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Leadership or Obligation: Value Aspects of the Professionalization of Doctors in Global Society

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Abstract

The traditional pyramidal national health systems, under global influences, are now transforming into multi-centered organizations based on functional partnership rather than on subordination. The socio-professional status of doctors, usually perceived as upper middle class, in global society, demonstrates considerable diversity. The core value of the profession - service to patient, may be challenged as the leadership of doctors in medical entities is now shaped by the third part payment and market oriented public health models. The spread of chronic diseases increases the importance of social support establishments and patients' compliance. In addition, patients are now expected to be active in the decision making process. Therefore, partnership is the key approach in health governance today. Under these conditions, the leading role of doctors now is growing as competence, determination, and diligence are valued by the individuals and the society, nevertheless the professional autonomy is limited by social rather than professional factors.

Keywords: *Leadership; Profession; Professionalization; Professional Ethics; Globalization; Medical Organization; Team Work*

Introduction

The healthcare systems reforms, result among others, in changes of professional relationship. In this connection, a number of questions arise: Who is actually leading the reforms? What the leader actually leads? Who or what is nominating the leaders? Did the globalization "medicalize" the markets of healthcare services or "marketize" the attitudes in healthcare organizations? What about the role and place of medical professions and medical professionals in these processes? Who Doctors are (healers) while being what they are (general practitioners, specialists, hospital staff, medical directors, etc.)? Is leadership subject of learning and training and could be part of medical education? Many outstanding researchers, politicians and physicians had been looking for answer of these questions and many more. May be the major challenge the medical professions face now is to try to define "la raison d'étre" (reason of existence) of an integral human to human care in a digitalizing anonymous medical environment. "The big question is whether we can move beyond a reactive and piecemeal approach to a true national health care strategy centered on value. This undertaking is complex, but the only real solution is to align everyone in the system around a common goal: doing what's right for patients" [1].

The globalization impacts not only on the development and application of new technologies but also on the delivery of healthcare services approaches. The rising complexity of running the healthcare entities predisposes the establishment of new positions– new medical and managerial specialties. On the other hand, the deepening specialization challenges the social mission of medical professions and affects the decision making models. The need for business efficiency in decision making, supported by the professional management, could conflict with the deontological altruistic approach of professionals [2,3].

Possible tension in healthcare organizations could be detected if loosing the balance between these two major aspects of the governance in healthcare: Giving priority to "marketization" of healthcare services establishes as leading criterion of development of the medi-

cal organizations their financial results rather than the satisfaction of population's needs. The management of such an organization would be based on strong subordination of staff with probable limitation of clinical and professional autonomy of physicians and encouragement of "induced" services; Giving priority to mission's determination, would result, contrary to the strong administration scenario, in the trend of "medicalization". The larger participation of medical specialists in the management is expected to put the stress on clinical and professional autonomy and search for enlarging the access to care.

Latest investigations demonstrate the growing interest in achieving balanced leadership in healthcare based on the respect for professional excellence and encouragement of cooperation and teamwork at all levels of governance among many reforming health systems both in developed and developing countries.

The purpose of this paper is to describe the leadership and professionalization of doctors as social phenomena and how the globalization and current public relationship in healthcare impact on the image and the role of the medical professions in the process of reforming health systems. This work gives some definitions and discusses facts and views on: 1) The challenges and opportunities health professions face in a fast globalizing environment; 2) The leadership potential of health professions within the current healthcare systems; 3) The values' foundations of doctors/patients' relationship and the manifestation of medical leadership within an administration network; 4) The case of Bulgaria.

Materials and Methods

The thesis is constructed on definitions of terms, review of the literature reflecting traditional traits of the professions, vision on the leadership of individual professionals, team leadership and organizational healthcare leadership. The health reforms and professional attitudes' evolution as stated in the World medical association (WMA) and national professional and health entities' official documents were discussed. The interdependence between leadership and professionalism was analyzed. The concept of system approach in healthcare organization, organizational leadership and professional conduct of practicing doctors, was observed.

Results and Discussion

Definition of terms

"**Profession**" comes from the word 'profess' – to state a belief or a promise in public – which is also the basis of the terms "professional" and "professionalism". The classical features of a profession include professional accredited academic education, autonomy, authority and professional code of ethics [4].

Professionals are qualified and legally awarded to practice the profession as an occupation. They typically work as freestanding entrepreneurs or expert, however the latest intensive division of labor and the emergence of sophisticated technologies worldwide challenge their traditional position through increasing corporate involvement and acceptance of employees' positions [4].

Professionalization is the process of obtaining the social position by a group exercising a given occupation. Historically, the professionalization usually passes through defined steps of formation from a small steering group enhancing the foundation of a professional organization to the legal and social recognition of the professional status; the standardization of knowledge through accredited educational program, followed by standardizing coursework and the grading systems. The professional organizations have the responsibility and the duty to control the legal practice, professional and ethical standards, and the access to practice. In many cases they have the right to assess the quality of education in the professional schools [4].

Professionalism is a trait of the individual member of the profession, while the professionalization refers to the profession as a whole. There is no direct relationship between "professionalism" and "professionalization", however the loss by one social group of the position and the decrease in income is a prerequisite for a continuous decrease of quality of the delivered services [4].

Professional ethics carries somewhat specific features yet it cannot differ considerably or contradict in any way with the acceptable social moral norms. The professional moral loads professional people with additional responsibilities without waiving them from the basic moral and civil virtues. The rights of all participants in a given professional field are being defended, balanced, and coordinated by the norms and standards of professional ethics [5].

Professional duty can be expressed by the free acceptance of a commitment to service, availability and responsiveness when "on call," accepting inconvenience to meet the needs of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, and advocating the best possible care regardless of' the patient's ability to pay. It includes willingness to be active in professional organizations' public service and volunteering one's skills and expertise for the welfare of the community [6].

Value: (v.) to consider something to be very important; (n.) something that is considered to be very important. Principles, goals or standards held or accepted by an individual, a social group, and the society as a whole, as a basis for agreement on any course of action. Moral values are generally "shared" values held by individuals and held collectively by socially cohesive groups of individuals. Most cultures value on truth-telling, place strong restrictions on lying, have rules against doing unnecessary harm to other people. Other such shared values include (among many others) loyalty, justice and promise-keeping. The opposite of moral values includes intentional deception: lies of omission (deceiving others by omitting the truth); peddling half-truths as if they were the whole truth, peddling half-lies as if they were the whole truth, distorting the truth. That is why there should be various incentive mechanisms that could potentially protect society from possible immoralities [6].

Principle of autonomy for the individuals means freedom of action and freedom of choice. Being autonomous is the most important prerequisite for moral conduct. It would not be fair and equitable to judge people's morality if they are placed and forced to act under threatening circumstances. On the other hand, even the best conditions had been created for individuals' autonomy protection in society it is not obvious that everyone would be respecting the other's people autonomy [6].

Deontology: Deontology is a duty-based moral theory. Deontology states that society needs rules in order to function, and that a person can only be called moral to the extent that he abides by those rules. The most famous and eloquent proponent of deontology is generally agreed to be Immanuel Kant. Kant formulated the maxim, known as the Categorical Imperative, to help people decide which actions should be governed by rules: "Act only according to that maxim by which you can also will that it would become a universal law." In other words, people should only do things that they would be happy to see everyone do. For example, people shouldn't lie, because if everyone lied all the time then society would collapse. In other words, the Categorical Imperative asks us to behave in a rational way that would be rational for anyone. If it is right for me to defend myself when attacked, then it is right for everyone to defend themselves in self-defense [7,8].

Leadership: The efforts of directors and boards to improve the organization's results through setting vision and values, driving business performance and acting in an accountable manner is called Board Leadership. Boards have to elaborate strategy and maintain adequate governance. Governance is usually understood as a practical concept indicative of accountability and alignment of interests to allocate and direct resources so that sustained return on capital can be delivered. Facing increased competition and high price expectations as well as pressure on fees organization implement an innovative approach known as Investment Leadership. Operational Leadership is the approach to study the factors preventing the organization from realizing its full operational potential and the implementation of measures to simultaneously sustain growth, reduce cost and stay competitive. Operational leadership put people first because only people can ensure delivering excellence to customers, particularly in healthcare [1].

Medical leadership: By definition, medical leadership consists of having fully trained physicians occupying leadership roles relevant to the practice of medicine. Physician leadership can include resource managing, decision making, recruiting and medical consulting as well as implementing changes and improvements in hospital and clinical settings. Medical leadership also goes alongside with adequate team building activities and an appropriate sharing of decision power [9,10].

Leaders: The role of leaders is to establish and promulgate the organization's mission, vision, and goals. Medical leaders plan strategically for the provision of services, acquire and allocate resources, and set priorities for improving performance of a given medical entity. The leaders personality influence a lot the establishment of the organization's culture through their words, expectations for action, and behavior—a culture that values high-quality, safe patient care, responsible use of resources, community service, and ethical behavior; or a culture in which these goals are not valued [11].

Leaders and managers: Strategic thinking focuses on where to go, while management focuses on implementing a plan and sustaining the activities needed to get there. In order to achieve goals (where to go) a determination is needed of how to achieve the strategic goal—a determination that requires both strategic skills and management skills. Therefore, to fulfill its responsibilities the leadership of an organization engages in both strategic and management thinking. To be a trustful and responsible leader means that one acts to the best of one's ability in the interest of another, not in self-interest. The "other" can trust the leader [12].

Challenges and opportunities health professions face in a fast globalizing social environment

Many factors of local and global importance shape the process of reforming health systems at national and global levels with impact on the leadership and management of healthcare organizations.

Global transformations in healthcare provision

The traditional pyramidal pattern of health systems is now transforming into multi centered complex structures based on functional partnership rather than on subordination. The provision of health care is subject of state, private and charity organizations' activities, under specific rules of governance. In the globalizing reality numberless combinations of individuals' values, social virtues and previous experiences both in doctors and patients' communities will challenge their professional conduct and trust. The experience of post communist countries of Eastern and Central Europe demonstrate these trends [13].

Free movement of people

Globalization of the economy and global markets encourage the free movement of people. As a result of the continuous intense cross-bordering travel of large masses of people (workers, tourists, fugitives, etc.) the needs for healthcare services increase, while the access to services remain restricted. The EU national healthcare systems are expected to extend the provision of affordable and adequate healthcare services throughout the territory of the EU, based on harmonization of national legislations with EU legislation and coordination of approaches and methods in this respect. The integrated efforts for harmonization comprise both healthcare and social support services [13,14].

Change of morbidity structure and patient's expectations

The patients in modern world become partners to the healthcare system. "Even the patient and the patient's family are now recognized as part of the medical "microsystem" (Edmondson, A.C. 2012). As the spread of chronically progressing medical conditions increases patients' compliance became an important factor in the treatment process (Armstrong, D. 1995).

Dynamics of professional status of physicians

Professional status of physicians, traditionally based on their medical qualification, is now defined in compliance with additional qualities and skills assuring efficiency in delivery of services and financial results. Autonomy is now, in many cases, relatively restricted, when medical specialists work as employees in large medical organization. On the other hand, involved in such organizations the influence of doctors on the people health attitudes and behaviors is increasing. Therefore the autonomy does not go evidently with authority.

The professional education and the ethical standards still remain major social features of the medical professions. The high qualification is not obviously leading to an autonomous status of the medical doctors, or to higher income. Nevertheless the ethical behavior itself does not give authority to the professions it is still the most powerful factor for the saving the confidence in physicians.

The leadership potential of health professions within the healthcare systems

Medical organizations

The most important focus in healthcare is the definition of the set of values that guide the organization, the team, and the individual members [15,16]. It is established that leadership based on values runs an efficient decision-making process even in the absence of clearly defined decision rules. In an era of efficiency and austerity, the values of patient benefit, patient autonomy and professional excellence may serve as the compass of healthcare reform (Darzi, 2008).

One of the most important topics, a leader communicates, is the set of organization's goals (specific goals of an organization, a team or an individual). The goals' setting process is of competence of the leadership and management of the organization. However there are organizations which rely on a larger participation of the staff, challenging individual and organizational creativeness in elaborating strategies for substantial improvement. "Some organizations and leaders, therefore, emphasize bottom-up development of goals as a response to both the professional nature of their organizations and the complexity of medical care. Such an approach is even more important to be applied when multiple professionals come together to care for a patient experiencing complex medical condition. Doctors, nurses, dietitians, social workers, physiotherapists, and community workers - each have their own perspectives, languages, professional norms and models of practice, their different professional viewpoints (Dorgan, S. 2010).

The major requirement for the medical leader is "systems thinking". Medical leaders need to understand the local delivery system, inside and outside their local organizational units, potential conflicts (something that patients are aware of, and distressed by)" (Donabedian, 2001).

Many countries, such as Canada, the Netherlands, Denmark, and especially the United Kingdom started to realize the importance of good medical leadership and initiated a wave of changes inside their respective healthcare systems. According to specialists (J. Clark and C.M. Morgan) the improvement of the British healthcare system through the successful implementation of current and future medical reforms "is very dependent on the support and active engagement of all doctors, not only in their practitioner activities but also in their managerial and leadership roles". The idea that fully trained doctors must be involved in all the levels of the country's medical structure in order to boost optimal changes become popular.

Good medical leadership, by definition, depends on the acknowledgement of the important role of all the levels of healthcare staff involved in the functioning of a health entity. Although coping with a very different healthcare system, American Medical Associations (AMA), governments and private healthcare consortia also recognize the urgent need to involve physicians in all future medical reforms. "Precisely because they are at the center of clinical service and delivery, physicians are the ideal leaders for healthcare in the 21st century" (Richard W. Schwartz, a physician with an MBA, Kentucky College of Medicine). Hence, being the ones who are the most aware of the changes needed in national medical systems, physicians must not be swept aside in the implementation of measures that will directly affect their daily work [17]. Through its integrated approach to medical leadership, the UK and Canada bring forth the importance of developing good physician leadership at multiple levels: students, physicians, health executives and health ministers. In their respective scopes of activity, all four of these healthcare actors play an equally important role in solidifying the medical hierarchy [18].

Integrating medical leaders learning into students curricula

Currently, very little importance is given to medical leadership in most medical curricula. Medical admission procedures, even when they include individual interviews and autobiographical letters in West European and North American medical and dental schools, focus mostly on qualities like empathy, determination and intelligence and on skills that are used by physicians when practicing their traditional medical role.

However, universities most certainly represent the best location to target, develop and train competent medical leaders for the future. In order to reach this goal, common leadership skills must be looked for in medical school applicants. Qualities like "vision, ability to sacrifice and courage" represent skills that are mandatory for any leader and should not be forgotten when recruiting future doctors [19].

Educators are aware that "while most common leadership skills might at first seem like essential assets for any good physician, some of them could be seen as conflicting with the qualities that are actually targeted by medical universities" [20,21]. For example, while a well-performing corporate leader must aim for profit and time efficiency, practicing physicians must show empathy and care for their patients. For students wishing to become both good physicians and efficient leaders, the time-saving vs. quality of care duality represents a major dilemma. In the financially constrained reality of the most healthcare systems, this is a problem that every physician must cope with when undertaking new leadership roles. However, through the training they receive in medical school, doctors are taught to understand human nature like no other professionals. Considering this advantage, medical students should certainly be able to become both competent leaders and well estimated physicians if they are given the opportunity to develop the appropriate skills. Hence, if medical school applicants are to occupy leadership positions during their career, they must be chosen according to their leadership capacities. As for adequate leadership training, it must be integrated into medical curricula [22].

Integrating medical leadership in physicians' practice

Physicians' professional activities require them to be good team leaders. In fact, doctors working in both clinics and hospitals lead small groups of healthcare professionals on a daily basis. While the teams they are responsible for might seem small, physicians nonetheless need to demonstrate essential leadership skills [23].

When they work in a large hospital setting, they also have to be able to execute directions issued by their superiors appropriately to assure the smoothness of inter-staff relationships and the well-being of the hospital's work environment. Thus, most doctors are constantly involved in situations where they need to both be able to manage and be managed.

In their leadership tasks, physicians must rely on three main qualities which form the foundation of medical leadership: the capacity to work in teams, the ability to personify essential leadership skills and possession of a strong emotional capacity [24].

The ability to work well in a team is rarely taught in medical schools, therefore hospitals must seek to provide their physicians with adequate training workshops. Healthcare institutions can seek to create physician advisory committees that include both management staff and physicians. This way, doctors can get more involved in the functioning of their hospital. Also, this would make it easier for them to create positive group dynamics in their own everyday leadership areas. Doctors are expected to excel in five different domains: "Personal qualities and professionalism, working with others, managing business, transforming services and setting directions." (NHS Medical Leadership Competency Framework). While the first two skills are often mastered in medical school, the last three, being directly related to management and requiring practical experience, must be introduced to practicing physicians through their career. In order to become sensitive leaders, doctors must learn to master their emotional intelligence, also called "EQ". Emotional intelligence, including aspects like "self-awareness, self-management, and social awareness", allows doctors to act as realistic and efficient leaders that can bring a larger contribution to their work team.

The values' foundations of doctors/patients' relationship

Institutional structures, regulatory and cultural environments impact on system performance as much as they influence patient-doctor (caregiver) interactions. These processes occurring in microsystems (individual practice, clinical teams) are largely under the day-to-day control of working doctors, and it is their leadership skills and behaviors that have the potential to significantly improve overall health system performance [22]. "The nearer the management processes get to the patient, the more important it is for doctors to be seen as the natural managers" (Griffiths 1983). Doctors' leadership consists also in personal qualities and skills, which demonstrate the values' oriented professional behavioral of doctors and healthcare staff, such as: Determination and drive, Cognitive capacity, Self-confidence, Integrity, Sociability [1].

The case of Bulgaria

The process of transition from totalitarian to democratic social organization in Bulgaria (1990-2015) ended in major social and economic

changes. The country moved from an egalitarian societal model, hiding the privileges of the governing social groups to a civil society, based on the agreement on universal human rights. The centralized state system, including healthcare services, shifted to a decentralized, pluralistic system, based on market economy and respect for freedom of choice and self-determination for any participant in the society and the market [3].

The health professions in Bulgaria, during their centenary history passed through periods of blossoms and declines comprising stabilization of the liberal professional status (till 1944), autonomy restrictions (1944-1973) and complete loss of autonomy (1973 -1991). The total loss of autonomy (deprofessionalization) resulted in limitation of the entrepreneurship, professional development and as a result – decline of professionalism and authority of medical professions.

The radical social transformation by the end of 20th century made possible for the medical professions in Bulgaria, as well as all over the former communist countries of Central and Eastern Europe obtained again their adequate place in the society and the confidence of the public based on autonomous regulation and ethical standard. Doctors in Bulgaria obtained the opportunity to demonstrate their professional best [13].

In today's new conditions, doctors actually enter a number of contracts every day. Patients' and society's satisfaction, as well as professional prestige, deeply depend on doctors' preparedness to be leaders and managers. Today doctors have the freedom to take independent professional decisions and to turn them into effect in their practice while considering both the autonomy of the patients [4].

The healthcare service has functional character, based on pluralistic ownership on the healthcare infrastructure, public funding and regulated market of health services. Health professions are represented by the autonomous professional associations. Decision making at all levels include the participation of medical leaders and medical staff. The recognition of the importance of leadership skills for the healthcare services delivery resulted in the inclusion of the disciplines "Social medicine", "Medical ethics", "Public health" and "Healthcare systems management" into the undergraduate students' curricula [24].

Conclusion

The healthcare systems challenged by the growing expenses for public health and the growing expectations of the population for better access and better services has to respond both to social and market requirements. Good medical leadership is in the scope of growing number of states. Both governments and professional bodies support the concept for a consistent medical leadership for all levels of the complex healthcare organization. Both professional ethics and leadership must be taught and appropriate courses should be part of the undergraduate medical curricula and continuing education at all levels. Professional autonomy, as the core value of medical professions is in close relationship with democracy. The leading role of doctors now is growing as their competence, determination, and diligence are valued by the society, nevertheless the professional autonomy is limited by social factors. Achieving excellence is the only way to become respectful leader in medicine but not in healthcare, without the corresponding managing position. Therefore, providing medical professionals with adequate education and decision making competence is the only way to guarantee the interests of the society.

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