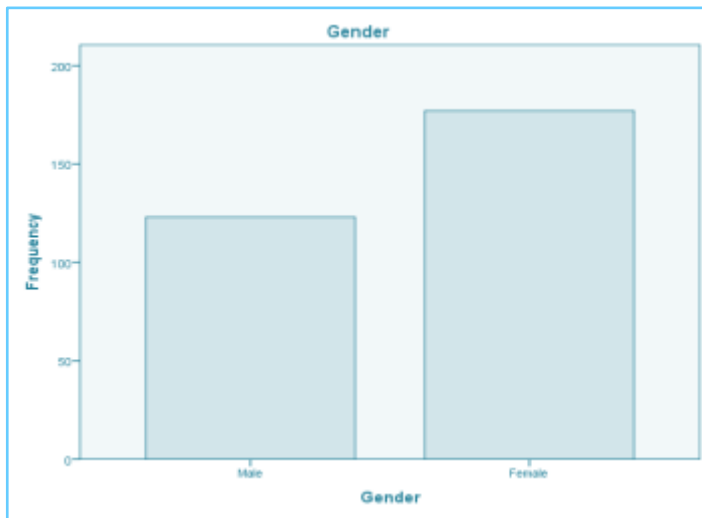
Frequencies

The below table in showing the frequencies of the demographic variables such as age, profession and gender.

Statistics		Gender	Age	Profession
N	**Total**	300	300	300
	Missed Values	0	0	0
Mean		1.6	2.3	2.3
Median		2.1	2.1	2.2
Mode		2.1	2.1	2.1

Demographics

GENDER					
		Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**
Valid	**Male**	123	41.0	41.0	41.0
	Female	177	59.0	59.0	100%
	Total	300	100	100	

AGE					
	Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**	
Valid	**25 to 30 Years**	5.1	1.6	1.6	1.6
	30 to 35 Years	218	72.7	72.7	74.3
	35 to 40 Years	61	20.3	20.3	94.7

Profession					
	Frequency	**Percent**	**Valid Percent**	**Cumulative Percent**	
Valid	**Doctors**	79.9%	23.5%	23.5%	23.5%
	Nurses	148	49.2	49.2	72.7
	Technical Staff	38.9	13.0	13.0	85.7
	Ward Managers	31	10.3	10.3	96.0
	Medical Leaders	12	4.0	4.0	100.0
	Total	300	100.0	100.0	

Frequencies of Questionnaire

Bar Charts of Demographic Information

	Respondents	Question 1	Q: 2	Q: 3	Q: 4	Q: 5	Q: 6	Q: 7	Q: 8	Q: 9	Q: 10
Statistics (N=300)											
Mean	1	1.436	1.553	1.540	1.5567	1.4767	1.6200	1.5133	1.5067	1.5533	1.4933
Median	2	1.1	2.1	2.2	2.1	1.2	2.1	2.1	2.0	2.1	1.1
Mode	3	1.00	2.00	2.00	2.00	1.00	2.00	2.00	2.00	2.00	1.00
Std. Deviation	4	.4968	.4979	.4992	.49761	.50029	.48620	.50066	.50079	.49798	.50079
Variance	5	.247	.248	.249	.248	.250	.236	.251	.251	.248	.251
Skewness	6	.257	-.216	-.161	-.229	.094	-.497	-.054	-.027	-.216	.027
Std. Error of Skewness	7	.141	.141	.141	.141	.141	.141	.141	.141	.141	.141
Range	8	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Minimum	9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
Maximum	10	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00

Frequency Tables of Questions

The below tables show the frequency, percentage, valid percentage, and cumulative percentage of the ten questions. The results of the questions showed that 56.3 % of leaders have the ability to work in a manner that adheres to my principles and values. The study also revealed that 55.3 percent of the leaders have to deal with problems during interaction with other departmental managers. The results of the third question have demonstrated that 54% of the leaders don't receive support from others to deal with the challenges of the organization. And the result of the fourth question is that 55.7% of the leaders don't take their responsibilities seriously. However, the research studies revealed that the leader has to deal with different problems for navigating management in the hospital regarding the management actions as well as communication and collaboration with the other staff members of the hospital.

Q 1: I was capable of carrying out my work in a manner that adhered to my principles and values.					
		Frequency	%	Valid %	Cumulative %
Valid	YES	169	56.3	56.3	56.3
	NO	131	43.7	43.7	100.0
	Total	300	100.0	100.0	
Q 2: Interaction with the other departmental managers was successful.					
		Frequency	%	Valid %	Cumulative %
Valid	YES	134	44.7	44.7	44.7
	NO	166	55.3	55.3	100.0
	Total	300	100.0	100.0	

Q 3: I received support from my leader companions throughout the organization

		Frequency	%	Valid %	Cumulative %
Valid	YES	138	46.0	46.0	46.0
	NO	162	54.0	54.0	100.0
	Total	300	100.0	100.0	

Q 4: I had an understanding of the responsibilities my closest leader had given me

		Frequency	%	Valid %	Cumulative %
Valid	YES	133	44.3	44.3	44.3
	NO	167	55.7	55.7	100.0
	Total	300	100.0	100.0	

Q 5: I was supported by the personnel in my unit or department who supported my decisions.

		Frequency	%	Valid %	Cumulative %
Valid	YES	157	52.3	52.3	52.3
	NO	143	47.7	47.7	100.0
	Total	300	100.0	100.0	

Q 6: I was able to respond to staff inquiries.

		Frequency	%	Valid %	Cumulative %
Valid	YES	114	38.0	38.0	38.0
	NO	186	62.0	62.0	100.0
	Total	300	100.0	100.0	

Q 7: I was capable of responding to inquiries from patients regarding their illnesses.

		Frequency	%	Valid %	Cumulative %
Valid	YES	146	48.7	48.7	48.7
	NO	154	51.3	51.3	100.0
	Total	300	100.0	100.0	

Q 8: The personnel supported the hospital management's actions

	Frequency	Frequency	%	Valid %	Cumulative %
Valid	YES	148	49.3	49.3	49.3
	NO	152	50.7	50.7	100.0
	Total	300	100.0	100.0	

Q 9: I have good collaboration with the staff of the hospital

		Frequency	%	Valid %	Cumulative %
Valid	YES	134	44.7	44.7	44.7
	NO	166	55.3	55.3	100.0
	Total	300	100.0	100.0	

Q 10: I have the ability to complete my duties on time

		Frequency	%	Valid %	Cumulative %
Valid	YES	152	50.7	50.7	50.7
	NO	148	49.3	49.3	100.0
	Total	300	100.0	100.0	

IV. DISCUSSION

The main issues identified from the survey results are inadequate communication with other departmental managers, lack of support from others, lack of seriousness about the tasks at hand, and difficulty maintaining control over the entire staff. The most frequent instances of poor documentation of patient data, as well as a misunderstanding among practitioners, include crucial information about a patient's illness or health. Whenever the critical condition of the patient's is not grasped, these problems might cause incorrect therapeutic decisions to be made and therapy delays (King et al., 2013). According to the respondents' findings, the presence of different occupations in hospitals can

lead to more specialization and horizontal differences as well as coordination and communication issues. Due to poor training courses and, in many instances, executives' unfamiliarity regarding the value as well as the requirement of learning these tactics, one of the critical leadership issues was the managerial' lack of knowledge of organizational behavior and management approaches. The survey's findings have demonstrated that a manager's lack of assistance contributes to a variety of leadership issues as well as costs associated with the hospital's organizational culture. A person would not carry out his responsibilities effectively in the organization if others do not encourage and support him (Puntillo and McAdam, 2006). Although the leaders and executives have important jobs, they occasionally fail to take care of them carefully, which causes a lot of issues for the company.

Controlling the entire crew was the fourth significant issue discovered during the research. The managers may find it challenging to oversee the coaching and mentoring of other teammates. In any organization, team growth and building are crucial (Weberg, 2012). The fourth fundamental problem was ignoring the entire staff, including handling political relations and the hospital's working conditions. To lead the whole organization may involve winning over managers, persuading others, and enlisting the aid of other people, organizations, and departments. One of the issues discussed in this research was the sensitive nature of the hospital job, as well as the associated stress and anxiety (Storey and Holti, 2013). The major reasons of the high sensitivity of hospital jobs and conflicts causing from them were the constant issues with unpredictable crises and problems, the need for instant decisions, expert risks in health jobs, changing of work time, heavy work-load, as well as, trying to deal with people's issues. Regular management changes prevented followers and leaders from getting to know one another, which reduced the chance of developing long-term instructional and motivational initiatives (Mosadeghrad, 2013). On the other side, management instability minimizes the influence and authority of leaders, which is one of the essential elements of leadership.

A key idea in organizational behavior and leadership is culture. As per the different researches, applying different ideas, such as entrepreneurs, quality, and good organizational performance, was supported by a strong and robust culture (2013). Davis made the case in his research that cultural characteristics worth noting by the leader had a clear and unique connection with the success of the organization (Faris and Parry, 2011). Numerous studies carried out in Iran identified organizational and national culture as among the critical difficulties in managing various hospital departments. Some research that looked at the leadership culture of institutions came to the conclusion that while management and monitoring levels were greater than ideal, other aspects of organizational culture, such as innovation, enterprise, risk-taking, consistency, and dispute tolerance, were less (Puntillo and McAdam, 2006).

According to David Reyes, the healthcare and public health systems have leadership challenges due to a lack of resources, particularly human resources and effective programs for empowering those resources (King et al., 2013). The lack of skilled workers is seen as a barrier to developing nations' attempts to improve health care. Not all issues with leadership are connected to the caliber and human resource allocation. The leadership goal of this health care system was also seriously

challenged by less engagement of employee and poor instructional initiatives (Davies et al., 2007). According to Nasiri's research conducted in Iran, certain elements including pay and benefits, job stability, perks, and a sense of responsibility - were the most crucial motivators for staff members to strive toward meeting hospital goals. Additionally, he suggested that enhancing employee empowerment initiatives, evaluation processes, and incentive compensation were crucial elements in raising staff performance and motivation (Smith et al., 2012).

V. CONCLUSION

This study exposed the difficulties and impediments to effective leadership in the health care systems. Understanding these challenges could enhance leadership and, consequently, hospital effectiveness. Hospital recruitment, as well as appointment regulations, must be changed, performance based payment systems should be implemented, performance appraisal must be adequate, professional, need based educational programs should be implemented, in service staff training should be implemented, empowerment programs should really be implemented, and doable inspirational programs should be implemented. Political leaders, HR managers, education professionals, and leaders at all levels of the health-care system may find value in the study's findings.

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QUESTIONNAIRE

<u>**Demographic Questions**</u>

Gender   Male ☐   Female ☐

Age   25 to 30 years ☐   30 to 35 years

☐   35 to 40 years ☐   Above 45 ☐

Profession   Doctor ☐   Nurse ☐   Technical Staff ☐

Ward Manager ☐   Medical Leaders ☐

Questionnaire
I am capable of carrying out my work in a manner that adhered to my principles and values.
Yes ☐   No ☐
Interaction with the other departmental managers was successful.
Yes ☐   No ☐
I receive support from my leader companions throughout the completion of a specific project in organization.
Yes ☐   No ☐
I had an understanding of the responsibilities my organization had given me.
Yes ☐   No ☐
I am supported by the personnel in my unit or department who supported my decisions.
Yes ☐   No ☐
I am able to respond to staff inquiries.
Yes ☐   No ☐

I am capable of responding to inquiries from patients regarding their illnesses.
Yes ☐   No ☐
The personnel supported the hospital management's actions.
Yes ☐   No ☐
I have good collaboration with the staff of the hospital.
Yes ☐   No ☐
I have the ability to complete my duties on time.
Yes ☐   No ☐

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