



Leadership in Healthcare

Dr. Israa Al-Rawashdeh MD, MPH, PhD
Faculty of Medicine
Mutah University
2025

Objectives

- To understand the concept of leadership in healthcare.
- To Acknowledge essential leadership skills
- To get introduced to different leadership theories and styles

Introduction

Importance of leadership in healthcare:

- To ensure **high-quality patient care** and **efficient resource management**
- It Drives **policy implementation** and **innovation** in healthcare systems

Physicians as Leaders:

- **Physicians are Natural leaders** due to clinical expertise, decision-making skills, and patient-centered focus.
- **Roles include:**
 - Leading **clinical teams**
 - **Teaching and mentoring** junior staff
 - Serving in **administrative roles** (e.g., department heads, hospital administrators)

Today's medical students are tomorrow's hospital CEOs, policy shapers, and department heads. Leadership isn't optional—it's your future.

Medical Students = Future Leaders

Must develop **leadership skills early** to guide teams and impact patient outcomes

What is leadership?



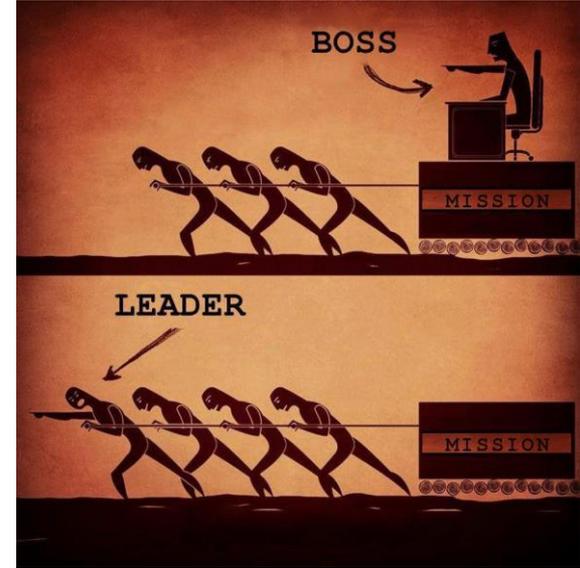
The activity of influencing people willingly achieve the group objectives.

Definition of leadership:

- Leadership is the ability to influence, motivate, and guide individuals or teams toward achieving a common goal.
- A leader is: someone who sets direction in an effort and influences people to follow that direction. A leader is 'someone who has followers' !

Is Leading Different than Managing?

- Management: associated with major functions: planning, organizing, leading and controlling/coordinating..etc..
- Leadership: leading is different from planning, organizing and coordinating because leading is focused on influencing people, while the other functions are focused on "resources" in addition to people.



'management is doing things right; leadership is doing the right things'.

Leadership Theories in Healthcare

1. Trait Theory (Great Man Theory)

Leaders are born with their personal qualities (e.g., charisma, intelligence, decision making).

Great leaders will arise when there is a great need.

However, it ignores the role of learned skills and situational circumstances.

2. Behavioral Theory

Leadership is a set of teachable behaviors (not personal qualities).

Focuses on actions, not personality.

Leaders can be made, rather than are born.

Successful leadership is based on defined learned behavior.

- **Task-oriented:** Focus on structure, goals, and efficiency (e.g., clinical protocols (e.g., resuscitation teams)).
- **People-oriented:** Focus on teamwork, empathy, and motivation (e.g., patient-centered care).

Example: Medical students can learn and practice leadership behaviors (e.g., active listening, conflict resolution).

Leadership Theories in Healthcare

3. Contingency/Situational depends on the situation and the team's needs and characteristics.

- Situational control (e.g., crisis vs. routine care).
- Leaders adapt their style based on **team's maturity**:
 - **Low maturity (new interns)**: Use *directive style* (clear instructions).
 - **Moderate maturity (residents)**: Use *coaching style* (explain decisions).
 - **High maturity (senior staff)**: *Delegate and trust* their expertise.

4. Transformational Leadership Theory

Leaders inspire and motivate teams to exceed expectations through vision and trust.

Example: A department head leading a hospital's digital transformation.

Key Leadership Skills:

Vision and Innovation

Strategic thinking: Planning for long-term goals and anticipating future challenges.

Leading change : Encouraging creativity and supporting new ideas.

Communication

- Active listening, clear messaging (e.g., patient counseling)

Team Dynamics

- Conflict resolution, delegation (e.g., multidisciplinary rounds)

Decision-Making

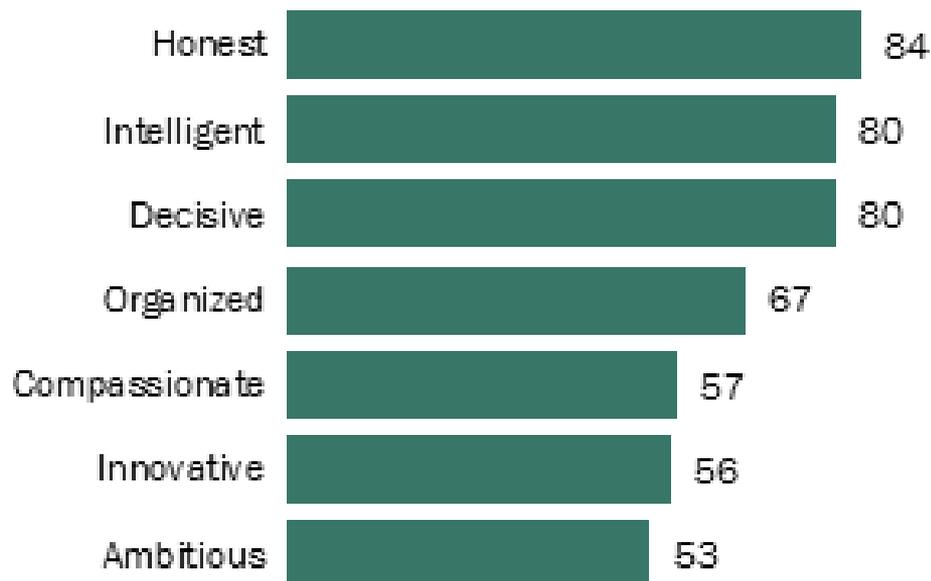
- Evidence-based practice, flexibility in crises

Ethics & Support

- Patient rights, community health priorities

Which Leadership Traits Matter Most?

% saying it is absolutely essential for a leader to be ...



Source: Pew Research Center survey, Nov. 12-21, 2014 (N=1,835)

Leadership Styles in Healthcare

Leadership



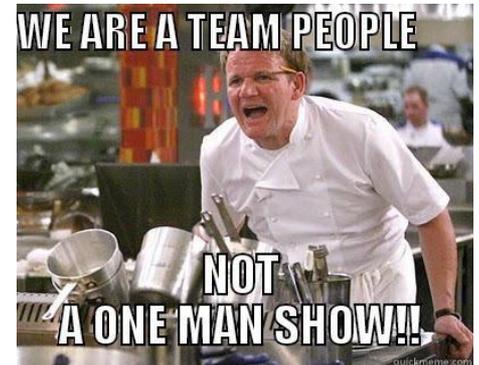
1. Autocratic

- Autocratic leaders, provide clear expectations for what needs to be done, when it should be done, and how it should be done.
- There is also a clear division between the leader and the followers.
Autocratic leaders make decisions independently with little or no input from the rest of the group. (One decision maker)
- Autocratic leadership is best applied to situations where there is little time for group decision making or where the leader is the most knowledgeable member of the group.
- Demotivates team if overused



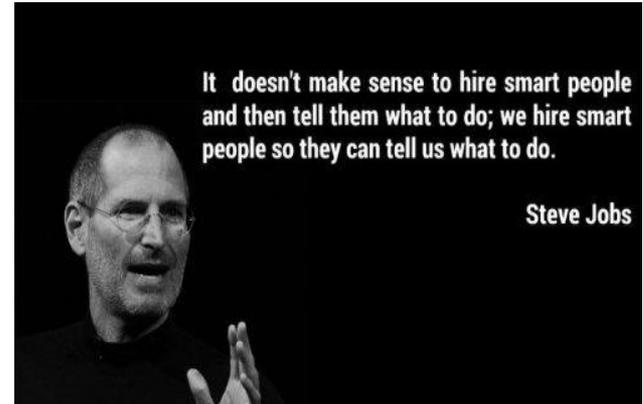
2. Democratic (Participative)

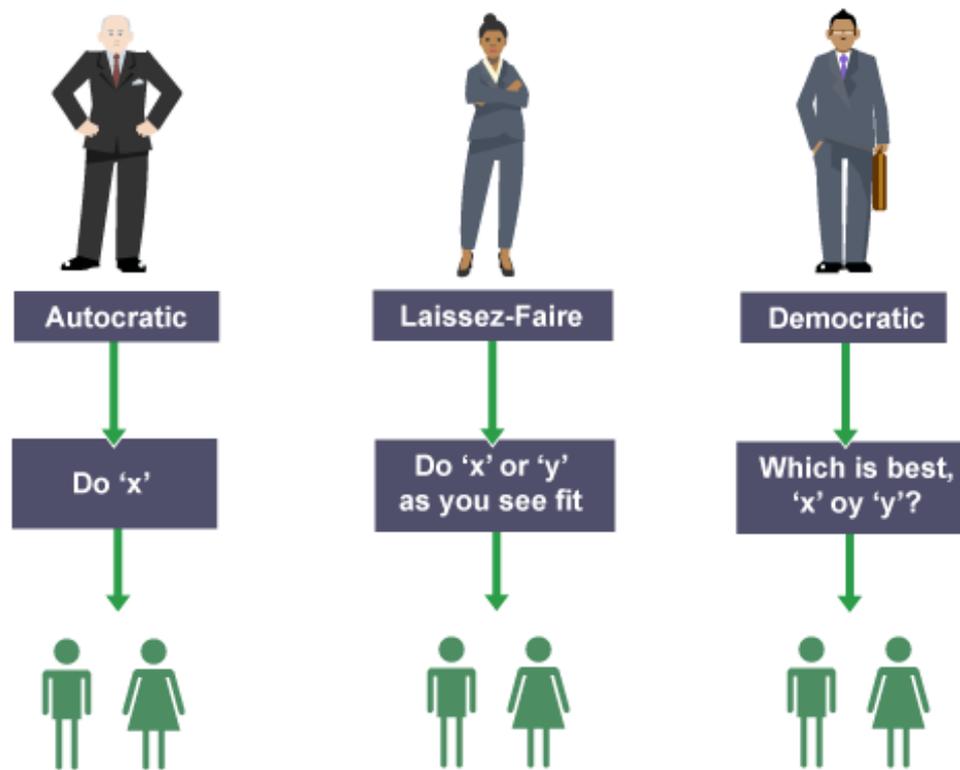
- Team input is gathered, but leader decides: Collaborative decision-making where group members encouraged to participate, but keep the final say over the decision making process.
- Used in quality improvement committees.
- Effective when different input improves outcomes
- Time-consuming in urgent situations
- Group members feel engaged in the process and are more motivated and creative.



3. Laissez-Faire (Permissive)

- Hands-off; team self-manages.
- The manager provides little or no direction and gives employees as much freedom as possible.
- Good With highly skilled, self-motivated teams.
- Fits expert teams (e.g., senior surgeons) or Research teams, senior specialist units.





4. Bureaucratic

- “by the book” Everything must be done according to procedure or policy., protocol-driven.
- Applied in compliance/safety (e.g., infection control).
- The manager refers to the next level above when encounter a problem.
- Resists necessary change
- This style can be effective when:
 - Employees are performing routine tasks over and over.
 - Employees need to understand certain standards or procedures or for Accreditation processes,



He waited for the next wave of regulations to arrive.



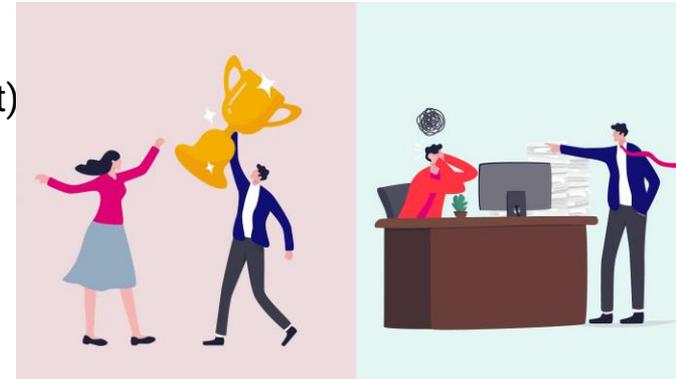
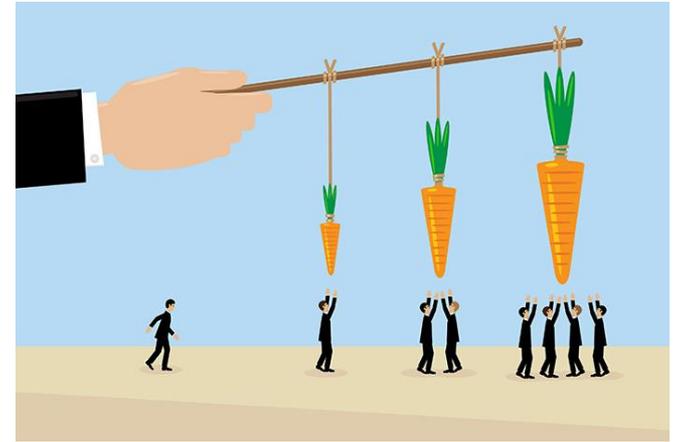
“Give me a couple years, and I can answer your simple question about the new regulations.”

5. Transactional

- Reward/punishment-based.
- Common in task-focused units (e.g., ER triage).
- "Give-and-take" relationship where leaders:
 - ✓ Set clear goals & expectations
 - ✓ Reward compliance (e.g., praise, promotions)
 - ✓ Correct deviations (e.g., warnings, penalties)

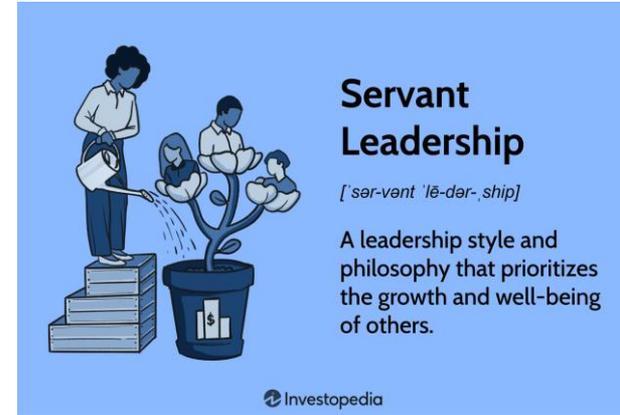
Healthcare Applications:

- **Shift scheduling** (meet targets → better shifts)
- **Clinical audits** (follow protocols → recognition)
- **Residency training** (complete competencies → advancement)



6. Servant Leadership:

- Focuses on team needs.
- Seen in mentoring (e.g., teaching physicians).
- "Leaders exist to serve their teams, who in turn serve patients."
- ↑ Patient satisfaction
- **Key Behaviors:**
 - ✓ **Active Listening** - "Tell me your challenges"
 - ✓ **Empowerment** - "How can I help you succeed?"
 - ✓ **Community Building** - Fosters collaboration
 - ✓ **Healing Focus** - Addresses staff/patient needs
- **Ideal For:**
 - Teaching hospitals
 - Primary care settings



"Your Greatest Tool Isn't in Your White Coat"

"Cure sometimes, treat often, care always."

—Hippocrates

**"The good physician treats the disease;
the great physician treats the patient."**

—William Osler