

# Leadership: The Foundation of All Successful Healthcare Facilities

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## **Change Is Constant**

- In the healthcare world, change is constant and inevitable to adapt to such things as (Solow and Perry, 2023):
  - Innovative technology
  - Regulations and compliance
  - Patient care needs
- Leaders who are adept at change management will be able to build strong healthcare organizations that are nimble and adaptable
  - Address mission and vision
  - Create strong sense of culture
  - Establish shared values

### **Leading with Challenges**

- To lead an effective healthcare organization that is adept at change and advancement while providing best care, the following challenges must be considered (Solow & Perry, 2023) to lead the workforce:
  - Not all staff will adapt to new technology and advancements
  - Regulations may need to be updated with implemented changes
  - Innovation may initially appear to detract from direct patient care
  - Employees will represent different types of learners
    - Educational levels
    - Various generations
    - Varied interests
    - Healthcare providers may resist change

### **Leadership Style and Change**

- Leadership style and approach within the healthcare space should embrace the following concepts (Solow & Perry, 2023) for effective change and integration:
  - Integrate change into the culture
  - Prepare for resistance and address it
  - Obtain advance buy-in from management and key leaders
  - Recognize the aspects of leadership and acknowledge the significance
  - Create a learning environment within the culture
  - Create a feedback loop

#### **Change and Patient-Centered Care**

- Recognize that change has been a key component of healthcare provision, expansion, and delivery of patient-centered care methodology (Solow & Perry, 2023)
  - Communicate consistently and authentically
  - Focus on improvement of patient outcomes
  - Educate about cost reduction
  - Improve patient experience
  - Increase retention and job satisfaction
  - Promote positive organizational culture
  - Recognize small victories
  - Provide ongoing training and idea exchange

#### **Committed Leadership**

- According to Karki et al. (2022), committed leadership for change and expansion in the healthcare world has never been timelier or crucial because a lack of leadership is directly responsible for failed initiatives whereas excellent outcomes are directly correlated to highly regarded leadership with attributes including:
  - Understanding of complex financial elements within their operation
  - Ongoing measurable team building activities
  - Emotional intelligence
  - Opportunities for growth within the organization
  - Sense of true collaboration and shared leadership between:
    - Administrators
    - Clinicians
    - Other departments

#### **Leadership Skills**

- Leadership skills are not only necessary amongst administrative executives in healthcare, clinicians, and other staff should also have leadership attributes (Bonazza et al., 2021) that include:
  - Teamwork
  - Conflict management
  - Interpersonal relationships
  - Emotional intelligence
  - Business acumen
  - Empathy

### **Leadership Education Program Impact**

- Healthcare leadership skills are currently being explored to be integrated into medical education for providers
- Leadership education programs are shown to improve competencies (Bonazza et al., 2021) and impact all interested staff with the following:
  - Resiliency
  - Decrease burnout rates
  - Communication methods
  - Conflict resolution
  - Productivity
  - Decrease medical errors

#### Leadership Education Program Impact (continued)

 The integration of leadership training curriculum into the healthcare workplace has been shown to be effective for improved job satisfaction and retention

### **Duke Healthcare Leadership Model**

- An example of an effective training model for integration of an evidence-based leadership training program is the Duke Healthcare Leadership Model (Bonazza et al., 2021), which focuses on shared goal of delivering patient-centered care:
  - 9-month immersive experience that integrates a variety of educational modalities including
    - Didactic sessions
    - Small group meetings
    - Role playing
    - Simulations
    - Group projects

#### **Duke Healthcare Leadership Model** (continued)

- An example of an effective training model for integration of an evidence-based leadership training program is the Duke Healthcare Leadership Model (Bonazza et al., 2021), which focuses on shared goal of delivering patient-centered care: (continued)
  - Program principles include
    - Integrity
    - Teamwork
    - Critical thinking
    - Emotional intelligence
    - Service

## **Duke Healthcare Leadership Program Elements**

Duke Healthcare Leadership Program Elements (Bonazza et al., 2021)
Time management
Resilience
Leadership Philosophy
Professional Etiquette
Mindfulness
Emotional Intelligence
Coaching
Team Building
Leadership Model Framework
Empathy
Communication

### **Collective Leadership Concepts**

- The collective leadership concept is often seen as an approach toward complex healthcare delivery systems (Silva et al., 2022) that are greatly affected by fast-paced environments filled with change:
  - Encourages sharing viewing points, information, and expertise
  - Involves all levels of staff, with shared responsibility for success and care delivery
  - Requires participants to work collaboratively and share information
  - Designed to improve:
    - Patient safety and outcomes
    - Quality improvement
    - Culture of engagement
    - Staff well-being

#### **Collective Leadership**

- Collective leadership involves integration of multiple healthcare staff to unity and strengthen outcomes; limits hierarchical model
- Collective leadership is built on interaction and promotes quality and compassionate and empathetic (Silver et al., 2022)
  - Unites social and clinical aspects of healthcare
  - Focuses on comprehensive quality improvement
- Examples of collective leadership interventions include:
  - Daily huddles with shared information
  - Supportive leadership programming for lead clinicians
  - Sharing circles post-traumatic experience

#### **Health Humanization**

- The need to "rehumanize" healthcare with a patient-centered care approach (Hansen et al., 2021) is being practiced in today's healthcare environment
- Promoting "health humanization" as discussed by Hansen et al. (2021) is correlated to the concepts of authentic leadership, mindful leadership, and ethical leadership as approaches
  - Put the person/human at the center of care
  - Addresses person-needs based on individuality, special needs, and interests
- This approach provides space for a more caring, individualized approach toward care delivery for all healthcare professionals

#### **Human Connection**

- Hansen et al. (2021) assert that addressing patient needs as a human service, with needs to be respected and addressed, is the ethical, caring approach toward delivering healthcare
  - Delivers individual care
  - Approaches with "wonder" in a manner that humanizes
- Encourages authentic human connection with specific principles and values
  - Self-reflection
  - Self-awareness
  - Value-judgements
  - Shared decision-making

#### Human Connection (continued)

 Allows healthcare professionals to be authentic, find meaning, be optimistic, have trust, and remain committed to their work

#### **Leadership Development**

- Leadership development is recognized as a meaningful component to effectively improving healthcare outcomes (Leach et al., 2021)
- Leadership development in all aspects of healthcare is important considering that it is individual people who influence and facilitate the activities needed to affect results
  - Built on relationships
  - Communication
  - Outcomes

#### **Leadership in Complex Systems**

- Leadership shared by a group of people, who individually impact their environment, known as distributed leadership in complex systems, such as healthcare, is often (Leach et al., 2021):
  - Focused on creating opportunities for change, expansion, and improvement within various departments concurrently
  - Involves shared leadership approaches that collectively implement change, growth, and success while adapting to innovation
  - There is ongoing interaction and shared information through effective relationships

#### **Perceptions of Leadership**

- Perceptions of leadership style effective in healthcare can change as needs and innovation changes
  - Formal power positions are often viewed as less effective in today's climate, relative to years past (Leach et al., 2021)
  - "Individualistic leadership competencies" as quoted by Leach, may not be as impactful as "distributed leadership" in complex healthcare systems
- Structural, unifying, intergroup approaches can distribute leadership roles throughout an organizations that allows individuals to grow in their competency, but as a part of the whole system, promoting interdepartmental leadership (Leach et al., 2021)

#### **Social Identity Theory**

- Leach et al. (2021) apply the social identity theory to this aggregate approach, which is the "perception of oneness with or belongingness to some human" group or experience, part of the larger group
  - It is individual components that comprise the group
  - In healthcare, this is viewed regularly with trained professionals integrating with other trained professionals to deliver patient care in often high-stress situations
  - It is this group approach that impacts outcomes in patient care and system functionality

#### Social Identity Theory (continued)

- To effectively apply and understand the impact of social identity, it should be acknowledged that groups within the healthcare space are often viewed in a particular way that should be transcended
  - For example, physicians may label other healthcare professionals as unable to perform certain duties, therefore making presumptions that are inaccurate
- In times of high stress or conflict, social identity should include clarification of roles and experience to encourage interdisciplinary collaboration and maximize health outcomes (Leach et al., 2021)

## **Social Identity**

- From a leadership perspective, it is important to address social identity, especially in healthcare, to avoid "unfavorable intergroup perceptions" (Leach et al., 2021)
- Must ensure that communication is inclusive and not exclusive to avoid misinformation and potential hierarchical tensions that disrupt functionality and outcome
- Effective and meaningful communication is correlated to performance in healthcare as well as patient outcomes
  - Communication breakdown is indicative of weak leadership
  - Can result in impaired patient safety culture

### McKinsey 7S Model of Change

- Appropriately affecting change is an ongoing aspect of leadership as a function of the healthcare administrator
- The McKinsey 7S model of change (Solow & Perry, 2023) can be a useful tool to manage change in the healthcare environment, addressing:
  - Strategy
  - Structure
  - Systems
  - Shared values
  - Style
  - Staff
  - Skills

#### McKinsey 7S Model of Change (continued)

 This model is impactful in assessing and implementing change for healthcare organizations and providers

#### **Value of Change**

- For a healthcare leader, either clinical or administrative, or both, understanding the value of change and its role is imperative for long-term effectiveness and strategy
  - Must understand current staff situation
  - Recognize necessary resources
  - Identify aspects of support needed to make informed decision about change (Solow & Perry, 2023)
  - Must have ability to gain trust and build meaningful relationships

#### **Humble Leaders**

- Humble leaders with vision can identify ways to standardize their leadership approach, creating meaningful ways to integrate all appropriately for enhance organizational performance (Kubec et al., 2022)
- Leaders can devote time to engagement and efficiency by performing the following:
  - Coaching
  - Performance accountability
  - Gaining insight for improved processes
  - Establishing benchmarks
  - Reducing waste
  - Acknowledging small victories
  - Honest, trustworthy approach

#### Wrap-up

- Kupec et al. (2022) suggests simple methods to engage and create a sustainable methodology that embraces people and improves outcomes
- Leaders can implement the following to establish short cycles designed to promote continuous improvements:
  - Calendar alignment: be on time, show up, respect time and timelines
  - Visual management tools: be an example, set the stage for expectations, walk the walk
  - Leader walks: literally interact and be present with employees, see how they do their work, have them teach leadership, and experience time in their role

#### Wrap-up (continued)

Remember, leaders lead by example, be authentic, listen, follow up, and engage; let your staff lead across the board in their area of expertise



## You have completed the course:

Leadership: The Foundation of All Successful Healthcare Facilities

Thank you!

#### References

Bonazza, N. A., Cabell, G. H., Cheah, J. W., & Taylor, D. C. (2021). Effect of a novel healthcare leadership program on leadership and emotional intelligence. Healthcare management forum, 34(5), 272–277. https://doi.org/10.1177/08404704211036667

Hansen, F. T., & Jørgensen, L. B. (2021). Wonder-inspired leadership: Cultivating ethical and phenomenon-led healthcare. Nursing ethics, 28(6), 951–966. https://doi.org/10.1177/0969733021990791

Leach, L., Hastings, B., Schwarz, G., Watson, B., Bouckenooghe, D., Seoane, L., & Hewett, D. (2021). Distributed leadership in healthcare: Leadership dyads and the promise of improved hospital outcomes. Leadership in Health Services 10.1108/LHS-03-2021-0011. https://doi.org/10.1108/LHS-03-2021-0011

Karki, L., Rijal, B., Hamal, P. K., Khanal, M. C., & Bhusal, S. (2023). Management and leadership development in healthcare professionals. JNMA: Journal of the Nepal Medical Association, 61(259), 294-296. <a href="https://doi.org/10.31729/jnma.8100">https://doi.org/10.31729/jnma.8100</a>

Kupec, S., Reinemann, M., Selley, V. H., Graves, E., & Carlson, J. N. (2022). Leader standard work: A model for improving efficiencies in leadership and healthcare. The Journal of Nursing Administration, 52(6), 327-329. https://doi.org/10.1097/NNA.000000000001156

#### References (continued)

Silva, J. A. M., Mininel, V. A., Fernandes Agreli, H., Peduzzi, M., Harrison, R., & Xyrichis, A. (2022). Collective leadership to improve professional practice, healthcare outcomes and staff well-being. The Cochrane Database of Systematic Reviews, 10(10), CD013850. https://doi.org/10.1002/14651858.CD013850.pub2

Solow, M., & Perry, T. E. (2023). Change management and health care culture. Anesthesiology Clinics, 41(4), 693-705. https://doi.org/10.1016/j.anclin.2023.05.001