Applying leadership styles to the healthcare sector

Dr Marthese GALEA

ABSTRACT

Introduction

Leadership can have a different meaning to different individuals. The way a person defines a leader depends on many aspects, such as cultural background, beliefs and experiences. Leaders are not in short supply but leaders that truly make a positive difference are not easy to come by.

Leadership styles

There are many leadership styles that are mentioned in the literature. In this review, four models are discussed which the author thinks best apply to the healthcare sector. The leadership styles that will be described are the Situational Leadership Model, the Exemplary Leadership Model, the Authentic Leadership Model and Goleman's Leadership Styles. Examples of how these styles can best be adapted to the healthcare system will be discussed.

Conclusion

A leader can only be successful if there is a proper communication system in place. Leaders of a healthcare system have to capitalize on the fact that the healthcare system is a learning organisation. This will ease the implementation of the strategies since the employees will be more willing to learn new things related to these strategies.

Keywords

Leadership, healthcare, leadership styles

INTRODUCTION

Leadership can have a different meaning to different individuals. The way a person defines a leader depends on many aspects, such as cultural background, beliefs and experiences. Admiring an inspirational leader can also influence the way one sees other leaders as one would have the tendency to compare the leadership style of every leader to him or her. This can be a reason why there are many ways of defining leadership in the literature.

Although according to Winston and Patterson (2006) an expanded search with the word "leadership" returned more than 26,000 reviews, most of these articles were not developed in a healthcare organization as confirmed by Al Sawai (2013). According to Al Sawai (2013), published data offers modest information of how leadership styles can be linked to improve patients' wellbeing and advancement in the care given to patients. Most of the definitions discussed in the literature relate to business organizations.

The author believes that a leader should be someone who is influencing the people around him so they do what the leader wants while at the same time recognizing the potential of his or her team members so as to help them improve their potential. A great leader is someone who believes in inspiring others to reach a common goal for the common good in an organization, hospital, etc. A leader has to embrace change and encourage an environment of expressing an opinion while at the same time listening to the ideas of others. Everyone has the potential to be a leader, if placed in the right situation and with the right team. A leader needs to know how to implement his or her ideas and how to communicate them to the team.

Leaders are not in short supply but leaders that truly make a positive difference are not easy to come by. According to Schyve (2009) an excellent leader is essential for an organization to triumph; however having an excellent leader in a healthcare department is not just essential, it is vital.

METHOD

As there are many leadership styles mentioned in the literature, in this review four models are described which the author thinks best apply to the healthcare sector. These leadership styles are the Situational Leadership Model, the Exemplary Leadership Model, the Authentic Leadership Model and Goleman's Leadership Styles. Examples of how these styles can best be adapted to the healthcare system will be also discussed.

THE SITUATIONAL LEADERSHIP MODEL

According to Hersey, Blanchard and Johnson (1996) leadership is not a straightforward science; a leader needs to be able to change their leadership style according to the task in hand and depending on the person or persons they need to lead. Being a leader in the healthcare sector comes with many responsibilities especially if one has also to retain his clinical responsibilities. There is definitely no shortage of different situations and challenges that need different leadership skills. Although the model has rigid guidelines, in practice this model is not always applicable. Research on this model has not been conclusive, therefore more studies are needed.

As described by Kramer and Nayark (2013) a nonprofit leader, such as a leader in the healthcare sector, is aware that the day is not long enough to give the same attention to every situation that arises. Prioritizing and delegating are crucial, with both being mentioned in the leadership style explained by Hersey, Blanchard and Johnson (1996).

In the healthcare sector every step and decision taken needs to be planned and thought through well in advance. This planning is needed so to have a more organized and structured healthcare system, with a more efficient decision making process and a better learning structure, all benefits mentioned by Bryson (2011).

The majority of the persons that a leader in the healthcare sector has to deal with are all health care professionals, most of them being highly specialized. Therefore one assumes that the level of experience and intellectual ability of these persons should be at a high level. A leader has to be aware that, although his subordinates can show high abilities, they might not be necessarily willing to do the task at hand. This can make the delegation of tasks difficult. One way how to overcome this is by using the Theory of Human Motivation, as explained by Maslow (1943). According to Maslow (1943) people are motivated only to achieve their needs. Therefore, to get the best out of a person, one needs to identify what makes that person motivated and try, where possible, to adapt the task to that person and not the other way round.

Although delegation is important especially when you have highly educated and mature individuals, one has to be careful regarding the level of delegation that is done. A leader cannot follow the Situational Leader Model to the letter. As described by Graeff (1983) this model might encourage a leader not to become involved in certain situations, keep things as they are, not take an action and even avoid conflict. Graeff (1983) has stated that a leader also needs to keep in mind that a decrease in motivation is not the only reason why subordinates reduce their input at work.

THE EXEMPLARY LEADERSHIP MODEL

As Kouzes and Posner (2003) wrote, for a person to become a leader there must be a relationship between those who want to lead and those individuals who decide to follow the leader. Relationship is imperative to have a successful leader. Regarding this model the author found no evidence during the literature search that this model actually works. This model is mainly based on experience and theories.

The model described by Kouzes and Posner (2003) lists 5 main points:
- Model the way.
- Inspire a shared vision.
- Challenge the process.
- Enable others to act.
- Encourage the heart.

For a leader to be respected s/he must lead the way. A clinical leader needs to have the required qualifications and experience. He or she needs to be available for his or her subordinates and needs to be always ready to listen and, where possible, help. At the same time one cannot shy away from taking tough decisions if they are for the common good of the department.

According to Riordan (2014), a leader should listen with empathy to others. A leader must understand and be aware of his subordinates' ambitions and try to use them for the good of the organisation.

A good leader does not sit down and let everything run on its own. A leader needs to be able to implement change. The more radical the change is, the more it shows what a strong and inspirational leader he or she is as normally, according to Fine (1986), it is inevitable that people oppose change. According to Baker (1989), resistance to change can occur if managers do not convince their employees that there is a need to change the things as they are. Communication is crucial to manage change with as little opposition as possible. Meetings and discussions need to be a priority where everyone listens to each other's opinion and where the leader can show and explain his or her vision until everyone is on board. Discussions and open communications are crucial in the health care sector. As mentioned by Bennis (1999), top to bottom leadership is not the solution especially in complex situations such as the ones experienced in a hospital department. Bennis (1999) also stated that to be an exemplary leader one needs to have an exemplary group.

Working with professional people, a leader can feel challenged if he or she is not confident. This can result in a leader discouraging initiative and motivation. A leader needs to show, wherever possible, that he or she wants his staff to be

able to give their full potential. Encouraging initiatives can lead to a more active, more motivated and dynamic department.

According to Riordan (2014) caring about what your employees are saying earns a leader respect. Respect is something that every leader wants to achieve but it is very difficult to realize. Praise of staff, showing appreciation and encouraging them when they need encouragement are also important factors that help a leader earn respect.

THE AUTHENTIC LEADERSHIP MODEL

An authentic leader does not need to make an effort to be a good leader. According to Kruse (2013) many leaders try to act differently at work, making an effort not to show their true personality. Kruse continues by saying that employees are human beings and, if not immediately, after a certain time they can realize that someone is not being honest. This can lead to distrust among employees as they do not feel connected with their leader, and this results in a lack of respect and honesty thus creating a negative working environment.

Authenticity has been explored throughout history, from Greek philosophers to the work of Shakespeare ("To thy own self be true" – Polonius, *Hamlet)*. Authentic leadership has been explored sporadically as part of modern management science, but found its highest levels of acceptance by George (2004). According to May et al. (2003) being authentic is knowing yourself and being yourself which are important attributes if one wishes to be an authentic leader.

Avolio et al. (2004) have similar definitions to May et al. (2003). According to Aviolo and Gardner (2005) an authentic leader is deeply aware of how he or she thinks and behaves and others see him as knowing and understanding their own values and the values of others. Aviolo and Gardner (2005) stated that an authentic leader is aware of the environment where he/she works. This model depends on how people perceive their leader; however, during the literature search, the author did not come across any research papers where the influence that an authentic leader might have on his subordinates has been proven to work. It would be ideal if a number of leaders and their subordinates are studied to assess the psychological impact that a leader might have on his employees and how the organization might be affected.

A leader that is authentic can also be a transformational or charismatic leader. There is nothing wrong if good attributes from other models are amalgamated in one leadership model. Bass (1998) stated that a leader that is transformational can also be described as being optimistic, hopeful, focused on development and of a strong moral character, all ideal attributes that a leader should have and similar to those of an authentic leader.

An authentic leader does not necessarily have all the necessary qualities needed. As Aviolo and Gardner (2005) stated, an authentic leader might not have the intention of changing his/her employees into leaders but an authentic leader can model their leading by example and have a positive impact on their employees. As stated by George (2003) it is important to have a company that is mission driven and not financially driven. An authentic leader is in a position to do just that.

Authentic leadership is what the healthcare sector needs, especially if the department in question is the only department in the country. While looking after finances is important, the primary aim in the healthcare sector is to save lives and to improve the lives of others. A leader needs to be seen by his employees as having a strong character with high morals. A good leader does not try to hide his or her character and definitely does not need to act: a leader needs to be a true authentic leader. As also explained by Avolio and Gardner (2015) a leader in the healthcare sector paid by the government might not be interested in changing followers into leaders, as working for a state run hospital one does not chose his followers and definitely does not chose the leaders. However what a leader needs to do is lead by example.

Hersey and Blanchard created the Hersey-Blanchard Situational Leadership Theory which states that it is important to have a leader that is flexible (Leadership-central.com, 2016). Every situation is different; therefore, according to Hersey and Blanchard, there is no ideal leadership style that one can use. This fits perfectly well when dealing with human beings; every situation is different and would require a unique leadership style. This theory according to the author might be perfect if the leader has the authority needed but would not work with leaders that do not have the final say. If time is an issue this theory might also not be the best option.

GOLEMAN'S LEADERSHIP STYLES

Golemen (2000) lists six styles of leadership and has concluded that leaders switch from one style to the other depending on the situation. The ability to choose the right style depends on how emotional the leader is. A leader needs to be aware of his surroundings and of the person in front of him. According to Golemen (2000) he or she needs to be aware of the emotions at that time and adapt the leadership style accordingly. But which style is best for which situation? This is an answer that a good leader needs to know and incorporate in his character. Reading through the 6 models presented by Golemen (2000), the author realizes that they all fit well with a leader that needs to work in the healthcare sector.

A leader in the healthcare sector needs to be a coercive leader in certain situations, as they would still need to deal with very sick and weak persons, where sometimes fast decisive actions need to be taken. This is when a leader in the healthcare sector shows that he or she is a coercive leader where he or she leads and directs his team to be able to save a life. There is no room for discussions in situations like this: just pure leadership showing decisiveness, responsibility, maturity, a high level of education and aware of his/her surroundings. In moments like this, although being a coercive leader, he or she gains the most respect from his peers.

Sometimes a leader needs to be an authoritative leader. Medicine and clinical guidelines are all the time being updated .A leader in the healthcare sector needs to change, sometimes also radically, the structures in his or her department to offer a more up to date and better service to the patients. This is not easy to do as change is very difficult to implement, especially a radical one. Opening new specialties also involves inspiring people to specialize is a specific area and convincing the department of health about the importance of such a specialty so that the funds and necessary approvals are found.

Being an affiliative leader in the healthcare sector is not easy. Normally a department consists of more than 50 people, each with different specialities, ambitions and personal conflicts. When working with so many people having different characters, conflicts are always ready to erupt. A good leader does not shy away from conflicts and tries to get to the bottom of the situation and solve it. The sooner the conflict is resolved, the sooner one can go back to team building and strengthening. Team building exercises should also be embraced by a good leader.

Being a democratic leader in the healthcare sector is very important especially since you are all the time dealing with highly intelligent employees with great ambitions. A healthcare leader needs to have regular meetings with his consultants, senior registrars, and other ancillary staff so to encourage dialogue and to share opinions. This results in the staff being more motivated and encouraged to share their opinion as they know that they are being listened to and, when needed, their opinion is acted upon.

Being a pace-setting leader is crucial in the healthcare sector as the majority of the staff is self motivated and highly skilled; therefore a leader needs to be able to keep them focused and motivated. According to Nanus (1992) a vision needs to inspire and be able to motivate the persons that carry out the implementation. If a leader has a clear vision and is able to inspire others a number of successful projects can be concluded.

However before implementing a new project, a leader, as also stated by Thompson et al. (2005), needs to have the project well defined, well studied, well financed, and once it is ready and the green light is given for the project to start, the project needs to be executed in a timely manner and monitored throughout.

Working in the healthcare sector, a leader needs to be a coaching leader. One needs to organize routine meetings for continuing education, with tutorials also needing to be organized so that experienced doctors can teach those less experienced. Obviously the success of a teaching programme can only be possible if a leader has the ability to delegate and coordinate such a programme. This would not be possible if a leader does not have a coaching attitude.

For a leader to be able to use Goleman's Leadership Styles, the author believes that the leader in question needs to be mature and to know the subject, the people and the department that he or she is working in, as otherwise it would be difficult to adapt and use different styles.

CONCLUSION

Hourston (2013) stated that everyone is affected by leadership, and everyone can relate to a good or bad leader as we meet them on a regular basis. Leadership is very common but very few actually give it the importance needed. Hourston (2013) also concluded that the majority of leaders use the leadership technique that they feel comfortable to use. In a few cases this can be of advantage but, just like any other skill, you need to work on leadership to maximize your potential.

Style and Substance

The substance of what one does is the result of what one delivers and this is fundamental in today's economy. But working on the *way* that one does it is what will launch a leader into a different sphere of success altogether—even if s/he already counts her or himself as being quite successful. The style that one chooses should not be a natural one but a good leader takes a conscious decision.

Goffee (2008) stated that to be a good leader one has to work hard with a lot of personal sacrifices. This is also a continuous process which never stops. As stated by the University Alliance (2016), apart from choosing the best leadership style a good leader need to have excellent communication skills, be able to motivate his team and be able to build a team. A good leader should not be scared to take risks and should have a vision with clear goal settings.

A disciplined and skilled leader is essential to keep the organisation focused on implementing these strategies.

However being a good leader is not enough. A leader has to possess communication and delegation skills. The senior managers of an organisation have to make sure that the strategies are properly implemented in the desired timeframe and that all those involved in implementing each strategy have a full understanding of it, as concluded by Kaplan and Norton (2001). "The ability to execute strategy is more important than the quality of the strategy itself," (Thompson et al. 2005). A transformational leader as described by Bennis (1999) would be the ideal candidate to create visions that inspire the employees to adopt the strategies and the changes involved with them. A charismatic leader as suggested by Weber (1947) would appeal to the employees' hearts and minds to create the needed commitment for the strategies.

The leader has to paint a convincing and inspiring picture of the new strategy. This is essential so the employees can commit themselves to make the strategy a reality. When implementing the strategy the management have to make sure that all the resources needed are available such as enough and well trained employees, budgets that steer resources into the activities critical to strategic success, continuous improvement and changes for the strategy to be successful, motivation of the employees to work on the strategy, and the setting of objectives to be able to convert the strategy vision into specific performance targets that can be measured to track the company's progress and performance. The achievement of these objectives can be linked to a performance bonus for the employees involved. One has to keep in mind that long term vague goals are difficult to excite the employees. Therefore short term gains ideally should be celebrated along the way. This has a strong behavioural boost (Anon. 2002).

All this can only be successful if there is a proper communication system in place. Leaders of this organisation have to capitalize on the fact that this organisation is a learning organisation. This will ease the implementation of the strategies since the employees will be more willing to learn new things related to these strategies.

Dr Marthese GALEA
MD, MRCPCH
Resident Specialist, Paediatric Department, Mater Dei Hospital
Email: akgalea@maltanet.net

REFERENCES

Al-Sawai, A., 2013. Leadership of Healthcare Professionals: Where Do We Stand? *Oman Med J,* 28 (4), pp. 285-287.

Anon, 2002. *Implementing Strategies, 13th edition*. Learning Resources: England.

Anon, 2002. *Strategic Marketing, 13th edition.* Learning Resources: England.

Avolio, B. J. & Gardner, W. L., 2005. Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly,* 16, pp. 315-338.

Avolio, B. J., Gardner, W. L., Walumbwa, F. O., Luthans, F. & May, D. R., 2004. Unlocking the mask: A look at the process by which authentic leaders impact follower attitudes and behaviors. *The Leadership Quarterly,* 15, pp. 801-823.

Baker, L. S., 1989. Managing Resistance to Change. *Library Trends,* Vol. 38 (1), pp. 53-61.

Bass, B. M., 1998 .*Transformational leadership: Industry, military, and educational impact*. Mahwah, NJ: Erlbaum.

Bennis, W., 1999. The End of Leadership: Exemplary Leadership is Impossible, Without Full Inclusion, Initiatives, and Cooperation of the Followers. *Organisational Dynamics*, Vol. 27 (2), pp. 71.

Bryson, M. J., 2011. *Strategic Planning for Public and Nonprofit Organizations: A Guide to Strengthening and Sustaining Organizational Achievement,* 4th Edition Jossey-Bass.

Fine, S. F., 1986. Technological innovation, diffusion and resistance: A historical perspective. *Journal of Library Administration*, 7, pp. 83- 108.

George, B., 2004. The Journey to authenticity. *Leader to Leader,* 31, pp. 29-35.

Goffee, R., 2008. Podcast interview with Management Today [online]. Available at: <http://www.managementtoday.co.uk/news/832183>. (Accessed 20th February 2016).

Goleman, D., 2000. Leadership that Gets Results. *Harvard BusinessReview*, pp. 82-83

Graeff, L. C., 1983. The Situational Leadership Theory: A Critical View. *Academy of Management Review,* Vol. 8 (2), pp. 285-291.

Hersey, P., Blanchard. H. K. & Johnson, E. D., 1996. *Management of Organizational Behavior: Utilizing Human Resources, 7th ed.* (Upper Saddle River, N.J.: Prentice Hall, 1996), pp. 188-223.

Hourston, R., 2013. *Steps to a truly effective leadership style* [online]. Available at: <http://www.forbes.com/sites/womensmedia/2013/04/24/7-steps-to-a-truly-effective-leadership-style/#4ece27315927> (Accessed 15th February 2016).

Kaplan, S. R. & Norton, P. D., 2001.*The Strategy-focused Organization: How Balanced Scorecard Companies Thrive in the New Business Environment*. Harvard Business School Press.

Kouzes, J., Posner, B., 2003. *The Leadership Challenge (Completely updated third edition)*. San Francisco: Jossey-Bass.

Kramer, K. and Nayak, P., 2013. *Nonprofit Leadership Development: What's Your "Plan A" for Growing Future Leaders?* The Bridge Span Group Inc.

Kruse, K., 2013. What is authentic leadership? [online]. Available at: <http://www.forbes.com/sites/kevinkruse/2013/05/12/what-is-authentic-leadership/#395f4af92ddd>. (Accessed 16th February 2016).

Leadership-central.com, 2016. Hersey-Blanchard Situational Leadership Theory [online]. Available at: <http://www.leadership-central.com/situational-leadership-theory.html#axzz40gl8iwJc>. (Accessed 15th February 2016).

Maslow A. H., 1943. A Theory of Human Motivation. *Psychological Review,* 50, pp. 370-396.

May, D. R., Hodges, T. D., Chan, A.Y.L. & Avolio, B. J., 2003. Developing the moral component of authentic leadership. *Organizational Dynamics,* 32 (3), pp. 247-260.

Nanus, B., 1992. Visionary Leadership, how to re-vision the future. *The Futurist,* 20.

Riordan, M. C., 2014. Three ways leaders can listen with more empathy [online]. Available at: <https://hbr.org/2014/01/three-ways-leaders-can-listen-with-more-empathy> (Accessed 20th February 2016).

Schyve, P. M., 2009. Leadership in Healthcare Organizations: A Guide to Joint Commission Leadership Standards. A governance institute white paper.

Thompson, A. A., Strickland, A. J., & Gamble, J. E., 2005. *Crafting and executing strategy: The quest for competitive advantage-concept and cases.* (4th.ed.) McGraw-Hill, Irwin.

University Alliance, 2016. What makes an effective leader [online]. Available at: <http://www.notredameonline.com/resources/leadership-and-management/what-makes-an-effective-leader/#.VrcAEfkrK70> (Accessed 20th February 2016).

Weber, M., 1947. *Theory of Social and Economic Organization.* Chapter: *"The Nature of Charismatic Authority and its Routinization"* translated by A. R. Anderson and Talcott Parsons.

Winston, E. B., Patterson, K., 2006. An Integrative Definition of Leadership. *International Journal of Leadership Studies,* Vol. (2), pp. 6-66.