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Leading and Communicating in the Healthcare Industry

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The healthcare industry is constantly advancing. In the past decade, the healthcare business has grown into a societal superpower that provides critical medical services for citizens and serves as an economic engine for communities. At the same time, the healthcare industry is complex and multifaceted. Due to the complexity of this system, changes in healthcare have left leaders weary and doubtful of their ability to provide their organizations with a sense of direction.

Consequently, healthcare workers must be strong leaders in order to operate efficiently and effectively. The need for leadership is evident because today's healthcare leaders face more challenges due to the increasing complexities that arise in the healthcare industry. Twenty-five years ago, hospitals operated primarily to provide patient care and hospital managers did not have to deal with multiple business lines. The more complex the system, the less efficient its operation, is an adage that remains true for today's healthcare system. Researchers are realising that employee commitment and loyalty is at an all time low. Additionally, today's healthcare executives, physicians, and patients are generally "dissatisfied with the management in the industry" (Dye & Gasman, 2006; p.7).

Leaders are an essential component of successful healthcare initiatives. Patients turn to physicians, nurses, and hospital administrators for guidance and direction. Souba wrote that "health care today needs...a new kind of leadership...; strong leaders and a new cultural context in which they can lead" (Souba, 2011; p.1).

Leadership is about discernment; having the ability to discern and navigate the messy and tangled web of doing what you believe is right. Understanding the importance of effective leadership styles and communication practices, regardless of profession, can help further develop the capabilities and skills of leaders.

Learning about effective leadership practices is also important in order for individuals to grow professionally, personally, and developmentally in every aspect of their lives. Leadership is a working component of every job. Individuals who exemplify superb communication and leadership skills will often find success in their organisation at a faster pace than individuals whose communication and leadership skills are not natural. Let's look first at the differences between management and leadership.

Understanding The Differences Between Leadership and Management

When exploring leadership communication styles, it is first important to carefully differentiate between the terms leading and managing.

Curtis, Vries, and Sheerin (2011) suggested that managers administer, maintain, control, have a short-term view, and initiate. Kotterman (2006) contended that managers tend to "plan and budget," as well as focus on narrow objectives in order to "maintain order, stabilise work, and organise resources." Additionally, managers often seek to "control and problem solve" as they "produce standards, consistency, predictability, and order." Kotter (1995) in Kotterman "sees management as dealing with procedures, practices, and complexity and leadership as dealing with change" (Kotterman, 2006; p.16) On the other hand, Curtis, Vries, and Sheerin (2011) recognised that leaders innovate, develop, inspire, challenge the status quo, and focus on a long-term vision.

This article will shed light on the leadership communication styles of healthcare professionals. By doing so, it will identify different leadership styles and how they are correlated to selected healthcare professions. Specifically, the terms transformational leadership, transactional leadership, and servant leadership will be explained, as well as how they can be applied directly to the healthcare professions of physician, nurse, and hospital administrator.

Types Of Leadership

Transformational Leadership

James McGregor Burns' book 'Leadership' from 1978 is considered to be the seminal text in the field of leadership studies. Burns defined transformational leadership as the following: "wherein one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality." Avolio and Yammarino stated that transformational leadership consists of the following key factors: "One, charisma, instills faith, pride, and respect for the leader. The second, individualised consideration, involves treating all staff as respected individuals with unique needs. The third, intellectual stimulation encourages staff to think in new ways." (Spears, 1998; p.173) According to Burke and Cooper (2006), these types of leaders closely identify with their subordinates and with the purpose of the organisation. Motivation also plays a significant role in transformational leaders, especially since it leads to success in their position and an optimistic outlook on the organisation. Additionally, transformational leaders are not set in their ways. They are open to change and often appreciate a creative approach to problem solving and teamwork.

Transactional Leadership

Transactional leadership occurs when one person takes the initiative in making contact with others for the purpose of an exchange of valued things. The trade could be financial, social, or emotional in nature: an exchanging of a product for money; the trading of ideas among businessmen; or even providing a listening ear to those in need. Burke and Cooper stated that, "transactional leadership has two components: the transactional leader exchanges rewards contingent upon the exhibition of desired behaviours and results, and intervenes when performance falls short" (Burke and Cooper, 2006 p.13). Burke and Cooper also noted that transactional leaders are different from transformational leaders in a fundamental sense – they work within the boundaries and the existing standards of the organisation. Few risks are taken and the focus of the work is on efficiency, control, stability, and predictability.

While transformational and transactional leaders are different, it is important to know that they are also complementary in nature to one another and are not complete polar opposites. Both styles may be associated with the achievement of desired performance objectives. It is clear that leaders can function using both styles cooperatively and can many times enhance each other on the job.

Servant Leadership

The term 'servant leadership' was coined by Robert Greenleaf in his influential 1970 essay, "The Servant as Leader." Greenleaf believes these types of leaders focus on the service aspect first with a natural tendency to help others. Once service is achieved, then the individual aims to lead as a result. Greenleaf wrote that the best way to determine if a person is a servant leader is to identify whether or not they grow as a person, become healthier, and more likely to develop an autonomous and selfless desire to serve others. Servant-leadership is a long-term, transformational approach to life and work. Spears (1998) believes that the following characteristics are central to the development of servant-leaders: listening, empathy, healing, awareness, persuasion, conceptualisation, foresight, stewardship, commitment to the growth of people, and building community. Spears believes that these ten characteristics "serve to communicate the power and promise that this concept offers to those who are open to its invitation and challenge (Spears, 1998; p.6).

The Physician as Leader

"Achievement, taking risks, stamina, intense focus, quick decision making, and personal accountability" are common traits among physicians (Bujak, 2008; p.4). Bujak suggested that physicians are motivated by their own personal goals rather than universal organisational missions. Souba wrote that "today's medicine structure incents physicians and other leaders to focus on knowing, having (titles, power) and doing (out-performing) such that personal gain is often valued above service to others." Physicians often tend to themselves and typically do not think of themselves as a team player. However, Palmer, Cragg, Wall, and Wilkie (2008) found that physicians do not regard themselves as being "me" people but rather, physicians' self-reported themselves as being 'coordinators', 'team workers' and 'company workers'. From this claim, it is obvious there is incongruence with how physicians function and how physicians view themselves. Physicians were trained to function under their own self control and partnership is a difficult quality to learn after many years of function in one particular way.

The healthcare organisation and the physician typically have different missions. Bujak noted that the most important action to create an effective healthcare organisation is to link the goals of individual physician practitioners with the actual needs of the healthcare setting. If physicians can see a direct connection with their success and the goals of the organisation, then a positive working relationship can occur. If this action is not the result, then the vision will fail and self-interest will take over.

With this said, healthcare organisations that seek to collaborate with physicians form their relationships based on negotiations. Bujak confirmed that one can enter negotiations by adopting one of the four postures: competition, accommodation, compromise, and collaboration. In many cases, physicians tend to operate under a transactional leadership style, which "correlates with the observation that their team preferences are for accepting and working within the system as it is (mostly transactional), rather than for making changes and shaping the future (more transformational)" (Palmer et al., 2008). Physicians are expected to have all the answers, bear the ultimate legal responsibility, and never make mistakes. Therefore, it is not surprising that physicians have a strong need to be able to predict, and thus control, their environment.

The Nurse as Leader

According to Dirschel, "leadership in nursing is a goal, vision, and expectation for all professional nurses in any form of practice" (Dirschel & Klainberg, 2010; p.4). Ultimately, all forms of nursing leadership must result in excellent patient care and patient outcomes. The nurse leader possesses specialised leadership responsibilities and expectations that go beyond that of the generalised nursing responsibilities. Dirschel believed that "the nurse leader is the visionary and the catalyst who brings power to nursing practice and creates an environment in which innovation and ideas about nursing practice can flourish". Further, the nurse leader should be a role model in seeking to create the best environment for nurses to succeed and must also communicate the need for a caring environment where patients are the priority.

Dirschel subsequently recognised that "the nursing leader also energises the dynamics of the other personnel groupings and the vision, mission, structure, and resources of the broader institution." It is by these actions of the nurse leader that the professionals from different healthcare specialties can better work together in concert with the overarching mission and vision of the institution as a whole.

Some scholars suggest that nurses embody a transformational style of leadership and often seek to create "a warm, safe, and supportive organizational culture and work climate." (Souba, 2011). Others believe that nurses embody a servant-like approach to leadership. It is important to note, though, that it is impossible to generalise any profession as a certain type of leadership style; each individual is unique in their own way. Regardless of which type of style these professionals embody, it is more important for them to educate themselves about the different styles of leadership and engage in their own self-reflection of how they can grow and better themselves as a leader.

The Hospital Administrator as Leader

One might expect for a hospital administrator to be extremely power driven, status driven, and the like. The leadership development of a hospital administrator must start early in life. Typically, a person must climb up the ladder of success in an effort to become a hospital administrator. This career path could ultimately be embedded in the servant leadership ideology: the desire to give back or contribute in an effort to help others as a hospital administrator. Longest identified several key roles of the department manager which are:

- "Achieve internal agreement on the department's purposes and priorities;

- Build support for the department's priorities among internal and external stakeholders;
- Strike a workable balance between the economic, professional, and social interests of all those involved in the department; and
- Negotiate effective relationships inside the organisation that houses the department and, perhaps, with other organisations." (Longest, 1997)

Longest believed that the key to successful leadership in any hospital department is to ensure that the employees know and understand the vision and mission of the organization and that they are able to work together on ensuring that vision and mission is communicated and implemented. Hospital administrators must demonstrate effective communication to all people across all professions. These leaders must communicate in a way that inspires and motivates others to succeed in their job so the organisation as a whole benefits. Most importantly, hospital administrators must know themselves. It is by their own self-conceptualisation that they are better able to understand their own individual strengths and weaknesses. If successful at this task, administrators will be able to play to their strengths when working to increase effectiveness organisation-wide.

Conclusion

So what is the best type of leadership style for each of these professions? The answer is not that simple. The beauty is always in the beholder. Each individual carries their own unique "toolbox." Each individual has their own unique personality, experiences, beliefs, and attitudes. Leadership is not a "one size fits all" equation. The bottom-line is that individuals need to make themselves aware of the different styles of leadership and become more conscious and reflective of their own communicative and leadership practices. For it is with education and reflection that individuals are able to create positive change.

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