

Leadership evaluation of healthcare organization



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Introduction

One's leadership style is remarkably significant when identifying whether or not they are fulfilling their role in an organization. These styles contrast between leaders and influence follower readiness as well. The case of the Carolina Clinic will be discussed, highlighting the importance of leadership style and how these various forms impact the organization as a whole. A discussion will be also be held regarding the Big Five personality dimensions, emotional intelligence, the Hershey and Blanchard Situational Model, and servant leadership. Concepts will be presented to identify key leadership competencies that all should possess.

Case Summary

Anthony Harper is the clinic administrator of the Carolina Clinic, a not-for-profit primary health care clinic in a rural area. Harper was hired to assist the clinic with financial concerns due to their high operating costs. His stern, authoritative style of leadership further improved cost-cutting initiatives and stabilized finances. However, the staff has adversely reacted to his leadership approach and management methods. They feel as though their workflow pace is consequently tumultuous and hurried. Staff also feels as though they don't have the conventional volume of supplies and resources to render excellent care for patients.

Harper has a particular disdain for the previous manager's management and leadership form. He holds his supervisees to a very high degree and therefore manages them quite scrupulously. However, employees feel continually scrutinized by Harper over uncontrollable aspects of their work.

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Additionally, Harper is never open to ideas or alternate approaches to enhance the efficiency of tasks from employees. He dismisses these proposals due to his supposed superior experience and intellect regarding clinic management. Harper is never hesitant to provide his candid feedback about staff workflows which employees interpret as harsh and aggressive. He grows perturbed quickly and continually reprimands employees. Harper also thinks that personal relationships between he and employees are improper, therefore he does not socialize with his supervisees. Harper only interacts with staff to address performance concerns or recent errors they have made.

The central affair of this case is due to the clinic's visible need for a new EHR. After much convincing, Harper agreed to speak with various EHR vendors and develop a report to decipher which system Carolina Clinic should proceed with. Dr. Jones and Amanda Miller, a nurse practitioner, were profoundly associated with determining their last organization's EHR system, therefore taking a strong interest in the selection for Carolina Clinic as well. At the staff meeting, Harper admitted that he did not have sufficient time to investigate various EHR systems and insisted they progress with Epic due to its cost-cutting initiatives. Dr. Jones and Miller were offended and shocked by this decision and Harper's lack of analysis and subsequently reacted negatively to his motion. Harper became embarrassed and disconcerted over their responses and became furious. He lashed out on the staff, declaring he doesn't have time to waste on obvious decisions due to the clinics' need for a low-cost alternative. He severely insulted and offended his employees and

belittled the medical profession. After the outburst, Harper was consequently terminated from the clinic.

Case Analysis

Leadership Traits, Behaviors, and Styles

Harper's leadership style was remarkably ill-fitted to the organizational setting at Carolina Clinic. While his cost-cutting ambitions assisted with preserving the financial stability of the clinic by reducing operational costs, the culture of the clinic suffered considerably. Harper had a low-degree of self-awareness. Self-awareness is interpreted as "being conscious of the internal aspects of one's nature, such as personality traits, emotions, values, attitudes, and perceptions, and appreciating how your patterns affect other people" (Daft: 2018, pg. 100). It is obvious that Harper was not conscious of how his behavior and intrinsic nature were poignantly affecting his employees. It's apparent that Harper also possessed numerous blind spots that limited his effectiveness as a leader. He had a very combative, adversarial leadership style which influenced his connections with employees, further weakening the organization's performance as a whole. Blind spots are people's oblivious tendencies that restrict their leadership capabilities (Daft: 2018, pg. 101). Blind spots can be enhanced to benefit leaders' emotional intelligence.

The Big Five personality dimensions represent a leader's personal qualities to help them recognize the favorable and unfavorable characteristics of their styles. These dimensions are comprised of extroversion, neuroticism, agreeableness, openness to new experiences, and conscientiousness (Daft: <https://assignbuster.com/leadership-evaluation-of-healthcare-organization/>

2018, pg. 102). According to Daft, several of these traits are correlated with positive and competent leadership and are critical in distinguishing one's leadership style. Extroversion is the "degree to which a person is outgoing, sociable, talkative, and comfortable meeting and talking to new people" (Daft: 2018, pg. 103). While potency in extroversion is not required for effective leadership, it can potentially develop improved employee-employer relations. It's apparent that Harper was not an extroverted individual due to his restraint of personal relationships and interactions with staff. He believed that preserving relationships with supervisees was unprofessional and improper and this could be due to his introversion.

Agreeableness is "the degree to which a person is able to get along with others by being good-natured, cooperatives, forgiving, compassionate, understanding, and trusting" (Daft: 2018, pg. 104). Clearly, Harper was not well-versed in agreeableness with his staff. He did not trust them in their daily workflows and often reprimanded and criticized them. He made no attempt to build a supportive, judgment-free atmosphere within Carolina Clinic. Harper may have been too conscientious in particular ways.

Conscientiousness is "the degree to which a person is responsible, dependable, persistent, and achievement-oriented" (Daft: 2018, pg. 104). Harper's leadership style was very tenacious and performance determined. However, this eventually created distance between him and his staff and created friction. Harper was fixated on keeping the clinic's operating expenses low and consequentially sacrificed employee relationships and trust. This particular goal prompted suffering from the whole organization.

Emotional stability is another dimension of the Big Five and it addresses “ the degree to which a person is well adjusted, calm, and secure” (Daft: 2018, pg. 104). Harper demonstrated a very low-degree of emotional stability in his leadership style. He was incapable of handling criticism during the staff meeting regarding the new EHR and sequentially lashed out on staff, undeservingly. Harper had little to no connection with staff which also reflects his reduced and mediocre emotional stability. In addition, he was not open to new experience. This dimension is “ the degree to which a person has a broad range of interests and is imaginative, creative, and willing to consider new ideas” (Daft: 2018, pg. 104). Harper held many performance evaluations of his employees where he often chastised them for work aspects that were out of their control. However, he was disinclined to take notice of his employee’s opinions and alternatives to improve the efficiency of their responsibilities.

Emotional Intelligence

Emotional intelligence is a fundamental requirement of leadership. This theory is “ a person’s abilities to perceive, identify, understand, and successfully manage emotions in self and others” (Daft: 2018, pg. 146). Emotional intelligence highlights the importance of being cognitively aware of emotions within a leader’s self and that of their employees as well. This will guarantee that one can adequately handle themselves and rapport with followers. The text, *The Leadership Experience*, emphasizes that emotions are important, contagious, and influence performance within an organization (Daft: 2018, pg. 147-149). Leader and follower emotions are positively correlated with work performance. Therefore, negative outlooks and

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emotions in the workplace reflect poorly on the individual's performance.

There are four components of emotional intelligence: self-awareness, social awareness, self-management, and relationship management (Daft: 2018, pg. 150).

Self-awareness is the capacity to acknowledge and comprehend your own emotions and how they influence your individual life and profession. This aspect of emotional intelligence should be the support of all competencies considering the others cannot be accomplished without the establishment of self-awareness (Daft: 2018, pg. 150). Leaders with elevated self-awareness have trust within themselves and their organization and employ their feelings when making challenging determinations. While Harper revealed low emotional intelligence overall, his lack of self-awareness profoundly affected this result. Harper was negligent of how his responses and habits were influencing those around him. His staff felt disrespected by him and were frightened to approach him with new ideas. He had little self-confidence which contributed to less confidence with his followers. Social-awareness stresses the significance of empathy. Empathy is being able to put yourself into another's shoes and relate with what they may be going through. Harper did not have the ability to relate, connect, and understand his supervisees. This is most likely due to his opposition to building personal relationships and reciprocities with them. While he was heavily concentrated and concerned with their performance, he was not involved with their emotions which lead to his ultimate defeat as an administrator.

Self-management is another fundamental competency of emotional intelligence. This is the " ability to control disruptive, unproductive, or

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harmful emotions and desires” (Daft: 2018, pg. 150). The staff meeting with Harper’s eruption exposed his deficit in self-management. He was incapable of processing his emotions and acting in an appropriate manner. Instead, he reacted adversely towards his staff which further deteriorated trustworthiness and integrity within his staff relationships. The final component of emotional intelligence is relationship-management, which is ones “ ability to connect with others and build positive relationships” (Daft: 2018, pg. 151). It is likely that Harper has little idea of how his behavior impacts those around him. All of his followers perceive him as gruff, austere, and apathetic. This goes back to Harper’s unwillingness to grow relationships with his followers. His employees will never be willing to follow through with his vision and goals due to his lack of compassion, empathy, and kindness.

Recommendations

The Situational Model

Hersey and Blanchard developed a model named the Situational Model to evaluate the essential qualities of the leader and follower behavior (Daft: 2018, pg. 69). This model addresses leadership style in correlation with relationship behavior and how that further influences follower readiness to follow through with tasks. There are four divisions in ascertaining leader style, including telling, selling, participating, and delegating (Daft: 2018, pg. 70). Telling and selling display increased task behavior and guidance while selling and participating display high levels of support, relationship behavior with followers. Telling and selling are oftentimes leader-directed while participating and delegating are follower-directed.

It was very inappropriate for Harper to assume command of EHR adoption and insist on the Epic system. He chose to move forward with Epic due to its cost-effectiveness, however, he did not prepare research explicating how other systems may benefit Carolina Clinic. He also did not take any of the employees and clinical professionals' viewpoints into account when deciding the EHR. The implementation of this new EHR will affect every staff member and each of their workflows considerably, therefore including them in the selection and implementation is a necessity. The "follower readiness" at Carolina Clinic was very low. Employees were able but unwilling and insecure about Harper's leadership style (Daft: 2018, pg. 70). They had little to no trust in Harper and his management and leadership capabilities. Harper's style would most likely be characterized as "telling." This style exhibits high task behavior and low relationship behavior with followers. Selling is where leaders "provide specific instructions and closely supervise performance" (Daft: 2018, pg. 70).

It is unsuitable for Harper to use this style when addressing the EHR selection because the knowledge and opinions of his followers are important in producing the most favorable decision in this case. Harper should've employed a selling style of leadership in the implementation of the new EHR system. It is clear that it is important to Harper to be included in decisions that affect the clinic, however follower input and ideas are crucial in this situation. The participating style would allow everyone to share ideas and decide together after Harper provides clear explanations regarding each alternative. If he would've followed through with his commitment to gather evidence from various systems and provide data for which EHR would be

advantageous for Carolina, then his follower readiness would've been much higher.

Choosing a New Leader

Harper was clearly not the best fit for the Carolina Clinic. His leadership style was very much authoritarian-like. He wanted direct control and power over his followers and wanted them to be compliant with his commands. He had very little interest in their recommendations or opinions on operational matters. One could also define Harper as an autocratic leader “ who makes decisions and announces them to subordinates. Power, purpose, and privilege reside with those at the top of the organization” (Daft: 2018, pg. 177). Harper was primarily concerned with the organization's financial stability and efficiency. It's obvious that the clinic needs a leader who foils an autocratic leader such as Harper. The new administrator should utilize a servant leadership approach which creates whole employees. This style establishes control with the followers of an organization where the leader “ transcends self-interest to serve the needs of others, help others grow, and provide opportunities for others to gain materially and emotionally” (Daft: 2018, pg. 177).

The Carolina Clinic has a large patient base of 6, 000 clients with many services. Their payer-mix is mostly Medicare and Medicaid which affects their reimbursement causing financial problems. The clinic has high operating costs and encourages their patients to pay with cash to keep these costs as low as possible. A servant leader will set aside self-interests, listen to other's needs, inspire through trust, and nourish others through a helpful nature

(Daft: 2018, pg. 179). Emphasizing and supporting the follower's roles in an organization will instill dignity and engagement. If Harper had listened to his employee's ideas on how to improve efficiency in their workflows, operating costs could've been lowered while boosting team morale. When the board of Carolina Clinic is interviewing candidates for the administrator's role, they have several questions they must ask. A few examples of these questions would be:

- Whose interests are most important when making decisions?
- What is the most important concept of communication with followers?
- How would you establish trust with your supervisees?
- How would you inspire your followers to follow your goals and vision?
- How can you and your followers positively impact the organization?

Conclusion

Overall, it is apparent that Harper was not the ideal candidate for the administrator role at Carolina. His authoritarian, autocratic style of leadership did not coincide with his employees and created tension within the organization. His relationships with employees were tenuous which further created friction at the clinic. Harper displayed poor self-awareness and had many blind spots when managing his employees. He had very little emotional intelligence within himself or others which also contributed to limited trust in leader-follower relations. It was inappropriate of Harper to assume the implementation of a new EHR without employee considerations and he should have utilized a selling style of leadership when presenting and moving forward with the new EHR system. This approach would have led to a more cooperative and collaborative environment and further would have

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reduced animosity. The board must find a new administrator who will emphasize servant leadership and continue to use these qualities when managing followers.

Works Cited

- Daft, R. L. (2018). *The Leadership Experience* (7th ed.). New York: Cengage Learning.