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PATIENT-CENTRED LEADERSHIP IN HOSPITAL MANAGEMENT: ETHICAL RESPONSIBILITY AND STRATEGIC ROLES OF HEALTHCARE PROFESSIONALS

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Purpose: to analyze the evolving role of medical professional leaders, particularly doctors and nurses, in hospital management.

Materials and methods. The study used general scientific and special research methods: theoretical generalisation, comparative analysis, classification and grouping, statistical comparison and generalization.

Results. The article highlights how managers are increasingly taking on leadership and administrative responsibilities traditionally handled by non-medical staff. The article explores the ethical responsibilities, strategic roles, and management functions of healthcare leaders, emphasizing their influence on patient outcomes, hospital efficiency, quality management, cost control, and organizational culture, ethical responsibility. It underscores the need for medical leaders to develop competencies beyond clinical expertise, including skills in leadership, economics, and risk management, to ensure high-quality patient-centered care and effective hospital operations.

Conclusions. Doctors and nurses are now playing a dual role in hospitals, balancing both medical and managerial responsibilities. Their impact extends beyond patient care to include quality improvement, cost management, and shaping the hospital's organizational culture. To succeed in these roles, they must develop skills in leadership, finance, and risk management. However, despite these expanded duties, their primary commitment should always be to providing high-quality treatment and achieving the best possible outcomes for patients.

KEY WORDS: patient-centered leadership; hospital management; medical professionals; healthcare ethics; doctors; nurses; quality management; patient safety; organizational culture; risk management; medical competencies.

Introduction. In today's rapidly evolving healthcare environment, the role of medical professionals in hospital management is undergoing a significant transformation. As hospitals strive to provide more efficient, ethical, and patient-centred care, doctors and nurses are increasingly expected to step into leadership and administrative positions traditionally occupied by non-medical staff. This shift reflects the growing recognition that clinical expertise, when paired with strong leadership and strategic thinking, can substantially enhance patient outcomes and overall organizational performance.

The concept of patient-centred leadership places the needs, preferences, and values of patients at the heart of hospital decision-making, requiring medical professionals to extend their influence beyond the clinical setting. As such, healthcare leaders must navigate complex ethical responsibilities while also managing quality standards, financial constraints, and institutional culture. This dual responsibility – providing high-quality care while simultaneously overseeing operational functions – demands a new set of competencies that include leadership, economics, and risk management.

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Materials and methods. The study used general scientific and special research methods: theoretical generalisation, comparative analysis, classification and grouping, statistical comparison and generalization.

Results. The changes in the health sector, and consequently in healthcare entities 1 (in particular hospitals), which have been taking place dynamically over the last several years have meant that medical professionals are not limited solely to performing tasks within the basic processes associated with strictly medical activities. Nowadays, they also interact in areas related to hospital management and perform functions formerly largely reserved for administrative staff in the broadest sense.

In order to take a closer look at the functions currently performed by medical professional leaders in hospitals, it is necessary to first look at the main processes. In a hospital, these can be divided into three groups: core processes related to the provision of medical services, management processes related

to the management of the hospital as an organisation, and ancillary processes supporting the core and management processes.

Although we encounter many members of the health professions in hospitals, which include doctors, nurses and midwives, pharmacists, laboratory diagnosticians, paramedics, among others, the focus of this paper will be on representatives of two professional groups: doctors and nurses, acting as middle managers. Both doctors, who are the leaders of medical care, and nurses play a key role in the hospital, not only because of the implementation of the treatment process, but also because of the effective and efficient implementation of management processes.

Medical professional leaders, thanks to their specialist knowledge and experience, as well as their degrees and legally required specialisations, occupy increasingly senior positions in the organisational structures of the hospital and have a significant influence on strategic developments. They are not only performing key functions in the core business area, but increasingly also administrative functions, especially in the positions of heads of departments or ward nurses. Medical professionals involved in organisational management of wards/clinics are now required to have competences and skills previously reserved for administrative staff. Medical leaders are becoming managers in hospitals and are responsible for the results of the processes within them.

It is crucial to answer the question of who a medical professional is.

It seems appropriate to define a medical professional leader by their formal qualifications related to the medical profession [1], strong professional skills and experience, and performing the work to the highest possible standard according to the applicable standards. The medical professional should take responsibility for both their competence and the standards of the work performed, as well as for the overall outcome of the treatment process if they have an influence on it. It is up to the medical professional to make the final decisions related to the hospitalisation process and to set the standards of conduct. The

medical professional is guided in their conduct by the principle *primum non nocere* ("first and foremost, do no harm"), which is a basic rule of professional ethics and a basic rule of social responsibility ethics [2].

A medical professional entrusted with a managerial position in a hospital performs managerial roles in different scopes, depending on the circumstances, which are in line with the typology proposed by H. Mintzberg and adapted to national realities.

Figure 1 shows the roles that a manager plays in any complex organisation, including a hospital. Resource control roles: this group of roles encompasses activities that enable a subordinate team to fulfil its assigned tasks. They therefore involve obtaining and deploying resources in a way that promotes efficient performance. [Interpersonal roles: these are related to shaping the attitudes of the members of the subordinate team in such a way that they want to carry out the tasks assigned to them. [Informational roles: their task is to give subordinates access to the information they need to know: who is to do what, how much, when and how. The performance of these roles gives the manager a key position in the team [3].

Depending on the role played by the medical professional, a variety of activities are undertaken in relation to the functions performed.

Managing the treatment process and its end results "A well-defined organisational mission will help us not to forget the need to look outwards not only for "customers" but also for measures of our effectiveness and success" [2]. A hospital's mission statement, which is patient- and outcome-oriented, enables the building of an organisational culture based on quality and patient safety, measurement of effectiveness and efficiency. Medical professionals are responsible for defining the course of treatment, setting standards of practice, organising and supervising the execution of work by subordinate staff, and critical evaluation and improvement.

As Peter F. Drucker stated: "There is nothing more unhelpful than to do effectively what should not be done at all" [4]. This also applies to the process of

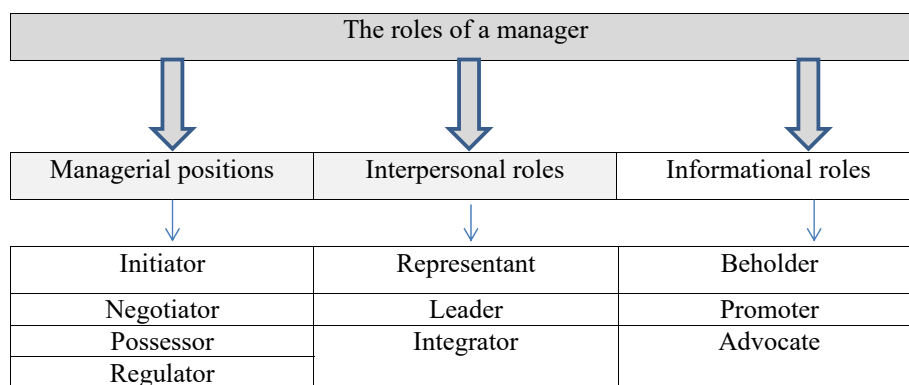


Fig. 1. The roles of a manager

providing medical services in a hospital. The mission of efficiency and the achievement of the results of the treatment process is the state of the patient on the day of discharge from hospital. The assumption on admission of a patient who requires inpatient hospitalisation is that their condition stabilises and improves as a result of the treatment process.

Hospitals have been successfully implementing pro-quality systems for several years, either in accordance with ISO standards or hospital accreditation¹. Quality in a hospital is understood as the degree to which each service provided to a patient and delivered in accordance with the state of the art increases the probability of achieving the desired outcome of care and reduces the likelihood of adverse effects (according to JCAHO) [5]. The pro-quality systems implemented aim is to increase the achievement of the desired treatment outcome, efficiency and effectiveness of operations, both in the area of core activities and hospital management. Despite the support of administrative services, quality management and pro-quality systems rely on the leaders of the processes taking place in the medical activity area, who are the medical professionals. Doctors are responsible for the implementation of the treatment process, while nurses are responsible for the nursing process. The two main processes are supported by processes carried out by diagnosticians, pharmacists, physiotherapists, etc.

Medical professional leaders, first and foremost doctors, are influential in creating and implementing standards of treatment and standards of conduct for patients. However, standardising the work of doctors does not mean that every patient is treated in exactly the same way; factors relating to the individual medical case are always taken into account. In medical practice, specific cases may elude predetermined standards. Treatment standards in a hospital are developed on the basis of the experience, competence and unique knowledge of the medical professionals involved in their development and subsequent implementation, as well as the monitoring of their effects and verification [6].

Another important quality issue is patient safety and the concept of risk and its management. It is the medical professionals who are in a position to identify the risks that may exist in the form of a negative event impacting directly or indirectly on the treatment process. Without their involvement in risk management, administrative services are unable to identify risks or manage them effectively.

Managing subordinate staff and influencing the outcomes of work related to the implementation of the therapeutic process or the nursing process is one of the key roles of medical professionals occupying functional positions in the hospital. Outcomes management is a formalised and integrated process of shaping the characteristics, behaviours and outcomes of people's

work-related activities with the aim of contributing to the success of the organization [7].

Medical professionals should first and foremost manage their subordinate staff on the basis of the continuous development of competencies, i.e. dispositions in terms of knowledge, skills and attitudes that allow them to perform professional tasks at an appropriate level [8]. Medical competencies should be developed, but also interpersonal competencies related to building professional relationships with patients, their families or co-workers.

Managing medical staff on the basis of the implemented competence model and work outcomes should directly translate into the efficiency of the entire hospital. "The functioning of modern society, if not even its very survival, depends on the effectiveness of large organisations, on their achievements and results, on the values, norms and demands they make of themselves. Organisations, like managers, need to work systematically on efficiency and must develop the habit of efficiency themselves. They need to learn how to foster their own opportunities and how to remove difficulties. They need to work on making people's strengths more productive. They must concentrate and prioritise instead of trying to do everything bit by bit" [9].

Because of the sense of having a real impact on the level of costs, as opposed to revenues based on contracts with the public payer, it is very common for hospital directors and executives, including medical professionals managing departments, to focus primarily on cost management, which generally falls into three categories. The first is overheads, the second is the so-called hotel costs and the third, which is related to the costs of the treatment process. Medical professionals have a direct impact on treatment costs, which we define as follows: "...these costs depend on the disease entity; they are highest in the first days of the patient's stay, when many diagnostic tests or surgical procedures are performed, and tend to decrease in the following days" [5].

Every decision made by a doctor in relation to a patient about a treatment modality, the performance of tests, the ordering of medicines represents a cost for the hospital directly related to the treatment process. The choice of treatment modality belonging to the medical professional creating specific treatment standards has a huge impact not only on the final results of the treatment, but also on the costs associated with this process and ultimately translates into the financial result of the hospital.

Medical professionals – above all by their authority, attitude and professed values – influence the organisational culture of the hospital and the behaviour of other colleagues. In most cases, culture is regarded as an enduring set of values, beliefs and assumptions that characterise an organisation and

their members (a functional, sociological approach) [10]. Cultures build group cohesion, and when members of that group opt for high performance, each person is motivated to increase effort [11]. According to the Harris Interactive Health Care Poll, a good reputation and the recommendation of a trusted doctor are the two most important indicators of the quality of medical care. These factors ranked higher than more specific indicators of resources, including location, appearance and state of infrastructure [4].

In any hospital, medical professionals, who have the most frequent contact with patients and their relatives, play the greatest role in creating a positive image in the external environment. A positive reputation in the external environment depends on their behaviour, professionalism in action, professed values and ethical behaviour. It is now common for hospitals to survey patients about their medical and non-medical activities. It is clear from the surveys that the positive reputation of a hospital is determined by the relationships between patients and doctors and nurses created during the treatment process and the implementation of treatment standards at the highest possible quality level.

Conclusions. The issues raised in the article concerning the new functions performed in hospitals by medical professionals do not reflect the complexity

of this issue. It seems that the trend towards a change in emphasis is irreversible due to the complexity of the processes taking place both in the external environment of hospitals and in the internal environment. The increasing demands society places on the professionalism of medical staff employed in hospitals, the achievement of positive results in the treatment process, increased patient safety and increased quality of services mean that medical professionals must look at the treatment process much more broadly than just its individual elements related to the hospitalisation of the patient. It is a reality that forces medical professionals to develop competences related not only to medicine, but also to law, economics and management. It is to be hoped, however, that this multiplicity of functions currently performed by medical professionals in hospitals will not result in their most important role of assisting and treating patients in order to achieve the best possible medical outcome.

Prospects for further research will be focused on the role of interdisciplinary collaboration in improving hospital management and patient-centered care. Lastly, investigating the impact of digital transformation and emerging technologies on medical leadership could provide valuable insights for the future of healthcare management.

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ПАЦІЄНТООРІЄНТОВАНЕ ЛІДЕРСТВО В УПРАВЛІННІ ЛІКАРНЕЮ: ЕТИЧНА ВІДПОВІДАЛЬНІСТЬ І СТРАТЕГІЧНІ РОЛІ МЕДИЧНИХ ПРАЦІВНИКІВ

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Мета: проаналізувати еволюцію ролі медичних лідерів, зокрема лікарів і медсестер, в управлінні лікарнями.

Матеріали та методи. У дослідженні використано загальнонаукові та спеціальні методи дослідження: теоретичне узагальнення, порівняльний аналіз, класифікація та групування, статистичне порівняння та узагальнення.

Результати. У статті висвітлено, як менеджери все частіше беруть на себе лідерські та адміністративні обов'язки, які традиційно виконував немедичний персонал. Досліджено етичну відповідальність, стратегічні ролі та управлінські функції лідерів у сфері охорони здоров'я, їх вплив на результати лікування пацієнтів, ефективність роботи лікарні, управління якістю, контроль витрат та організаційну культуру, етичну відповідальність. Підкреслено необхідність розвитку в медичних лідерів компетенцій, що виходять за межі клінічної експертизи, включаючи навички лідерства, економіки та управління ризиками, для забезпечення високоякісної, орієнтованої на пацієнта медичної допомоги та ефективної роботи лікарень.

Висновки. Лікарі та медсестри зараз відіграють подвійну роль у лікарнях, балансує між медичними та управлінськими обов'язками. Їх вплив поширюється не лише на догляд за пацієнтами, але й на покращення якості, управління витратами та формування організаційної культури лікарні. Щоб досягти успіху в цих ролях, вони повинні розвивати навички лідерства, фінансів та управління ризиками. Однак, незважаючи на ці розширені обов'язки, їхнім головним завданням завжди має залишатися надання високоякісного лікування та досягнення найкращих результатів для пацієнтів.

КЛЮЧОВІ СЛОВА: пацієнтоорієнтоване лідерство; управління лікарнею; медичні працівники; медична етика; лікарі; медсестри, управління якістю; безпека пацієнтів; організаційна культура; управління ризиками; медичні компетенції.

Рукопис надійшов до редакції 15.04.2025

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