

LEADERSHIP IN THE MINISTRY OF HEALTH

I Mastura *MMed (FamMed UM)*, Kuala Pilah Health Clinic, Negeri Sembilan, Malaysia

Address for correspondence: Dr Mastura Hj Ismail, Family Medicine Specialist, Kuala Pilah Health Clinic, 72000 Kuala Pilah, Negeri Sembilan Darul Khusus, Malaysia. Tel: 06-4842844, Fax: 06-4842846, Email: drmi68@yahoo.com

ABSTRACT

Leadership in a huge and complex organisation like the Ministry of Health is important. The importance of leadership lies in the role it plays in defining the character, values and direction of an organization; and its relation to organizational performance. Leadership is a quality that must be embedded within an organization for the organization to be successful and meet its objectives. Good leaders can be developed through a continuous process of self-study, education, training and experience. This concept of leadership also highlights the importance of seeking people with leadership talent, developing their potential and providing opportunities for them to lead.

Keywords: Leadership, Ministry of Health

Mastura I. Leadership in the Ministry of Health. *Malaysian Family Physician*. 2008;3(1):52-54

INTRODUCTION

"It was the nation that had the lion heart - I just had the luck to be called upon to make it roar." **Winston Churchill**

Leaders are in the privilege position to influence the behaviour of other people or groups toward the achievement of organisational goals.¹ The organisation is more likely to meet its objectives if the members are imbued with leadership quality; this is especially true for huge and complex organisations like the healthcare system.

Good leaders are made, not born. If a person has the desire and willpower, he can become an effective leader. Good leaders develop through a continuous process of self-study, education, training and experience. To inspire the workers into higher levels of teamwork, there are certain things a leader must be, know, and do.¹

THE NEED FOR LEADERSHIP AT ALL LEVELS OF THE MINISTRY OF HEALTH

Health care personnel working under the Ministry of Health provide health services to a majority of the Malaysian population. The Ministry of Health has more than 100,000 employees, they are distributed into various layers in the organization: federal, state, district; medical division, health division, and so on. There are also many different categories of staff for example doctors, nurses, assistant medical officers, pharmacists, radiographers, etc. Incoordination within different sectors and lack of action-oriented heads of departments can happen due to the enormity and complexity of the Ministry. It is important to have capable leadership at every level to drive their organisations to higher achievements.

Strong leadership, governance, management systems and procedures are needed to administer new monies; scale up health services rapidly; maintain fledging multisectorial partnerships; oversee the dispersal of funds and maintain transparency and accountability. A leader can involve each member of his group in team building process^{2,3} so that they can realise their organisation's potential and be able to turn that possibility into reality.

Leaders are required at all levels because more movers are needed in the current health care system; not more planners. We need leaders who can set strategic directions towards providing health services that are efficient, effective and equitable. Leaders should shift their mindset from planning for results to creating results. Our clients today are more educated and demanding. With increasing competition, the need to serve clients well has become the priority.^{3,4}

HOW DO WE ENSURE THAT LEADERS ARE AVAILABLE AT ALL LEVELS?

We know that doctors and nurses worldwide enter medical and nursing schools to become doctors and nurses, not health managers or leaders. When they begin practising, most are competent at directing the care of individual patients. However, when their caseloads begin to grow, their lack of preparation in leadership and management – in planning, organising, delegating, motivating, and teamwork – begin to frustrate them and threaten to undermine the quality of patient care and service.

It is also a misconception that having a healthcare degree means one can be a good manager. As a result, new graduates without managerial and leadership skills or experience are

given a wide range of management and supervisory responsibilities. For example, a new doctor is put in charge of an entire district at the age of 25. A pharmacist without any management training is put in charge of and held accountable for 25% of the total Ministry of Health's budget. Junior staff or middle managers are left on their own to handle internal issues of corruption.⁵

As a first step, personnel chosen to lead and manage health institutions and programs from the community to the national level should be provided with basic training by the Ministry of Health. To raise the quality of leadership and management in health care to be on par with that in business and industry will require deliberately putting bright young doctors and nurses, early in their careers, in positions where they can learn the managerial and leadership ropes under supervision or mentorship of seasoned professionals. Training should be conducted so that they could become effective leaders. Leadership training can be accomplished through on-the-job training, general in-service training, or formal training.

QUALITIES OF A GOOD LEADER

What are the personal qualities that make a leader? A leader should set standards for himself/herself that he/she expects from others – the so-called “leadership by example.” Good leaders believe a high standard of performance is achieved by doing things right at all times; sloppy work costs the Ministry of Health additional time, money and materials, but most important of all, it can also cause loss of a life.²

In order to lead, leaders must first be able to follow; for without followers, there can be no leaders. Understanding a follower's role will allow leaders to function more effectively. A leadership and a ‘followership’ role can be and usually are, performed simultaneously. In providing guidance for the worker, a supervisor is functioning as a leader. At the same time, a leader may be dealing with higher level supervisors and, therefore, must assume a ‘followership’ role. He is the connecting link between the workers and the higher level supervisors within the chain of command.³ The skills required of a leader in a ‘followership’ or leadership is similar in many ways.

To be successful, leaders must learn to influence others by having certain special qualities like building up their self-confidence, by projecting a positive self-image, being optimistic, show positive qualities by being assertive and taking initiative; having an impressive personality, by being their own self and maintaining originality; staying in the forefront by anticipating a dozen moves ahead and preparing for the unexpected; being forward thinking; prompt-decision making based on firm grounds; able to communicate thoughts, ideas, plans and opinions; good organiser; and ability to handle

human beings who are prone to express satisfaction or dissatisfaction.⁵

Leaders also stand for what is right, even in the face of popular disagreement and they accept blame when at fault. More importantly, such incidents should serve as a lesson and not to be repeated. They are devoted to their organisation and feel proud to be part of the Ministry of Health.

Effective leaders have an inward desire that motivate subordinates to excel, are willing to act without orders and to offer well-considered recommendations for the improvement of health services. They facilitate and support their subordinates by creating an environment where everyone is allowed to give opinion and to take risks. Recognition for a work well done is a key motivation factor for most people – this is more important in many instances than remuneration. For example displaying photographs of staff in public areas showing “The Employee of the Month,” is part of an Employee Reward System for those achieving tangible or measurable results. When people “*feel good*” especially about themselves, they produce better results, enhance their self-esteem and confidence. Workers also expect leaders to be loyal, honest, dependable and trustworthy.^{1,3,6}

To be effective, leaders need to move from fixing problems to preventing them by addressing the root causes of the problems rather than their symptoms. This requires careful analysis before coming up with the right solutions to eliminate the problems once and for all. Leaders must be good in decision making to increase confidence among their subordinates. A leader develops people and encourages them to handle problems themselves. Another aspect is the concept of “Collaborative Leadership” which involves sharing the responsibility of leadership with others in the organisation and promotes group harmony, builds staff confidence, develops skills, and improves attitudes.⁷⁻⁹

Often a leader will find many of the plans and decisions affect many people, sometime even those in other divisions or departments. Hence, there is a need to understand the duties and responsibilities of personnel in other units or departments. Work must be planned to fit the overall mission of an organisation. As the responsibilities increase, the ability to communicate clearly and effectively must also increase. To lead, supervise, and train others, the leader need to use appropriate and accepted language in speaking and in writing so that others can understand exactly what is expected of them.¹⁰

Leadership and human behaviour are related. Without proper understanding of human behaviour, a person cannot be a successful leader. Leaders must study their subordinates; try to know and understand them. People's needs or desires

dictate how they act at specific times.^{3,11} For example, a leader may notice a change in the behaviour of one of his staff. As a leader he should call the staff aside, show his concern, and try to help him/her to solve the problem, if possible. Showing concern for subordinates is important. An employee with an unresolved problem will not work to his/her full potential. Helping subordinates to resolve problems will result in a unit that will operate smoothly and be more productive.

It is inevitable that the Ministry of Health will undergo new developments, evolve and change. Leaders have an added responsibility to keep abreast with this advancement by constantly updating themselves.

CONCLUSION

The Ministry of Health requires leaders at all levels; people who can provide direction to the health care system's progress and success. We want our health care personnel to depend upon themselves. They should be trained so that their qualities of leadership, their originality and their individuality will be emphasised and strengthened. Experience and evidence from within and outside health care demonstrate that training capable people to lead can produce more productive staff and satisfied patients; stronger accountability and clearer results; reduces financial loss or wastage by more effective use of limited resources; greater ability to understand and influence the "culture" of health services as well as improves recruitment, development, and retention of health professionals. We would

like our health care services to be delivered by professionals who are competent, caring, compassionate, quality-driven and imbued with sufficient soft-skills to reflect the changing value systems of our country.

REFERENCES

1. Boulding K. Concepts of leadership. Available from: <http://www.nwlink.com/donclark/leader/leadcon.html> (accessed 4 May 2008)
2. Carley R. Chapter 1: Introduction. In: *High impact leadership*. Kuala Lumpur: Golden Books Centre. 2000:ix-xx
3. Chapter 1: Leadership, supervision, and training. Available from: http://www.tpub.com/content/advancement/14504/css/14504_16.htm (accessed 4 May 2008)
4. Mills DQ. Chapter 1: The importance of Leadership. In: *Leadership: How to Lead, How to Live*. Waltham, Mass.: Mind Edge Press, 2005
5. Dwyer J. An urgent call to professionalize leadership and management in health care worldwide. *Management Sciences for Health*. 2006. Occasional paper. No. 4
6. Roslan Johari, *et al*. Corporate Culture in Ministry of Health Malaysia. Institute Health Management, Ministry of Health, Malaysia, 2004
7. Blanchard K, Onchen W. *The One Minute Manager Meets the Monkey*. Glasgow: Williams Collin & Co. Ltd. 1990
8. Mitter S, Aggraval SC. Chapter IX - How To Attain Success. In: *How To Develop Your Personality And Potentialities*. New Delhi: Sultan Chand & Sons, 1997:209-234
9. Sheng A. Article 10: Transparency, accountability and governance in Asian markets. In: *MIM SPEAKS. Strategy and Leadership*. Malaysian Institute of Management. 2000:59-77
10. Hadi Abdullah S. Chapter 4: Behavioural Approaches. In: *Management in Malaysia*. Malaysian Institute of Management (22978-D) 1999:75-78
11. Adair J. Chapter 9: Leadership and Motivation. In: *Effective Motivation. How to get extraordinary results from everyone*. London: Pan Books.1996:127-131