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## *Analysis of Leadership and Team Management Skills of Middle Level Healthcare Managers of Uttar Pradesh*

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*Abstract: The health care industry is characterized by constant advances to efficiently provide safe, effective, and high-quality services. Effective leadership is needed to steer and accelerate changes at all levels of the health system to realise the goals of the ongoing reforms in health care organisations. Because managerial and clinical workforces are equally represented in the health care sector, specific issues arise. This study explores the idea of leadership in light of recent efforts by healthcare organizations to pinpoint the essential skills and education needed by workforces in health management and leadership positions to do their jobs well. In order to accomplish organizational goals, a leader must be able to influence their subordinates' attitudes, convictions, and skills. Whether an organization performs well or poorly depends on it. Healthcare institutions need effective leadership to manage the changes in health service delivery. To make judgments based on the best available data, there was not enough information about the current situation of healthcare leaders. According to the study's conclusions, more research is needed to bolster the case for links between focused leaders with experience in clinical care and health management, and organisational success. Thus, when concluding "A comparative study of Healthcare Management and Leadership Skills of Health Management Systems" our research included fact analysis and predictive analysis performed on pertinent records and data connected to our research purpose.*

*Keywords: health management, health leadership, global health, leadership skills, challenges. Human skills, leadership style, middle level managers, teamwork.*

### Introduction

#### Background:

The health care managers need to develop the managerial skills and use it for better health care delivery. A manager requires leadership skill to empower employees and motivate them to work in an efficient manner to achieve organizational goal. Motivating employees / subordinates and developing positive attitude toward them is one of the crucial skills that the leader needs to develop. The way health team works as a unit affects the outcome and needs good leader. With this background, the current study tends to explore the managerial skills of middle level managers.

The future growth of indirect therapeutic and non-assisted living facilities is causing healthcare administration to become a more well-liked vocation. The definition of direct care settings by Buchbinder and Thompson (Thompson J et al., 2022) is "those organisations that give care directly to patients, residents or clients who request services from the organisation." Non-

direct care settings help support the care of individuals by giving goods and services to direct care settings, but they are not actively involved in giving care to those who need medical attention. Over the years, there has been a significant shift in how people view the importance of healthcare. The second-largest economic sector in the world is thought to be healthcare, behind industrial sectors. As competition has expanded, medical technology has advanced, and patient expectations have risen, the health care systems have become complex organisations. Over the years, there has been a major shift in how people view the importance of healthcare. The second-largest economic sector in the world is thought to be healthcare, behind industrial sectors. As competition has expanded, medical technology has advanced, and patient expectations have risen, the health care systems have become complex organisations.

The healthcare sector is dynamic and complex, and it encounters difficulties that are particular to it and those that affect companies in other industries (Reuben Olugbenga et al., 2018). Some of these problems include internal constraints brought on by rising accountability and transparency standards, increased stakeholder involvement from political and social groups with financial and other interests in the business, and a shortage of healthcare workers due to staff members' aging. Along with the difficulties faced by the healthcare sector, the medical and information technology advancements. The interaction of forces under its control and those outside it is causing changes in the healthcare industry. The shortage of qualified healthcare personnel is an increasing concern. "The United States might face a physician shortfall of up to 139,000 by 2033, according to a study by the Association of American Medical Colleges. The American Nurses Association reports that a growing shortage also affects the nursing field. A prominent factor in these shortages is the rise in the population of seniors, which is projected to rise by 45.1% by 2033".

This plethora affects both patients and specialists: Studies predict that in the next ten years, 2 in 5 currently practicing physicians will be 65 or older. Therefore, planning and control in healthcare have received increased attention during the past ten years in both practise and research. The demand for and cost of health care has increased, which has sparked this interest (Hans Eet al., 2011). Healthcare organisations are working on redesigning processes to increase their effectiveness and productivity. The motivation for this academic endeavour came from the aforementioned modern healthcare trends, where there is an increasing need for regulation, effective healthcare management systems, and the opportunity to develop leadership skills among healthcare workers. The study focuses on the value and function of developing leadership abilities in the context of healthcare services and seeks to identify the optimum healthcare management system through comparative analyses of the many systems already in use.

### **Objectives**

1. To assess the leadership and team management skills of middle level managers and
2. To find out motivational factors used by managers.

### **Healthcare Management System Normative Parameters**

Ensuring healthy lifestyles and promoting well-being at all ages are necessary for sustainable development. As a result, countries around the world try to create better and more efficient ways to cure illnesses, as well as to prevent them, increase life expectancy, and promote population health (Keskinocak P and Savva N., 2019). Public and population health also play a crucial role in this endeavour, emphasizing the prevention and promotion of healthy behaviours, even though advances in medicine, medical technology, and information technology often take centre stage (e.g., through education or policy). Studies show that there are growing differences between the living standards of industrialised and developing nations (Sérór A., 2001).

Although the cost of medical supplies is constantly rising, difficulties in developing nations are more due to organisational and moral problems than a lack of money. Due to changing health requirements, increased public expectations, and aspirational new health objectives, the bar is being raised for health systems to provide healthcare of higher quality and more social value. It is essential to have top-notch healthcare systems that reliably provide care focused at enhancing or maintaining health, are

respected and trusted by everybody, and are adaptable enough to meet the changing demands of the population. Quality should be embedded in all healthcare systems, not just for the wealthy or as a goal for the future. Additionally, health systems cannot improve health without high-quality care, negating the value of the human right to health (Kruk M et al., 2018).

Healthcare systems differ from one country to the next depending on the economic development and political systems in place. Health care is significant and a concern on a global scale. The three primary goals of a health care system are to keep people healthy, treat those who are ill, and protect families from financial collapse due to the medical expenses. There are about 200 countries on our planet, and each has a unique set of strategies to accomplish these goals. A universal healthcare system should incorporate the following essential components:

- Leadership and governance
- Financing
- Health Workforce
- Healthcare Products
- Healthcare Infrastructure
- Health Information Systems

In many parts of the world today, integration into the healthcare system is still unsuccessful, even if we realise that rehabilitation is delivered in conjunction with other high-quality treatments in the context of a specific health condition. Others claim that this is because the authority for integrating rehabilitation into the healthcare systems was improperly distributed. Since rehabilitation is more usually associated with disabilities and is frequently supervised and administered by social welfare services, governance is split between the departments of health and social welfare in several nations.

### **Evaluation of Healthcare Management Performance is Required**

The two most important frameworks for describing health care systems are "the WHO's Building Blocks framework and the World Bank/Harvard Control Knobs framework."

#### **'Building Blocks' Framework**

WHO published a framework in 2007 that has come to be known as the "WHO building blocks" to concentrate on the requirement to construct health systems and to provide a consistent conceptual understanding of what makes up a health system. According to this structure, there are six primary responsibilities or components that make up the organisation of the health system. This infrastructure is made up of several structural components, such as the delivery of services, the health workforce (human resources), information (data and data systems), drugs, vaccines, and technology, as well as funding, leadership, and governance (stewardship).

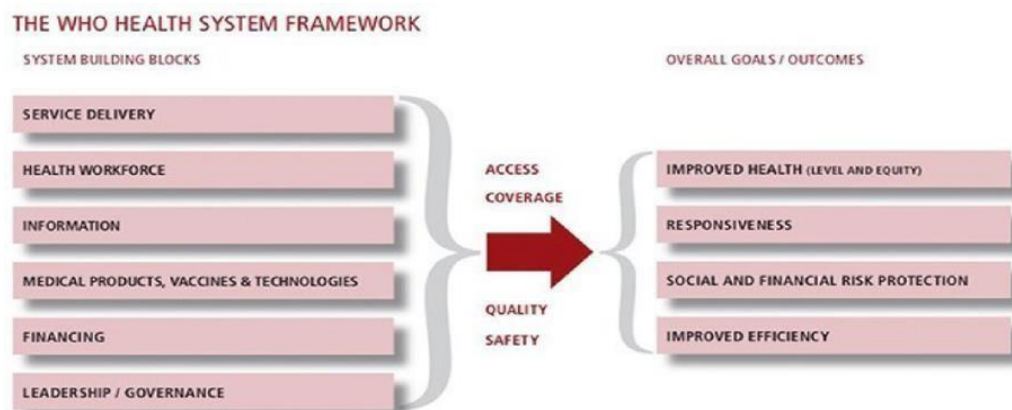


Figure 1: Structure of WHO's 'Building Blocks' Framework Source: www.futurelearn.com

These six foundational elements need to be strong in order for a health system to achieve its overarching goals, which include "improving health, responsiveness (i.e., how well the system responds to changing health requirements or other changes in the system), social and financial risk reduction, and improved efficiency." The intermediate goals include access, coverage, quality, and safety. The building blocks framework was criticised for failing to recognise how the building blocks were interconnected and interacted with one another and for ignoring the patients and communities at the centre of the healthcare systems. This criticism came even though the framework had been widely adopted. In 2009, WHO released a ground-breaking study on systems thinking that included an updated version of the building blocks idea. This puts "humans" at the centre and shows how interconnected the different components are.

### Control Knobs' Framework

Roberts et al. released a methodology in 2008 for assessing the efficacy of healthcare facilities and focusing efforts on their development. The Harvard University School of Public Health and the World Bank Institute (WBI) developed this plan. According to this paradigm, five "control knobs" can be changed or adjusted to support health systems. These five switches are as follows:

- Financing
- Payment
- Organization
- Regulation
- Behaviour

### Process for Developing Leadership Skill and their Relevance in Healthcare Management

The epidemiological, demographic, and sociological landscapes are constantly changing, and so are health systems. Global health has a complex agenda due to emerging technologies and political, economic, social, and environmental issues. Non-state organisations are playing a more prominent role in population demand management and fostering innovation. The concept of "collaborative governance," is one in which stakeholders from the non-health and health sectors work together to support the provision of healthcare services globally to address changing demands and new goals. Particularly in low- and middle-income countries, "the Sustainable Development Goals (SDGs) and the objective of universal health coverage (UHC)" have been significant impetuses. Reforms aimed at enhancing the effectiveness, equity of access, and general caliber of public services has been infused with agendas for change (Figueroa C et al., 2019).

The World Health Organization's (WHO) essential publication, "Working together for health," highlighted the critical scarcity of health-related human resources that must be available to satisfy current and future population health demands

internationally. This problem still prevents the SDGs from being achieved. The challenges faced by health systems in terms of human resources for health are highly complex and varied, notwithstanding the modest global advances in the size of the typical health workforce. These include worker restrictions, weariness, unequal skill distribution, underrepresentation in some geographic areas, and problems with inter-professional collaboration. Effective health leadership and workforce management are crucial to managing the demands placed on human resources within health systems and building capacity at the regional and international levels.

In its historic publication "Working together for health," the World Health Organization (WHO) emphasised the urgent need for more healthcare professionals worldwide as well as the crucial role that management and leadership play in developing global health systems. Recently, the Global Consortium for Healthcare Management Professionalization was established to raise professional management's profile in healthcare and, more specifically, to identify the health management skills required to meet the demands of the current and future global health workforce. The Consortium has made a strong case for the need for a global and context-specific viewpoint on valuing and fostering the progress of health service managers (Harrison R et al., 2019).

The significant objectives and goals for patient care are made by those in leadership and management positions in the healthcare industry. These tactics may include putting new medical technology into practice or ensuring that a new healthcare law enhances patient benefits. They could also develop plans of action in response to market circumstances that have an effect on the healthcare industry, like new technological developments or value-based care models. In order to maximise the delivery of patient care, executives and managers in the healthcare sector develop facility goals.

## Materials and Methods

Across sectional study was conducted among district level health care managers and medical officers. Data collection was performed via semi structured and scale based questionnaire and analyzed using Micro soft office excel.

**Results:** 60% of managers had participative leadership style. Team work skills were fair enough among the managers. 53% of medical officers were freshly appointed with experience of less than one year.

The middle level managers used appreciation of work (41.8%) as major motivator of the team.

**Conclusions:** The middle level health care managers have good leadership quality as well as team work skills. Appreciation of work is commonly used motivator.

## Sample size and sampling procedure

Stratified random sampling was used to select the medical officers as study participants. The stratification was at Lucknow district from each area, seven medical officers were contacted randomly for the assessment of their managerial skills. Because of non-response (9.5%) from medical officers, 38 medical officers could be included in the study.

At district level, ten health care managers were approached to participate in the study. Out of these, five middle level district managers consented to participate in the study and responded to the Google form. They were Chief District Health Officer, District Leprosy Officer, District TB Officer, District Malaria Officer, and District Quality Officer. So, totally 43 middle level managers constituted the total sample size for the present study.

## Data Collection

The data were collected through preformed, pretested, and semi structured questionnaire. The medical officers were informed about the purpose of the study, and their informed written consent was obtained to participate in the study. The study questionnaire was explained to them in detail, and their doubts were cleared to mark their responses in the data collection form.

The district level managers were also provided with the same format, but it was sent through Google form due to COVID 19 pandemic crisis; their responses were collected via online mode.

### Study tool

The study tool included different scales on human skills like leadership scale and team work scale. These scales were adopted from the *Practical manual of Post Graduate Diploma in Management (PGDM Executive) in Health and Family welfare*, New Delhi.[7] These scales are Likert scales recording responses on 0 to 5 grades.

1. **Leadership scale:** Totally, 18 items are used to analyze leadership skills under subheadings of administrative skills, interpersonal communication, and conceptual skills. The responses were in category of: Not true, Seldom true, Somewhat true, Occasionally true, and Very true.

For analyzing different leadership styles, “Continuum of leadership behavior by Tannen baum and H Schmidt” has been used[Figure1].[8]Accordingly the leadership continuum has either boss centered leadership or subordinate centered leadership. Finally, the leadership styles were decided as Autocratic, Consultative, Participative, Democratic, and Laissez faire (liberal) based on responses of above stated questions.

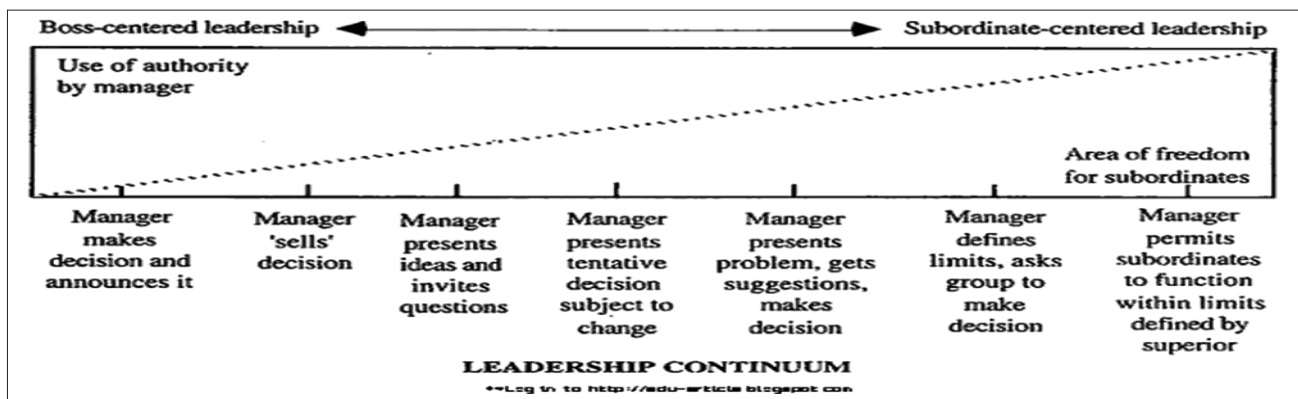


Figure1: Figure was adopted from “Continuum of leadership behavior by Tannenbaum and H Schmidt”.[8]

### Scoring

1. Sum the responses on items 1, 4, 7,10,13,and16(administrative skill score).
2. Sum the responses on items 2, 5,8,11,14,and17(interpersonal skill score).
3. Sum the responses on items 3, 6,9,12,15,and18(conceptual skill score).

### Scoring interpretation

By comparing the differences between these scores, one can determine the leadership strengths and weaknesses. Total score of 30-26 was considered as very high range, score25-21ashigh range, score 20-16 as moderate range, score 15-11 as low range, and score 10-6 as very low range.

2. **Teamwork assessment:** To assess the team work of a manager, teamwork assessment tool developed by National Institute of Health and Family Welfare was used. [7]It includes eight questions asking the participants agreement on team work, recognition of work, opportunities in decisions, willingness to work, no corsion, team leader, and team interactions.

### Ethical considerations

Ethical approval was taken from Institutional Ethical Committee on 05/03/2020 letter no. MCV/IHEC/10/20. The permission from Chief District Health Officer (CDHO) of Lucknow district was taken prior to inception of the study to enroll



the district level health managers and medical officers. Anonymity of the responses was maintained, and all records were kept confidentially.

### Data Analysis

The data collection forms were checked for completeness on the same day, and data were entered in Microsoft excel sheet. After data cleaning, the data were analyzed using the same software.

Table1:Demographic profile and work experience of Study participants:(n=43)		
	Medical officers (n=38) Frequency(%)	istrict level healthcare manager (n=5) Frequency (%)
<b>Age (years)</b>		
2029	27(71.1)	0(0)
3039	9(23.7)	0(0)
4049	0(0)	3(60)
>50	2(5.2)	2(40)
<b>Sex</b>		
Male	18(47.4)	5(100)
Female	20(52.6)	0(0)
<b>Experience(years)</b>		
<1	21(55.3)	0(0)
15	9(23.7)	0(0)
510	6(15.8)	0(0)
1015	0(0)	1(20)
>15years	2(5.2)	4(80)

Frequency, percentage, mean, and standard deviation were used to measure the quantitative variables. Responses in Likert scale were analyzed by calculating the frequency and mean score.

The study participants included medical officers (88.4%)and district level managers (11.6%). The mean age of medical officers was 29.02 + 7.23 years.

Table1 says that almost two third (71.1%) of medical officers were between the age of 20–29 years. Only 5.3% of MOs were beyond the age of 50 years. In district level managers, all the managers are above the age of 40 years. Male and female distribution was almost equal for MOs, where as at district level, no female manager found. Almost half (55.3%) of the MOs have less than one year work experience, where as only 5.2% had experience of more than15years.

At district level managers, 80% of them were having experience of more than 15 years.

This result suggests that very few medical officers continue their carrier at PHC/CHC. We found more than half (55.3%) of the MOs were freshly appointed and having experience of less than one year.

### Leadership style of middle level healthcare managers

The study used a leadership skill scale (explained in materials and methods), which is a Likert scale on 05 range.

Figure 2 shows different leadership styles of middle level healthcare managers. Majority (57.9%;22) of medical officers had participative style of leadership, while almost one fourth(26.3%; 10) of them followed consultative style of leadership, followed by laissez faire (10.5%; 4) and democratic (5.3%; 2) styles. Although for district level managers, 60% of them had participative leadership style and other 40% had two extremes of autocratic (20%) and Laissez faire(20%)leadership style.

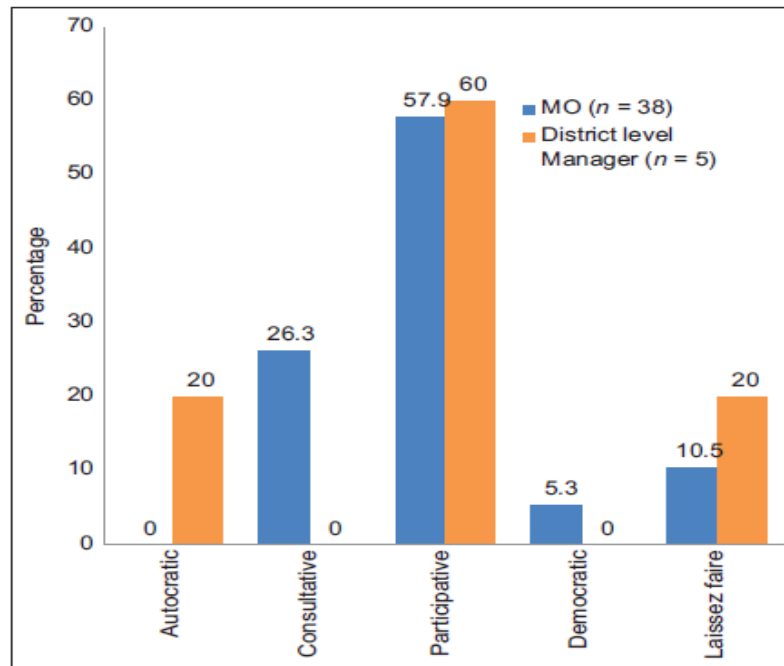


Figure 2: Leadership styles of middle-level health care managers (n=43)

Using the scale, the leadership skill was divided into different ranges of administrative, interpersonal, and conceptual skills. In all the three types, majority responses were falling into high range (score 25 to 21) and very high range (score 30 to 26) according to the scale analysis [Table 2].

On analyzing the administrative leadership skills, Table 3 reflects that majority (44.7%; 17) of medical officers are in high range and 39.5% (n = 15) were in moderate range, which have the scope of improvement for better leadership, while 80% (n = 4) of district level managers are in Very high range (score 30 to 26) category.

On analyzing further the interpersonal leadership skills, almost half (50%; 19) of medical officers are in high range (score 25 to 21) and 23.7%; nine were in moderate range (score 20 to 26), which have the scope of improvement for better leadership, whereas 100% (n = 5) of district level managers are in very high range category (score 30 to 26).

The conceptual leadership scale analysis shows that most of managers are having high range or above score. All district level managers (n = 5) are in very high range category (score 30 to 26).

The mean score of administrative leadership is 22.27 (SD 4.18) for interpersonal leadership 23.41 (SD 3.75) and for conceptual leadership mean is 23.65 (SD 3.85).

### Motivational factors used by middle level healthcare managers

To motivate the subordinate staff or better output and quality of work, 41.8% managers said that they appreciate their subordinates' good work [Figure 3]. 20.1% managers used training, and 13.9% managers did supportive supervision as means of motivation to staff. Only 4.6% managers involve the staff in decision making.

### Team work skill assessment

Table 3 shows that majority of middle level managers agreed upon the given statements of teamwork with around 50% of agreements. The agreement reflects that teamwork skills are fair enough among the managers. For few statements like, "The work environment is such that people are willing to give their best," almost one fourth (25.7, 11) of managers were undecided, and for the statement, "the boss is very open to suggestions about improvement of his/her performance," 18% of managers were not sure and 11.7% were disagree.



Most of the questions are having mean around 4, which is near to agree on the Likert scale. The questions “Team members work well together” and “Our ability to give and receive necessary information is our strength” have maximum mean score of 4.07, where as question “The boss is very open to suggestions about improvement of his/her performance” has the lowest mean 3.7442. Thus, over all team work is good according to mean score.

**Discussion**

We assessed the leadership and team work skills of 43 middle level healthcare managers in Lucknow district of Uttar Pradesh. We found 60% managers had participative leadership style and teamwork skills were fair enough amongst the managers with around 50%

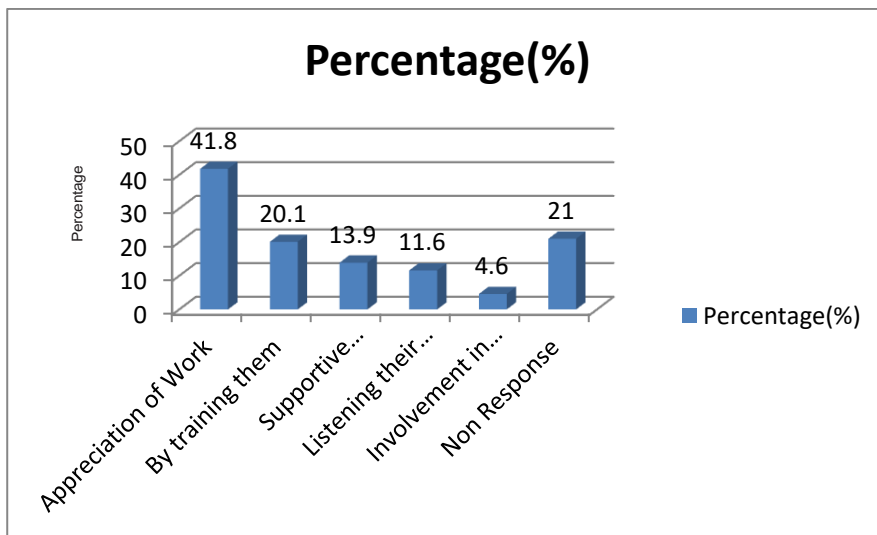


Figure 3: Motivational factors used by middle-level healthcare managers to motivate the subordinate staff (n = 43)

Range (Leadership score)	Administrative leadership		Inter personal leadership		Conceptual leadership	
	MO (n=38)	District level manager (n=5)	MO (n=38)	District level manager (n=5)	MO (n=38)	District level manager (n=5)
Very High Range (Score 30-26)	5(13.20)	4(80)	9(23.70)	5(100)	11(28.90)	5(100)
High Range (Score 25-21)	17(44.70)	1(20)	19(50)	0(0)	16(42.10)	0(0)
Moderate Range (Score 20-16)	15(39.50)	0(0)	9(23.70)	0(0)	10(26.30)	0(0)
Low range (Score 15-11)	1(2.60)	0(0)	1(2.60)	0(0)	1(2.60)	0(0)
Very low range (Score 10-6)	0(0)	0(0)	0(0)	0(0)	0(0)	0(0)
Total	38(100)	5(100)	38(100)	5(100)	38(100)	5(100)

Team work sentence	Strongly agree	Agree	Un decided	Disagree	Strongly disagree
Team members work well together	14(32.6)	22(51.2)	4(9.3)	2(4.7)	1(2.3)
Praise, recognition etc., are given enthusiastically	8(18.6)	27(62.8)	6(14)	2(4.7)	0(0)
Every one has the fullest opportunity to participate in decisions that affect group	13(30.2)	20(46.5)	5(11.6)	3(7)	2(4.7)
The work environment is such that people are willing to give their best	7(16.3)	23(53.5)	11(25.6)	0(0)	2(4.7)
Team members feel that no one will take dis advantage of them	7(16.3)	28(65.1)	6(14)	1(2.3)	1(2.3)
Our team leader is a key tour effectiveness	11(25.6)	25(58.1)	3(7)	2(4.7)	2(4.7)
The boss is very open to suggestions about improvement of his/her performance	9(20.9)	21(48.8)	8(18.6)	3(7)	2(4.7)
Our ability to give and receive necessary information is our strength	13(30.2)	22(51.2)	7(16.3)	0(0)	1(2.3)

Agreement on 0to5grade Likert scale. Majority (53%) of the medical officers of PHC/CHC were freshly appointed and having experience of less than one year. This suggests that very few medical officers continue their carrier at PHC/CHC. This affects the development to different human skills for leadership and or team work in them. The work experience of district level managers may have contributed to their administrative, interpersonal skill, and conceptual leadership skill. Training of medical officers on leadership skills can be planned for better management.

In a study by Pillay R., more than half of the public sector health care managers were men and between the ages of 35 and 50years,andhadbeenintheircurrentpositionsforlessthan five years. They concluded that the managers who received trainings either in the form of mentoring ,coaching, or in service training were significantly more competent in health care delivery, strategic planning, task related skills, people related skills, and self-management than their colleagues who received no informal training in healthcare management.[1]

### Conclusion

- Participative leadership style was opted by majority (Around 60%) of middle level managers.
- The study revealed that for better functioning of health facilities and improvement of management skills of middle level managers, we need to focus on improvement and development of HUMAN SKILLS.
- Team members are working in coordination, but some issues like “work environment, participation indecision making and boss is not open for suggestion” are the concerned areas.
- Appreciation of work and training the team members used to become on motivational factors by middle level managers.

These findings reflect the reality of the local health service environment and the needs of health managers and will be useful as we aim to enhance current and future management and leadership capacity in the health sector.

### Healthcare Management System Standards

Sarah Dossaji (2012), analysed a variety of significant American managed care plans, identifying factors that influence effectiveness, and then sought to understand why Kaiser Permanente was regarded as the best. In terms of quality and performance indicators, the Geisinger Healthcare System, Intermountain Healthcare, and the NHS of England were contrasted with Kaiser Permanente. The HEDIS indicators of "effectiveness of care" show that all Kaiser Permanente regions performed better overall than the national average. In addition, Kaiser outperformed Intermountain Healthcare and Geisinger Healthcare System on a level with or better.

Kaplan Dönmez et al. (2020) enhanced the desirability optimization models to create a global healthcare competitiveness index (GHCI) for 53 countries with a GDP per capita (GDP PC) of more than \$10,000. According to this work's description, the GHCI measures the advancement and efficiency of healthcare systems in countries where patients have easier access to medical treatment. The study's findings were viewed as the cornerstones of any potential hypotheses that might be produced in the wake of it to build a new index to measure the efficacy of healthcare systems around the world in diverse countries.

### Healthcare Leadership Skill Development Needs and Initiatives

Based on their personal views and ideas, Slipicevic and Masic's (2012) conversation established the groundwork for further discussion on various issues connected to health managers' ongoing education and professional development. By quantifying all the skills and knowledge required to successfully carry out managerial activities, the study's findings helped the health managers working in the BIH environment conceptually and practically. Additionally, this study offers a clear profile of the managerial competencies that health managers must possess to carry out their responsibilities and a preliminary

model of the essential skills and competencies that make up an effective health manager. The systematic evaluation of skill levels about demands is the significant contribution of this work.

Kiros Teame et al. (2020) assessed the effectiveness of healthcare leadership and associated factors among managers working at public health institutions in Addis Abeba, Ethiopia 2020. According to the report, healthcare managers are not very good at inspiring followership, carrying out visions, or developing new ones. This holds, especially for their capacity to develop original visions. Lack of leadership expertise and skills and a tendency toward autocratic management were obstacles to successful leadership in the healthcare industry. In order to improve the way that health care is run, they advised increasing emotional stability and giving managers greater authority.

Niki, Aspasia, George, Anastasios, and Marios (2021), provided information on the effects of leadership training on developing essential clinical leadership skills in the European Health Sector. Their study revealed that participation in health leadership programs positively impacted the talent management, leadership behaviours, and the leadership potential of health professionals. However, additional factors affect leadership qualities, such as team dynamics, organisational and national culture, and structure. This study discovered that healthcare systems become more effective and efficient as more professionals participate in management, governance, and administration.

Lyons et al. (2021) [27] carried out a systematic study to collect new empirical data in various methods about the components of medical leadership development programs that were associated with outcomes at the clinical and organisational levels. The researchers searched the Ovid MEDLINE database using free text and Medical Subject Headings. After that, a detailed hand search of referencing was done in well-known assessments of healthcare leadership development. The Medical Education Research Study Quality Indicator (MERSQI) and the Joanna Briggs Institute (JBI) Critical Appraisal Tool were used to evaluate the study's dependability. A conceptual strategy was then used to combine the results. They found that learning techniques were more crucial for organisational effectiveness than overall curricular content.

## Conclusion

The healthcare sector is complex and characterised by ongoing reforms. Since there is a complex web of interrelated components, management and leadership workforces must be strong and trained to oversee reforms for effective and efficient health care delivery. The workforces in clinical and health management are spread out, which creates extra difficulties for leadership development. Others may exercise their leadership from a clinical role, while other clinical leaders may occupy management positions. There have been several studies on the subject conducted in numerous nations since the turn of the century, which is a reflection of the growing interest brought on by the need for professional management and leadership workforces. In the literature on health management and leadership, there is a clear trend toward focusing more on identifying and assessing the essential competencies required of leaders with backgrounds in both clinical and health management for successful performance in leadership roles. The study's goals are focused on fundamentals that should help improve India's operating healthcare systems. The research's findings are also expected to indicate if India's healthcare systems are likely to improve their level of competition and integrate into the global healthcare value chain.

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