The Importance of Clinical Leadership in Healthcare Management

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Abstract

The health sector - as well as being a labor intensive area – which possesses a significant position and stake in the service sector as a whole finds its place also in the economic system as a gigantic sector due to bearing the purpose of bettering the human health. This is why the healthcare system; requires the high levels leadership qualifications to be able to reach at those using the service in a safe, quality and effective manner. And for these features, service rendering specific leadership talents which might satisfy the maximum level creativity and requirements are needed in the existing health system. At this stage, specifically the leadership characteristics possessed by doctors and nurses who are deemed to be fundamental elements and expressed as clinicians in the international literature; undertake a substantive role in the quality and patient satisfaction focused presentation and management of medical services.

1. Introduction

The ability of achieving the excellence defined to be a complete well being state from the physical, spiritual and social perspectives; does not only entail the absence of illness or disability but also high standards of healthcare owned by the system. As for the leadership in presentation of health services; is not only required to maintain the healthcare services but also transformation of services in the name of achieving the level of excellence. The safety and quality perspectives of doctors and nurses in the presentation of health services, who are personally in contact with and intervene in with the patient particularly, in clinical environments and also the leadership qualities they enjoy are expressed to have an important place in the clinical services being the heart of healthcare system and this type of leadership the clinicians possess is called the clinical leadership.

Objective: The objective of this study is to put forth the concept of the clinical leadership which demonstrates being a model of healthcare management exclusive leadership and the necessity of a clinical leadership in the management of medical institutions and admits the “shared leadership” concept as the center by going beyond leader-audience interaction in the light of scientific literature and develop the topic related solutions.

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**Scope:** Despite the clinical leadership studies, both finding its place either in the national or international literature make up overall framework of this article; the academic information related to this subject in this context is being presented to the reader upon having been analyzed.

**Research Questions:** In general, this research is being shaped around the following problems: What is the importance level of leadership in general and clinical leadership concept in particular within the international health system and Turkish health system being the sub-system here of? What are the studies accomplished in relation to the subject and what are to be performed in the scientific sense?

**Theoretical Framework and Limitations:** In the text of research, firstly the concepts of Leadership and Leader and the Leadership Theories are comprehensively addressed in conceptual dimension then, the concepts of Clinical Governance and Clinical Leadership are analyzed in detail. And in the fourth part, the studies carried out on the importance of Clinical Leadership in the Management of Health Institutions have been put forward by being analyzed and as to the part of conclusion and suggestions, the clinical leadership oriented solution proposals in health management are being presented.

**2. Concepts**

While United States (USA) Medical Institute describes the quality in health services; to increase the likelihood of health services offered to individuals and community to reach at the desired health outcomes and to be compatible with current professional knowledge (Lohr, 1990: 21), as for Brook and Williams (1975: 134), they have formulated the quality in health services so as to be a combination of technical quality and the art of treatment and described the technical quality here; as conformance of diagnosis, examination, treatment and rehabilitation services with the modern medicine, scientific norms and standards, they have expressed the art of treatment; as the success of services offered in ensuring the patient satisfaction (Kavuncubaşı and Yıldırım, 2012: 470; Taylor, 1994: 228).

When both these definitions and the quality improvement principles developed by US Department of Health and Human Services (To become a part of system and process, focusing on patients, focusing on being part of the team, focusing on data use) are examined (Health Resources and Services Administration, 2011: 1), it is seen that the leadership qualities lie in the foundation of continuous quality improvement efforts aimed in presentation of medical services.

In the health industry centered international studies in recent years, the leadership; raises concern about being the focus point situated at the center of clinical endeavors and clinicians (doctors, nurses, etc.) (Howieson and Thiagarajah, 2011: 9). Leadership in the presentation of health services; is not only required for maintaining the high standards of healthcare, but also for the transformation of services in the name of achieving the excellent level (Swayne et al., 2006: 7). The safety and quality perspectives of physicians and nurses who are in communication when presenting the medical services and intervene in with the patient particularly in the clinical environments and also the leadership qualities they have are expressed that they hold an important place in the clinical services.
being the heart of healthcare system and this type of leadership the clinicians possess is called the clinical leadership (Victorian Quality Council, 2005: 2). Clinical leadership, when compared to nonclinical leadership; it does not only have a different objective but also a different effect base. It is suggested that the focus point in the clinical leadership is to facilitate evidence based practices and improved patient printout throughout the patient care. When looked at the recent literature studies on clinical leadership, it is seen that the clinicians undertake a key leadership role in the presentation of health services and this individual and collective leadership among physicians is important (Hartley and Benington, 2010: 30).

2.1. Leadership and Leader Concepts

Human beings who has been maintaining their life as a social being from the beginning of human history up to now; to be able to fulfill their individual and social expectations and obligations they need another and act in groups (Saylı and Baytok, 2014: 5). Because, almost everybody wants to live and feel the sense of belonging, which constitute the essence of the group life. At this point, an important element of group dynamics is leadership as well (Macionis, 2012: 163). Leadership has always been a subject met with enthusiasm and interest among the people. The term of leadership; reminds of the images of powerful dynamic individuals who command victorious armies and steer the institutional empires from the top of glamorous skyscrapers or give guidance to the course of nations. The bravery of courageous and intelligent leaders constitutes the essence of many legends and myths in history (Yukl, 2010: 19).

Leadership; is one of the subjects whose history dates back to very ancient times coexisting with the existence of human race nevertheless, it has never lost its topicality and attracting intensive interest of the researchers at all times (Bakan and Doğan, 2013: 3). Especially in the last century, the eldership that has been an important research topic in the field of psychology and therefore; thousands of experimental a conceptual studies have been accomplished (Zaccaro and Klimoski, 2001: 3), due to its nature, it is also the topic of the managerial and organizational field. This is why the concept of leadership addresses to a very wide area. When you look at what have been penned, talked about and training efforts accomplished on the leadership, it would be observed that the definition which might express this complexity best is the expression which describes the leadership as a topical forest. This forest which we have expressed as the concept of leadership is such a forest that the vegetation of this forest composed of opinions, books and applications continues to grow too fast by producing information much more than one man alone can read throughout her / his life span (Hartley and Benington, 2010: 1). As it would be understood here from; as also expressed by Stogdill (1974: 7), the more people who try to define the leadership, the more definitions of leadership.

While Oxford Dictionaries (2017a; 2017b) and Türk Dil Kurumu, the Great Turkish Dictionary generally describe the leadership as; to guide a group in direction of an objective and to direct that group and the leader; as a person who steers a group, organization or country (Türk Dil Kurumu, 2017a; Türk Dil Kurumu, 2017b). Until today, great deals of researches have been produced by the researchers about the
definition of leadership. Despite there are common aspects of these studies, each of one has taken the different aspects of leadership into account. While some researchers, describe the leadership; as an inseparable part of the group process; and some others describe it essentially as an influencing process. Again, some deem it; as a success achievement instrument in initiating and achieving a goal and even the final opinions evaluate the leaders; as servants of the followers (Nahavandi, 2000: 4).

Leadership in general sense; a leader can be defined as a complex process that happens at the end of an interaction between her / his followers and the present situation and it is possible to express this process with a function as follows (Koçel, 2011: 574).

**Leadership = f (Leader, Followers, Conditions)**

These three elements contained in the leadership function (Leader, Followers, Conditions) are in position of the key of such leadership process. Therefore, in all of the studies regarding the leadership conducted up to now; the leaders, the followers and the conditions under which the leadership process has taken place have been considered and these three key elements are addressed.

Especially since towards the end of the 19th century when the official studies on leadership have started in the Western world, many definitions have been developed on the concept of leadership. Some of these definitions can be seen in Table-1.

<table>
<thead>
<tr>
<th>Leadership Definitions Made by Some Researchers</th>
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<tr>
<td>Leadership; can be evaluated as the influence process (activity) regarding the target determination and realization oriented activities of one organized group (Stogdill, 1950: 3).</td>
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<td>Leadership; as in the example of the need in overcoming the resistance shown against the transformation, it contains the activities required to be done or rearranged (Bass, 1960: 83).</td>
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<td>Leadership is the behavior of activating and maintaining the structure within the framework of expectations and relationships (Stogdill, 1974: 411).</td>
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<td>Leadership is the process by which the competent managers influence their employees in the direction of what should be done and what is required to be done to be performed voluntarily and in the best way (Cribbin, 1981: 13).</td>
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<td>Leadership is the art of influencing others in the name of actualizing any task, goal and project in the best way (Cohen, 1990: 9).</td>
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<td>Leadership is a synergistic management process which gives guidance to an organization being oriented towards a vision shared and allows target, strategy and applications oriented activities to exist and shared and made contribution by the employees utilizing all assets they enjoy (Aytaç, 2003: 61).</td>
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<td>Leadership does not only affect colleagues and subordinates. At the same time; in particular, a range of stakeholders and networks from the public and voluntary NGOs are gaining increasingly importance. Leadership at this point; appears in front of us a process of affecting all these (Hartley and Benington, 2010: 46).</td>
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As it would be understood from the definitions in Table-1; although the concept of leadership has undergone a development and transformation in the historical process, the historical process let us to be informed regarding knowing in what way the leadership concepts and theories have arrive at our time from the past in consequence of what studies and after having passed through which phases and
took its current state and help us understand the leadership for today (Nahavandi, 2000: 1).

2.2. Leadership Theories

The most comprehensive approach to the leader and leadership definitions is based on personal characteristics. At this point, the names such as Aristotle, Socrates and Eflatun from the ancient Greek philosophers who might be deemed as the start point with their ideas have classified the executives by sorting in terms of a range of personal, physical and social characteristics which distinguish them from other humans. And afterwards, the religious beliefs or the impositions of the dominant classes; the concepts such as the power of God or noble blood have been recognized as the foundations of leadership power (Barutçugil, 2014: 26). Especially the qualities owned by the great leaders in social, political and military circles have been thought to be innate and they have been assumed to be natural leaders. It has been believed in that such leaders came to the world with these qualities not possessed by others and that only "great men" could possess these qualities (Northouse, 2001: 15).

These "great men" have been studied for the first time by Thomas Carlyle in a philosophical language in the work called "on Heroes" in 1840. According to Carlyle, even though everything in the outer world looks perfect and ready seems like a material asset, it has taken its source from the thoughts of the great men. According to him, the history of humanity is the history of great men (Carlyle, 1840: 3). Again; also the work of "Representative Man" published by Ralph Waldo Emerson in 1850 and the work called "Hereditary Genius" published by Francis Galton in 1869 analyze the great men and heroes (Adasal, 1979: 230). It can be expressed that these and similar studies have accelerated the idea of "great man" in the leadership researches.

It is mainly the Treit Theory from the traditional leadership approaches assumed to be based on the Theory of Great Men. According to this theory; the main reason that a person leads any group is their personal characteristics. The first studies on this subject are based on the Great Man Theory. The essence of this theory is; to determine the leadership qualities of the great people in the past and to select those who possess these qualities as leader of the future and to develop these qualities. (Daft, 2010: 415; Aksel, 2012: 34). In other words; the reason for designation (acceptance) of a person as a leader within a specific group and steering such group is the qualifications that person possesses. In terms of these qualifications, the leader is a person different from the other members of group. Again, according to this theory, the leader is distinctive from the followers in terms of their physical and personality characteristics. As a result of this understanding, in order to be able to explain from what perspectives the leaders are different from the followers, hundreds of researches have been conducted (Scoot et al., 1981: 143, Kocel, 2011: 575-576).

Nevertheless the leadership qualifications a leader should possess are substantial in the leadership process, the criticism made over the time such as;

- Absence of a consistent template while classifying the qualities of successful leaders,
• In designation of successful leaders, mostly physical characters are being put forth,

• Despite the existence of those who have more than the personal and individual qualification of a leader within a group, inability of such persons to be a leader,

• Some influential leaders not having the same features and

• Difficulties are being experienced in measuring personal characteristics of the leaders

have revealed that that this theory has remained insufficient in explaining the leadership process and that researchers have shifted their attention to the operation of the groups or structures (Robbins and Judge, 2012: 349; Bakan and Doğan, 2013: 12; Avcı and Topaloğlu, 2009).

Here, at this point, instead of the features the leader has, the studies oriented towards determination of “how” the leader behaves to her / his followers within the group and “what” she / he does to influence them have been put forth thus, Behavioral Theories have emerged (Koçel, 2011: 577; Tengilimoğlu, 2005: 4).

The main idea of behavioral theories trying to clarify the leadership process; is rather than the qualifications of the leader, the fact which makes the leaders successful and influential is the behaviors she/he demonstrates when exercising her/his leadership and the properties of the relations with the people who constitute the group led by her/him. In behavioral theories, the form of communication with her/his subordinates, whether or not she/he transfers authority, manner of decision making, way of planning and control, way of setting the goals and the like by the leader have been addressed as the important factors determining the effectiveness of the leader. Therefore, in this theory, great importance has been attached to also her/his followers as much as that of leader herself/himself (Koçel, 2011: 577; Owens, 1976: 226). While the researches of qualifications theory suggest that it is essential to choose the right person for leadership; and the behavioral theories defend that the persons can be trained to become a leader (Robbins and Judge, 2012: 380).

The fact that the behavioral theories which generally advocating existence of a “single and best” management style in the administration attach more importance to the environment and the conditions in which the leadership process developed has been the weak side of these opinions and as a result of the criticisms brought on these theories; it has stated that the most appropriate leadership behavior may vary according to the conditions and circumstances (Huse and Bowditch, 1977: 237). In this case, the third variable of the leadership function “conditions” it has been mentioned above has started to gain importance and importance has been initiated to be given the conditions when the leadership event has happened also bear importance in the leadership process so, Contingency Theories have emerged (Bakan and Doğan, 2013: 21).

The basic philosophy of contingency theory; is in direction of non existence of a absolute leadership style which is applicable always and everywhere; the leadership style that sometimes attaches importance to the personality of the
followers and sometimes the leadership style attaching importance to the mission performed by the leadership style attaching importance to the personality of the individuals can be more effective (Gibson et al., 2009: 323).

According to this theory; some situations may induce the leadership in some people and so do other situations in other people. Therefore, making an overall conclusion about leadership or placing the leadership in certain templates is not right (Uğurluoğlu, 2009: 61). According to Hellriegel, Slocum and Woodman (1986: 311), there are four main factors determining the current situation lived in and these are:

- Personal characteristics of leader,
- Personal characteristics of audience,
- Characteristics of group and
- Structural properties of organization.

This is why that, according to the theories of contingency, even though the success does not only emanate from the qualifications of the leader or the followers or the organization, it obtained as a function arisen from of the outcomes of these factors together.

Upon emergence of situations which have led to fundamental transformations experienced all over the world and especially in the business world within the last quarter of twentieth century, the trait theory, behavioral theories and contingency theories we have tried to explain with their general outlines herein and may categorize them as the Traditional Leadership Approaches and also the ability to produce solutions against these situations have weakened. Because of inability of both the sectors and scientific developments and expectations to satisfy their requirements, new leadership theories we may call Modern Leadership Approaches with names like; Leader-Member Interaction Theory, Strategic Leadership, Charismatic Leadership, Transformational Leadership, Servant Leadership, Authentic Leadership, Emotional Leadership, etc. have emerged and continue to come out too (Bakan and Doğan, 2013: 39; Saylı and Baytok, 2014: 111).

3. Clinical Leadership

In order to better understand what the clinical leadership is; from a scientific perspective, it is considered appropriate to know the concept and system of clinical governance and where the clinical leadership is positioned within this system.

3.1. Clinical Governance

If the governance term is to be explained before addressing the concept of clinical governance, the governance; is a term management science derived from the combination of management, interaction and communication terms and started to be used together with the modern management understanding across the world (Koçel, 2011: 455). As with other sectors, this term is quite frequently used in the health services sector and even in offering the health services due to complex
structure of medical institutions and establishments, which confront us as a quite important concept also from the aspect of explaining the communication between the management, interaction and communication between the health service units and the health employees. In that case, the clinical governance; can be defined to be determination of high standards that will create the most appropriate environment and improve the clinical services and establishing the required managerial conditions for the continuation of these standards by focusing on continuous quality improvement efforts in the healthcare services (Freeman, 2003: 50; Halligan and Donaldson, 2001: 7).

As for the clinical governance system, it can be described to be a total operation composed of combination of these circumstances required for the improvement of clinical services based on the patient experiences, by taking the continuous quality improvement into its center, utilizing the qualifications of clinical leadership, carrying out clinical follow-ups using the clinical governance tools which constitute the quality culture in service utilizing the qualifications of clinical leadership which comprise certain purpose and scopes and ensures by improvement of clinical services through evaluation and learning at the end of this total operation (Starey, 1999: 1).

According to Scally and Donaldson (1998: 61), the clinical governance has two main purposes. These are; to improve quality and accountability in the medical services. As for the most important feature distinguishing clinical governance from other sectoral governances is; the fact that clinical systems are largely formed from the human being the tasks performed with the complexity of human biology and psychology.

There are many targets the clinical governance wants to achieve at a medical institution. Some of these targets can be stated as follows (Australian Institute of Company Directors, 2011: 2):

- Increased medical service presentation and patient satisfaction
- Quality control and quality improvement
- Cultural transformation
- Risk reduction
- To be legal and compliance to legislation (Availability of managerial responsibility)
- Cost management (Efficiency, less insurance and litigation costs)
- Competitive advantage
- Accountability and stakeholder satisfaction

The clinical governance system which is a part of a larger institutional governance system within the scope of health services system is shown in Figure 1.
As seen at Figure-1, the clinical governance; is also a system contained as a clinical system within the organizational system. Therefore, the clinical governance from the medical institutions is in the position of heart of the existing institutional management system (Fardazar et al., 2015: 70) and to offer a high quality health service, it is expected from every clinician to know the extent of the clinical governance and to understand and follow the principles supporting the clinical governance in her/his professional practices (Scally ve Donaldson, 1998: 61).

Within the scope of clinical governance; just as in the financial and managerial units of the organization, the knowledge, experience and responsibility of the professional healthcare managers are needed also in monitoring the quality and safety of clinical care. Within the clinical governance system, it is possible to list the main duties and principles required to be abided by the professional healthcare managers (Australian Institute of Company Directors, 2111: 10; Victorian Quality Council, 2005: 3):

- To place the clinical governance in a more comprehensive corporate governance; to determine the purpose of the clinical governance system and the role of the institution’s management in clinical governance.
- To create a framework for clinical governance and use appropriate policies, structures and processes to achieve the desired goal.
- To identify, develop and support the clinical leaders at all levels of the organization.

• To create a culture of quality healthcare services within the organization; to use the clinical leadership, human resources policies, workforce planning, accreditation and comparison.

• Following up the outputs of the clinical governance system, to support and reward the good performance, improve the poor performance and develop the clinical governance model of organization according to the result.

• By taking the performance of the organization and other organizations into account, to evaluate and improve the current clinical governance model.

• By attaching the clinical governance system of organization with clinical governance systems of relevant institutions; to make contribution in strengthening the healthcare sector.

All these duties are thought to be feasible and sustainable without leadership and clinicians.

3.2. Clinical Leadership

The professional groups such as doctors and nurses who have specialized in medicine, psychiatry and clinical psychology practices and function directly with the patients in the diagnosis, examination, treatment and rehabilitation processes are called the clinicians (Philips, 2003: 27; Merriam-Webster, 2017).

As stated in the first part of the study; up to date, various hypotheses and theories have been developed on the concept of leadership and by taking a single leader into its center; these theories have put forth studies regarding how this leader made influence on the followers around her/him. This whole study developed to date being unlike the hypotheses and theories developed up to now; instead of taking a single leader into its center, the Clinical Leadership Model focuses on each individual individually in direction of leadership processes and demonstrates the leadership processes that all clinicians in the organization need to exhibit individually and the leadership features they should possess (Swanwick and McKimm, 2011: 25).

In international health systems, although diagnosed diseases are sorted out according to a certain classification (CDC, 2017), every patient; should be considered as a separate case by herself/himself; and project alone which should be managed from the time of admission to the hospital to departure from the hospital and even until the expiry of adaptation process to society. Therefore, in order to continuously improve the quality of health service presentation, it is required to manage each project effectively and efficiently (Victorian Healthcare Association, 2009: 6). Within these clinical processes formed by stages of diagnosis, examination, treatment and rehabilitation when deemed necessary, mainly the clinicians (doctors and nurses), dozens of specialists, health personnel and assistant staff function (Brown et al., 2015: 1).

The operation in the environments particularly in the healthcare sector enjoying such a complex structure with its all dimensions where this service is offered; to be likely to be realized in a safe, quality and effective manner and the need for presentation of the health service requirement to be satisfied and the difficulties
experienced in offering such service to be overcome; the clinicians who have a unique perspective and expertise and are described as the main service providers of medicine are deemed to be involved in the leadership (Swanwick and McKimm, 2011: 1). And while the health systems across the globe are engaged with the task of offering an evidence based, patient centered, effective and efficient service which has extended throughout the system; it is presumed that the clinical leadership, especially the physicians and nurses have also undertake an integrative role in achieving this goal (Ogrin and Barrett, 2015: 45).

Although among some clinicians; have feelings and behaviors such as independence from financial and political concerns, patient advocacy and clinical decision-making for clinical reasons and again for this reason, their participation in management or leadership is perceived directly as a stand against this idea though; almost all medical doctors and nurses are responsible for using resources at the medical institutions (Okasha, 2013: 64-65). And also, many lead teams or function in a system being governed by being involved supervision of their colleagues.

When looked from this perspective, it is seen that the clinicians are responsible for their patients, employers and the public. And this means that the clinicians are the groups that manage and are managed (General Medical Council, 2012: 8).

Health and social service system; entails high level leadership in terms of safe, effective and improved patient experience in order to offer better service and to ensure the necessary efficiency saving. In order to increase quality, there is a need for all distinctive leadership skills which might satisfy maximum level creativity and responding to existing needs in the current economic situation. Right at this stage, investing the leadership power to the clinicians is deemed that it would bring in distinct perspectives and solution proposals to the decision-making processes (Department of Health, 2011: 4).

Clinical leadership; is in a key position in encouragement of high quality clinical care and transformation of services to achieve excellence in service offering and at the same time, it is a concept which compiles the leadership properties required to be possessed by the clinicians who has undertaken the leadership role. For this reason, there is a role for clinical leadership at all levels of the medical institutions and systems, (Victorian Quality Council, 2005: 3). The primary leadership features that clinicians should have can be listed as follows:

- System arrangement,
- Influence the audience,
- Encouraging the values and vision and
- Using the clinical experience and skills owned to meet the patient needs that form the central focus in the objectives and service offering by the medical institutions.

Clinical leadership; in addition to rendering service as per patient individually, can also be described to be the clinicians who strive to make such service much better at a department, unit or the institution within a medical institution and have the power and talent to change policies, procedures and systems with such effort.
In other words, clinical leadership is the ability of overcoming the transformation and giving guidance hereto. This concept, therefore, contains creating a vision, developing strategies for the transformation needed to be put forth and motivating and inspiring the people to achieve these strategies by raising awareness in them (Stanley, 2013: 9).

The foundation of clinical leadership is consisted of getting focused on human more than the disease during rendering the health service. Because the basis of professional healthcare delivery lies in the understanding that each hospital is a separate case alone. In line with this understanding, the clinical leadership which takes people into the center instead of disease in the clinical dimension of the holistic quality culture in the health care system (O’Neill, 2013: 24).

Victorian Quality Council (2005: 4) defines the clinical leadership as to lead the improvement of safety and quality in healthcare and to achieve necessary qualifications successfully. Starting from this definition, the clinical leadership can also be described as an attempt to utilizing the energy of clinicians seeking performance development for the benefit of patients; however, there is no fully accepted definition of the clinical leadership in the literature, apart from the definition of "the sequence of tasks clinicians should perform", a common area related definition of many researches and interpretations. Those ones which have strategic importance among the range of duties the clinicians should perform can be listed as follows (Lee, 1996: 98; Donaldson, 2001: 10):

- To participate in the process of determining the safety and quality agenda and undertake responsibility for the implementation of this agenda
- To assume an important role in priorities to determined to support the best practices
- To act like champions for development
- To add professional and organizational status to safety and quality activities
- Prioritization of healthcare services, pioneer their designing and implementation stages
- Provide educational and organizational support to support participation in the clinical management activities

Clinical leadership requires some personal qualities such as continuity, commitment, emotional intelligence, empathy, the power to influence people (with respect and love, not fear). Besides these; also the emotional balance, flexibility, innovation, the ability to see the future and the ability to create the necessary strategies might be indicated within these qualifications. Although some of these properties might be genetically available, many of them can be obtained through education (Okasha, 2013: 71).

Effective clinical leadership includes appropriate skills and qualifications in individuals who focus on interdisciplinary service delivery at every level of a health care level of a medical institution (Victorian Healthcare Association, 2009: 16). It is considered that a clinical leader should generally have some qualifications within the scope of the leadership which occupies an important place with its
exclusive discipline, concepts and theories under the leadership root. According to Klaber and Bridle (2010: 92), these properties are the following:

- To have a vision
- To be self-sacrificing
- To be a role model
- To act as a team spokesman
- To demonstrate high performance
- To be aware of contributions of others
- To have clinical expertise
- To be accountable
- To be able put forth rational arguments

As for the National Health Board (2012: 23), the clinical leadership; is being defined to be collaborating with the clinical and managerial leaders to put forth behaviors which might modify the system in a way to be beneficial to the patient.

4. The Importance of Clinical Leadership in Healthcare Management

Every human being in the world needs healthcare. Medical services oriented expenditures are made at high rates out of Gross Domestic Product (GDP). Governments are assessed on presentation of medical services. The population is determined by health and therefore, almost everyone is concerned with the healthcare supply.

Organizing and managing the healthcare supply both at the national and local level and at the level of individual communication between the healthcare employees and the patients is a complex task and responsibility. This is the reason that the medical services are accomplished usually by large institutions and organizations. Again, the health sector occupying a substantial position and share within the service sector is also contained in the economic system due to being a labor intensive area as well as a gigantic sector because of its aim of improving the human fitness as a whole (Keklik, 2012: 74). In addition hereof, when the health sector is globally taken into consideration, it shall be seen that the industry faces many difficulties and many problems that are expected to be solved.

Due to all these reasons, the healthcare sector and the institutions offering these services are obliged to find ways to compete under varying and complex under environmental conditions and to provide the services they offer in the most appropriate way (effective, cheap and high quality) (Uğurluoğlu, 2009: 149). This why the leadership; bears a vital importance in the health institutions in comparison to other organizations (The Governance Institute, 2009: 1).

Undoubtedly, the leadership in the health services institutions is much more difficult in comparison to other public or private sectors (Nicol, 2012: 60). Because the health sector both environmentally and organizationally has a complex structure and this complexity in the health sector creates specific challenges.
arising from the combination of environmental and organizational factors for the leadership development and practices.

When looked from an environmental standpoint; it is seen that the health institutions and organizations are confronted by the regulatory environmental factors, largely being beyond their own control. In particular, the demographic, socio-cultural, economic, political, technological and international environmental factors and surely, the health services environment in which the service is actualized can be shown among the environmental factors having the health service supply oriented regulatory impacts. When looked from an organizational aspect; the health organizations have a bad reputation due to having an irregular internal coordination. And when looked from the organizational perspective; the medical organizations have a bad reputation due to having multiple irregular internal coordination. The fact that the organization has a multiple professional hierarchies from both clinical and administrative perspectives creates great challenges for inhouse organization and coordination. And also this is usually seen as a result of a cultural cliff between managers and clinicians (McAlearney, 2006: 968). And to enable elimination of these environmental and organizational inconsistencies and coordination, the influential leadership presents a vital importance at every level of the health system.

Leadership in the health institutions; is also seen as the central focal point for the continuous quality improvement phases in the health service supply and the development of organizational management processes (Hartley et al., 2008: 7).

Here, maybe one of the most important features which separates this approach from other traditional and modern leadership theories required to be expected to be found and stressed on from the medical institutions; the fact that all employees of health should possess the leadership qualifications instead of reducing the leadership down to one individual, as the case and time might be.

As for the theory showing to be the first medical management specific leadership theory within the practices of leadership bearing such a vital significance in the management medical institutions is the Clinical Leadership. Therefore, moving from all these definitions and researches made on the clinical leadership, it is possible to state that the institution managers have also certain roles in the clinical leadership process. The roles of healthcare managers in the clinical leadership process can be listed as follows (Australian Institute of Company Directors, 2011: 22):

- To define the role of management board in the clinical leadership
- To establish necessary approach and framework for clinical governance and ensure its communication
- To create a patient – centered culture and encourage others
- To define, support and develop new and existing clinical leaders in the institution
• For realization of necessary discussion in process of clinical governance, to constitute in-institution discussion platforms and actualize clinical training programs on these platforms
• To approve and follow the frameworks of clinical governance, structures and top level policies
• To pioneer the management process in establishment of clinical governance or its any type of its change required for improvement hereof
• To guide continuous improvement of patient health services
• To make up a positive organizational culture
• Encourage units and health personnel to make self-audit
• To follow accreditation
• Authorize personnel using authority transfer
• To adopt security and confidentiality methods
• To undertake responsibility and deal with regarding clinical governance and desired model attitudes

V. Conclusion and Suggestions

In addition to being a labor intensive area, the health sector having an important position and share in the health sector is contained in the economic system as a huge sector due to bearing the purpose of improving the human fitness, every each hereof is a case alone. Therefore, the leadership in the healthcare institutions has begun being much more difficult than in comparison to other public or private sectors. Because the health sector has a complex structure both from environmental aspect and organizational aspect. When looked from the environmental perspective; while the medical institutions and organizations are largely confronted with regulatory environmental factors beyond their own control, when looked from organizational aspect; the fact that healthcare institutions have multiple professional hierarchies creates both clinically and administratively great challenges for in institutional organization and coordination. And for enabling these environmental and organizational conflicts to be eliminated and the coordination to be ensured in the health care sector, a system specific influential leadership presents a vital importance at every level of the healthcare system.

As stated above, although the definitions and theories of leadership have been developed with a common view for all sectoral structures and their applications have been performed up to now, the studies of developing a health services sector specific leadership model, which has a complex structure in all dimensions; have been going on for the last decay, in many countries, mainly in the United Kingdom, USA, New Zeland and Australia. And the one being the most comprehensive and long-term one among these studies as been the one which was developed by UK Health Services and has taken the leadership behaviors of only doctors and medical school students for the first time with the title of Medical Leadership in 2010 and later on focusing on the leadership behaviors of doctors and nurses are
required to be pressed with the name of clinicians and has taken the name of Clinical Leadership in 2011 has become a health service offering specific model leadership study.

The foundation of the clinical leadership model is composed of the opinion that the clinicians having an unique point of view and expertise and are expressed to be the main health service providers to be included also for the leadership for the operation of clinical environments in the health institutions to be able to be materialized in a safe, quality and effective manner and the need for health service supply to be likely to be fulfilled and the difficulties experienced in providing such service to be able to be overcome. Because in a healthcare system, the clinicians are in the position of main subject who realize the presentation of healthcare services and the effect and quality of the medical service offered by the clinicians affects the institution first and then the whole healthcare system.

Clinical leadership concept; is a concept that gathers the leadership qualities required be found in the clinicians who play a leading role such as regulating the system, influencing audience, promoting the values and visions and using clinical experience and skills to meet patient needs that form the center of the purpose and service supply of the medical institution. In addition to rendering service as per patient individually, the clinical leadership in this context; can be defined to be the clinicians who strive to make the service rendered much better at a department, unit or institution within a medical institution and have the power and talent to change policies, procedures and systems with such effort.

The clinical leadership model, as with other leadership theories, takes the concept of a concept of "shared leadership" into its center and is constructed on this concept instead of considering one leader and the followers of this leader. Again, one of the most important features that distinguishes a clinical leadership from other leadership theories is also the fact that a clinical leadership does not only contain the concrete leadership characteristics determined only for people; but also the responsibility feelings are to be owned in the name achievement of a unit and organization offered. According to this; leadership features and actions, rather than a specific person; can be seen with any clinician at different times and within the organization. Because the clinical leadership qualifications focus on group success rather than personal one. Therefore, a shared leadership; actively supports an effective team work.

Even though there are many national and international studies on the clinical leadership, it is suggested that these studies should be continued increasingly both clinically and administratively from the perspective of development and application of clinical leadership.
References


