Leadership principles for healthcare

Health & Medicine, Healthcare

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America needs goodleadershipin every comer. Too often mediocrity is present in business, government, schools, and churches. In a rapidly changing world, it is crucial to have strong leaders. Although no set formula exists for defining leadership, studies show a few basic commonalities among people generally considered effective leaders. This paper discusses the principles of effective leadership in healthcare.

Credibility

As a leader in healthcare, one is required to perform all assigned duties, regardless of their size or perceived importance, up to standard, on time, and to the best of one’s ability. Others are interested in one’s past only insofar as it may indicate future capability. They want to know how well one performs one’s duty today, so that they may estimate what one will do tomorrow. The reputation that counts most is the one earns today. Any evidence of slipshod work, halfway measures or " after-the-fact" excuses will not be viewed favorably (Bryson & Crosby, 1992).

For missions to succeed, especially in times of uncertainty, ambiguity, andadversity, leaders in healthcare must live and conduct all their activities so that others may look them squarely in the eye knowing that they are associating with and placing their trust in an honorable individual.

Leaders exert themselves to promote the well-being of others. They do something or stand ready to do something for others. They develop self-reliance in others so that they can become effective members of an interdependent team. Self-reliance means that a staff member does not need the presence of the boss to carry out the tactical and operational elements of his or her own job. As a leader, one should state the job to be done but leave it to one’s subordinate to recommend the methods that will accomplish the desired results, at the time required, with due regard for costs (Conger, 1989).

If one wants to lead people in healthcare, one has to communicate information directly and honestly. One cannot hem and haw or water down the truth. One has to keep one’s people and the people to whom one reports, grounded in the reality of one’s situation.

Although most people believe that they are honest, few are direct. Many women, especially, respectthe social value of an indirect approach to problems, and this places them at a disadvantage in leadership situations. If one has trouble with the direct approach, one should put one’s points in writing, structuring them so that when one goes into a meeting, one can use one’s notes as an aid until one feels comfortable in delivering verbal reports without them.

Dishonesty of any sort is quickly perceived as very disturbing and unlikable. It also carries a " permanent" connotation that isn't easily erased. Honesty is a deeply held value and can run all the way from one’s surface sincerity and " realness" to one’s basic ethics and morality. Conversation or behavior that is not very honest waves a red flag that causes other people to back off and not trust one. Trust is necessary for goodcommunicationand good communication is the main tool of successful supervision (Conger, 1989).

The defensiveness typically caused by even minor dishonesty shuts down communication. There are many verbal and non-verbal indicators of dishonesty to-watch for, including elusive eye contact, contradictory body language, tone and flow of voice, behavioral inconsistencies and aggressive posture.

The effective leader in healthcare models the way he or she desires his or her followers to act. (Kouzes, James & Posner 1987) This characteristic of the effective leader has also been described as the " management of trust." (Bennis 1989) The group learns very quickly that it can rely on the leader, who is exactly what he or she appears to be. The actions of a transformation leader represent the beliefs and commitments that are spoken.

Building Strong Relationships

Interpersonal relationships play a critical role in the management process. As noted by Gabarro (1987, p. 172), " relationships are the principal means through which organizations are controlled." Friendships and related social networks in organizations have been investigated in relation to such factors as organizational choice (Kilduff, 1990), turnover and organizational

commitment (Krackhardt & Porter, 1985), culture(Krackhardt & Kilduff, 1990), and organizational conflict (Nelson, 1989).

Much of the research that has investigated the nature of the leader-follower relationship has taken place within the context of leader-member exchange theory (LMX). Leader-member exchange theory suggests that leaders differentiate among followers in terms of leader behavior rather than enacting " one best" average leadership style with all followers (Liden & Graen, 1980). The LMX model recognizes the importance and nature of specific leader-follower relationships and emphasizes the differences in the manner in which a leader behaves toward each follower (Vecchio & Gobdel, 1984).

A role is informally negotiated between each member of the work group and the leader, and an active exchange of inputs and outcomes occurs between the leader and each follower (Bass, 1990; Dansereau, Graen, & Haga, 1975). Some leader-follower dyads within groups develop roles that are personally satisfying and mutually compatible, while others do not (Graen & Scandura, 1987). Earlier writings referred to followers in the former type of dyad as part of the " in-group" and the latter as " out-group" members.

Over the years, LMX research has not only verified the existence of differentiated leader-member dyads within groups, but it has also investigated the characteristics of the leader-follower relationship, as well as the process by which leaders develop effective leadership relationships. According to Graen and Uhl-Bien (1995), the development of a leader-member exchange relationship " is based on the characteristics of the

working relationship as opposed to a personal orfriendshiprelationship" (p. 237). LMX is conceptualized as a multidimensional construct, consisting of respect, trust, and mutual obligation, and it refers specifically to these dimensions as they relate to " individuals' assessments of each other in terms of their professional capabilities and behaviors" (Graen & Uhl-Bien, 1995, p. 238).

Vision

To lead a group in healthcare, one must have a vision that people support from both a personal and a philosophical perspective. Consider Martin Luther King. What was the vision? His most famous statement, " I have a dream," was delivered to more than half a million people who had descended on Washington, D. C., in support ofcivil rights. What was his dream? Racialequality.

Could people relate to that personally and philosophically? Absolutely. Few people argued against thephilosophyof racial equality. Furthermore, many supporters believed that he would have a tremendous impact on them personally. King gained overwhelming support because of his vision (Collins & Porgas, 1991).

Once leaders develop a vision, they must communicate their ideas. Leaders are often great communicators. Consider Martin Luther King. He had the ability to stir and motivate people, and he excelled when he got in front of a group of people. Former President Abraham Lincoln also had superb speechmaking abilities. One of his speeches, the Gettysburg Address, is so famous that most schoolchildren memorize it at some point in their studies.

Communication skills were the strong point of another well-known leader, former President Ronald Reagan. While some people have questioned Reagan's leadership abilities, few questioned his communication skills.

Many remember his first State of the Union Address, which was delivered the year after he was wounded by a gunshot from John Hinckley. As with any presidential candidate, there were those who had not voted for him and were not particularly strong supporters. Reagan's address, however, was so stirring and so patriotic that afterward even people who were lukewarm about him wanted to jump to their feet, salute, and flip on their Lee Greenwood tape of " I'm Proud to Be an American." The words he chose, and the manner in which he presented them, really touched people (Collins & Porgas, 1991).

Passion

Passion engenders enthusiasm and creativity. It also drives excellence. Without passion a business is ordinary -- for its employees, suppliers and, most importantly, for its customers.

It is easier to recognize the absence than the existence of passion. Passion is not a commodity or even an art form that can be taught or bought. It is also quietly frowned on in some circles. Passionate and respected leaders motivate and inspire those around them to share their passion for a product, a concept or an opportunity. By doing so, they encourage others to excel.

These leaders recognize the need to foster and embrace a range of complementary talents and experiences. To attract people with these skills

and, more importantly, right attitudes, they create the processes and culture to support them. If passion is engendered, encouraged and focused then, all other things being equal, the organization with passion will outperform those without (Bryson & Crosby, 1992).

Commitment to Serve Others

The effective leader in healthcare empowers others to act. (Kouzes & Posner 1987) He recognizes the potential of the entire organization and freely grants or sanctions individuals the power to act in concert with the group. What appears to be an abdication of power by the leader results in a stronger unison effort?

The transformational leader encourages the heart. (Kouzes & Posner 1987) Followers work more effectively if they are frequently praised, and it is the transformational leader who understands the necessity of recognizing their accomplishments. This leadership characteristic suggests that frequent encouragement and praise for even minor accomplishments is appropriate. Positive affirmation does not instill complacency, but instead it results in motivating an individual to perform even better.

Mentoring does not have to be one-on-one. With this new twist on an old model, a mentor guides a group of protégés through the complex process of developing their organizational practical understanding and their careers. In the new mentoring model, learning leaders are partners, rather than " patriarchs." As experienced organizational veterans with information and knowledge to offer, they act as leaders of group learning and facilitators of group growth.

With group mentoring, the setting and emphasis shifts from one-on-one relationships to group relationships. The learning leader helps protégés understand the organization, guides them in analyzing their experiences, and helps them clarifycareerdirections. The process gives the protégés access to the experience and knowledge of a successful, high-level manager. In addition, that help comes from a different paradigm--that of a leader as collaborates.

The task of the learning leader is to create anenvironmentfor the professional growth of a small group of protégés who can benefit from the experience, knowledge, and support of an organization veteran and of other group members.

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