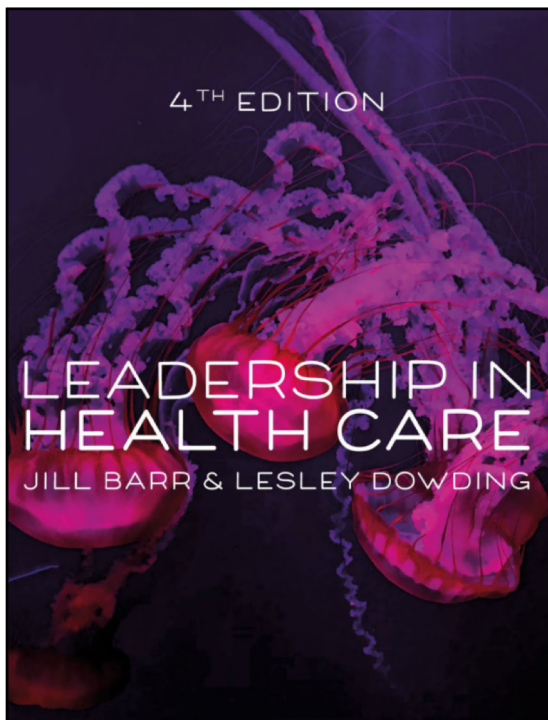


Leadership Reform in Healthcare

Sandra C. Buttigieg

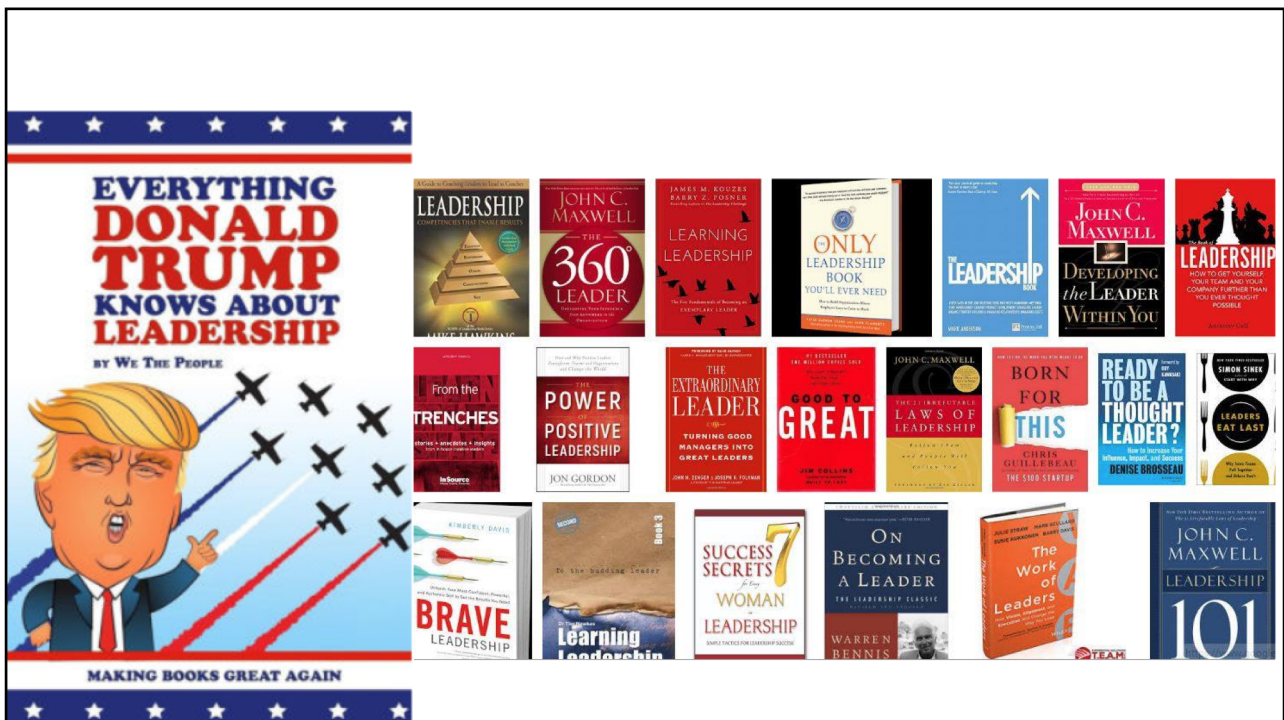
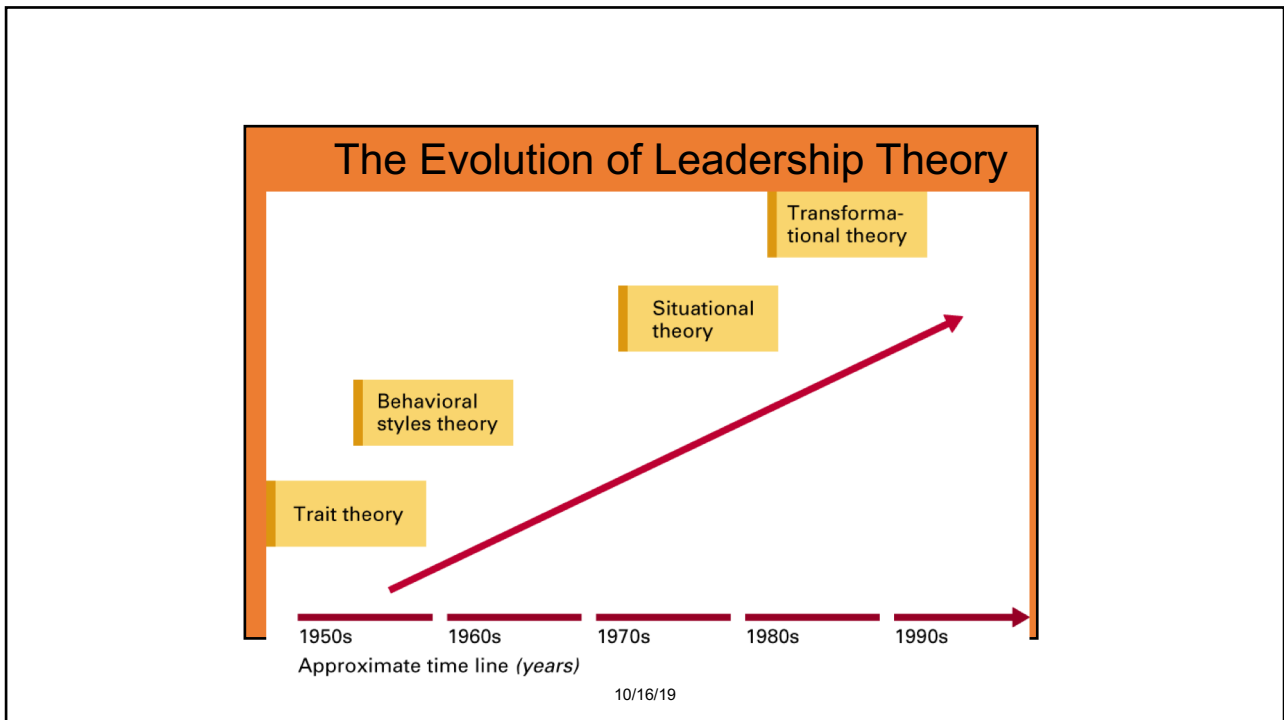
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**LEADERSHIP IS BOTH AN ART
AND A SCIENCE**

Leadership is influence that particular individuals (leaders) exert on the goal achievement of others (subordinates) in an organizational context.

16/10/2019



Scandals in Healthcare due to poor leadership



BBC
NEWS



Stafford Hospital: Robert Francis QC statement in full

There needs to be a "fundamental change" in the culture of the NHS to ensure patients are cared for properly, a public inquiry has said.

The report by Robert Francis QC comes after a £13m investigation into the Stafford Hospital scandal.

Mr Francis said: "They (Stafford Hospital patients) were failed by a system which ignored the warning signs and put corporate self-interest and cost control ahead of patients and their safety."

06 Feb 2013

The Mid-Staffordshire NHS Foundation Trust: The Francis Report

The results of the wide-ranging investigation into failings at the Mid-Staffordshire NHS Foundation Trust were set out in two reports.

- The first (2010) focused on the neglect of patients and poor standards of care.
- The second (2013) considered the adequacy of regulatory and supervisory systems. It also highlighted issues of negative culture, tolerance of poor standards and disengagement from managerial and leadership responsibilities.



Recommendations from 'After Francis' (2013)

- Change culture through leadership
- Improve teamwork
- Improve frontline care
- Strengthen patient voice



The Telegraph

Bristol heart scandal

The Bristol heart scandal in which 35 babies died and dozens more were left brain damaged sparked a sea-change in the way mortality rates in hospitals are monitored, especially in cardiac care.



Sir Ian Kennedy at the inquiry in 2001 Photo: PAUL GROVER



By Rebecca Smith, Medical Editor

7:00AM BST 29 Jul 2010

Concerns about the high mortality rate of babies undergoing heart surgery at the Bristol Royal Infirmary eventually led to the biggest public inquiry ever undertaken into the workings of the NHS.

Sir Ian Kennedy who chaired the inquiry collected 900,000 pieces of evidence and operations spanning a ten year period were examined.

Between 30 and 35 babies died between 1990 and 1995, the inquiry found, while over the whole decade up to 170 might have been saved if they had been operated on elsewhere.

He found there were staff shortages, a lack of leadership and the unit was 'simply not up to the task'.

The inquiry found 'an old boy's culture' among doctors, a lax approach to safety, secrecy about doctors' performance and a lack of monitoring by management.

Jeffrey Pfeffer

Stanford Graduate School of Business

LEADERSHIP



Fixing Workplaces and Careers
One Truth at a Time



Jeffrey Pfeffer
The Thomas D. Dee II
Professor of Organizational
Behavior,
Stanford Graduate School of
Business

Why are leaders failing?

- Leaders fail in part because they are unprepared for and unwilling to deal with organizational realities.
- Leaders fail in part because they are unwilling or unable to do what is necessary to get things done.
- Leaders fail in part because believe what they have been told by "aspirational" instead of empirically-based leadership lessons. And as a consequence...
- One of the biggest problems in organizations of all sizes and sectors is the ability to implement strategies and get things done.
- "If the ends don't justify the means, what does?" *Robert Moses*

Leaders hold the key to successful change

People are already doing their best; the problems are with the system.

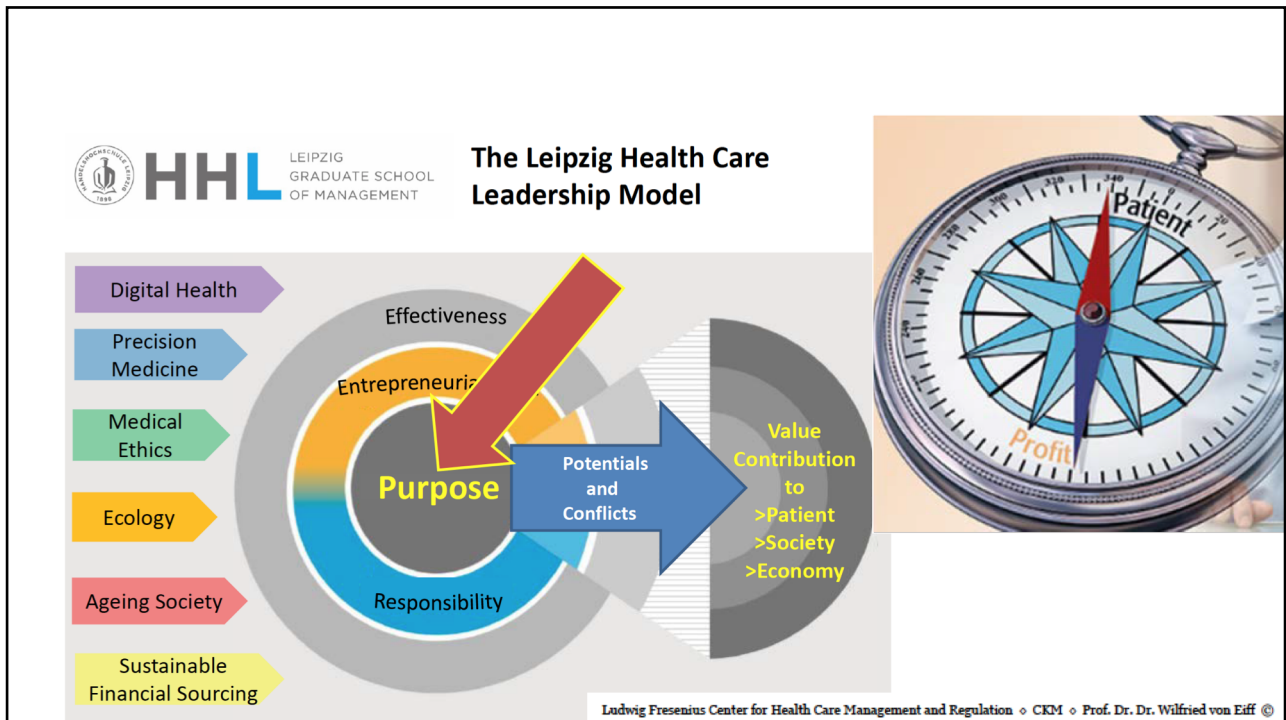
Only management can change the system.

—W. Edwards Deming



LEADERSHIP





Paradigm shift in leadership philosophy

- Increasing gap between real needs/population demands for healthcare services and limited financial resources
- Quality of healthcare and patient experience has to be enhanced under the pressure of cost-containment and turn-around time reduction



Paradigm shift in leadership philosophy

- Fundamental changes in the healthcare workforce: Feminization and changing values of generations



Leadership models for healthcare transformation

- For decades, healthcare leaders, managers and professionals have operated within **challenging, rapidly changing, and fragmented healthcare systems worldwide**.
- Today, the **healthcare environment** is even **more complex** as **sweeping healthcare reform** and **market forces transform** the way **healthcare is delivered and managed**.
- This profound **shift** is both **structural and cultural**. New **alliances and partnerships** emerge. **Belief systems, values, and attitudes** are **shifting**.

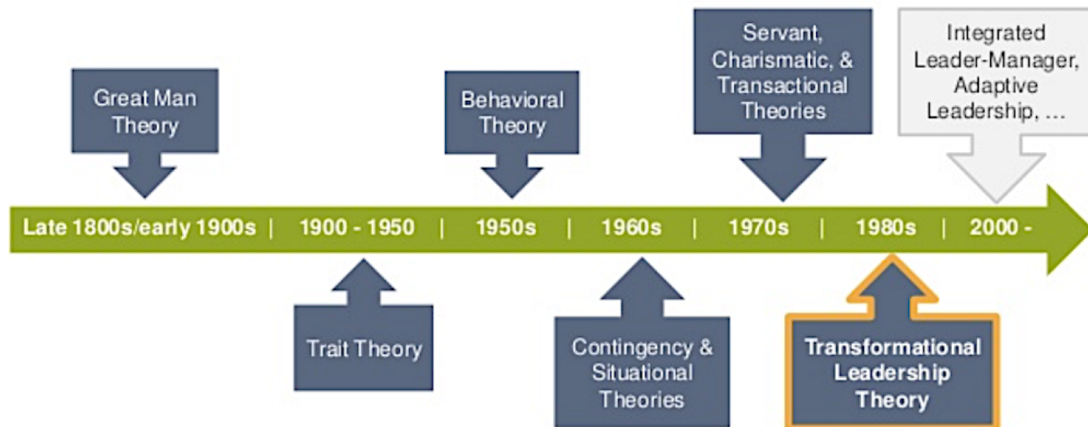
Leadership models for healthcare transformation

- Creative thinking and agile, adaptive leadership will be required to make hospitals, health systems, and networks sustainable and resilient as the healthcare delivery landscape transforms.
- Rapid innovation and adaptation to change require a collaborative, interdependent culture and solutions that cut across function, region, and profession.
- Leaders must learn to shift away from the “individual expert” model so common in today’s healthcare systems and move towards a model that leverages cross boundary groups and teams and spans disciplines, levels, functions, generations, and professions.

Leadership models for healthcare transformation

Healthcare leaders, managers, and professional collaborative groups will be able to integrate knowledge throughout the system and to anticipate and solve unprecedented challenges—all while delivering efficient, high-quality, compassionate patient (and person-centered) care across the continuum.

The evolution of leadership theory



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Leadership vs. Management

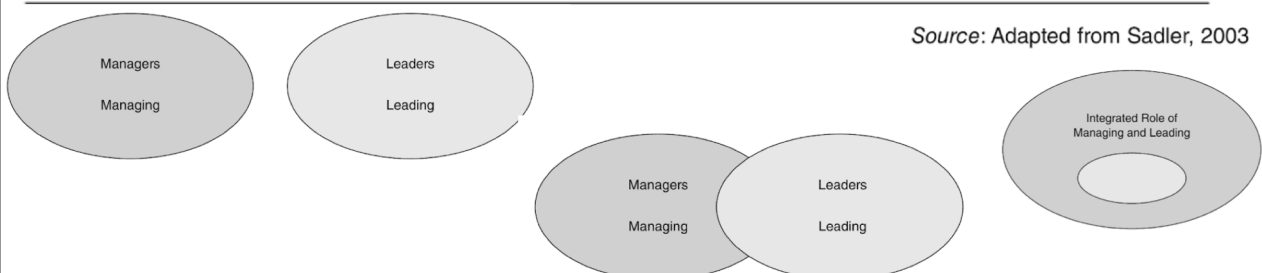
Leadership

- An achieved position
- Part of every healthcare professional's responsibility
- Initiative
- Independent thinking

Management

- An assigned position
- Usually responsible for budgets, hiring and firing people
- Improved by the use of effective leadership skills

Source: Adapted from Sadler, 2003

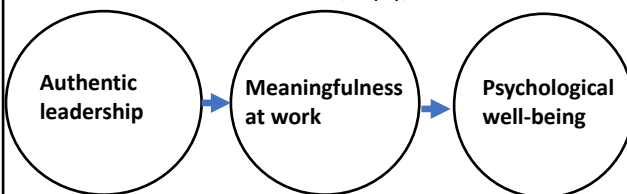


AUTHENTIC LEADERSHIP

International Journal of
**HUMANITIES
AND SOCIAL
SCIENCES**



Cassar, V., & Buttigieg, S.C. (2013). **An examination of the relationship between authentic leadership and psychological well-being and the mediating role of meaningfulness at work.** *International Journal of Humanities and Social Science*, 3(5), 171-183.



Authentic leadership focuses on inherent and intrinsic moral and malleable quasi-traits that originate from a person's value standards, self-awareness and moral principles.

Authenticity is a central concept for positive psychology (Harter, 2005).

Authentic leadership extends beyond the authenticity of the leader as a person to encompass authentic relations with followers (Gardner, Avolio, Luthans, May & Walumbwa, 2005).

Avolio and Gardner (2005) state **"authentic leaders are anchored by their own deep sense of self"** (p. 329).

Transformational leadership

Intellectual Stimulation (IS)

- Challenge the status quo
- Encourage followers to learn, be creative, explore new ways of doing things
- Empower decision making
- Expect relentless improvement
- Encourage innovative thinking

Inspirational Motivation (IM)

- Articulate a clear vision
- Inspire passion and motivation to achieve goals
- Drive organizational alignment
- Encourage others



Individualized Consideration (IC)

- Offer support, coaching, and encouragement to individual followers
- Keep lines of communication open
- Offer direct recognition for contributions of each follower
- Exhibit genuine care and concern

Idealized Influence (IIA/IIB)

- Be a role model; set the example
- Be a lifelong learner; gain the knowledge
- Create an environment of trust and respect
- Act with integrity

EMPLOYEE ENGAGEMENT AND ADAPTIVE PERFORMANCE ACHIEVED BY AGILE TRANSFORMATIONAL LEADERS IN A CHANGING HEALTHCARE SYSTEM

Transformational
Leadership



Leadership
Agility



Work
Engagement

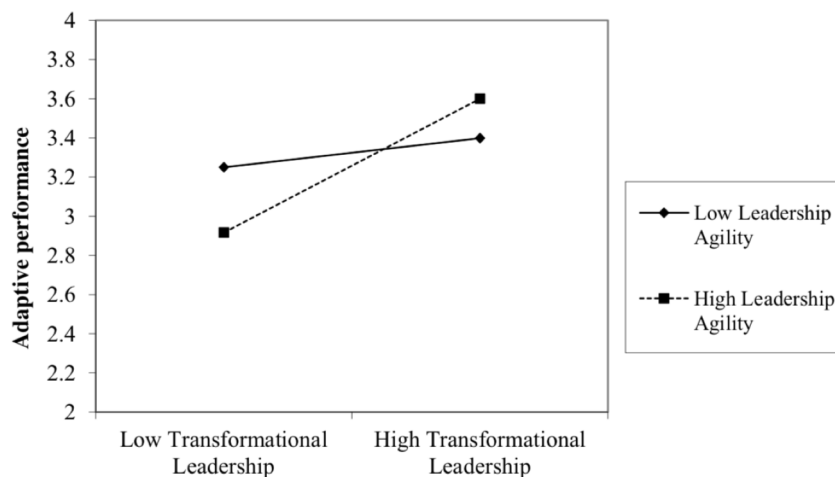


Adaptive
performance

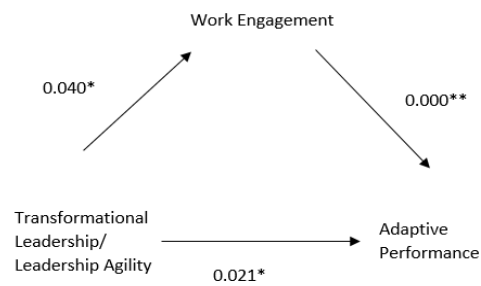
Leadership Agility: when a leader is able to understand environmental change, embrace inconsistencies and navigate diverse followers, whilst sustaining some sense of stability and coherence in an ever-changing world (Mc Kenzie & Aitken, 2012)

Vella Cassia, M., and Buttigieg, S.C. (2018)

Leadership Agility moderates the relationship between Transformational Leadership & Adaptive Performance so that higher levels of Leadership Agility will enhance this relationship.



Work engagement mediates the interactive effect of transformational leadership and leadership agility on adaptive performance.



**Correlation is significant at the 0.01 level (2-tailed)

*Correlation is significant at the 0.05 level (2-tailed)

ns. Correlation is not significant (2-tailed)

Collaborative Healthcare Leadership

A Six-Part Model for Adapting and Thriving during
A Time of Transformative Change

By: Henry W. Browning, Deborah J. Torain, and Tracy Enright Patterson

Center for
Creative
Leadership





Leadership Practices


- Accountability, transparency, and integrity
- Scanning the environment and seeking innovative solutions
- Appreciating and combining compassionate care needs with business strategy
- Entrepreneurial—generating new ideas and seizing opportunities
- Accessing a larger talent pool, beyond the traditional arena of healthcare specialty
- Redefining a new leadership strategy in the face of the new structures and models associated with reform
- Identifying, developing, and retaining the leadership talent needed to create and implement solutions in the face of rapid and evolving change
- Creating a culture that encourages and values mutual respect and professional practice

Leadership Practices


- Thinking, acting, and influencing systemically
- Leveraging differences to drive innovation
- Co-creating tools for practical application and sustainable change
- Driving innovation and risk-taking in the midst of ambiguity and uncertainty
- Transforming the culture from dependent to interdependent
- Leading both the structural and human side of change and transition
- Creating an integrated approach to engagement and well-being

Leadership Practices


- Maximizing human energy and potential in service of the organization's mission
- Fostering a culture in which the people who work in the organization are treated as well as the people they serve (Includes encouraging a healthy work/life balance, sustainable staffing models)
- Enacting the tasks of leadership: Direction-Alignment-Commitment
- Working interdependently to achieve the mission of healthcare
- Creating a culture of collaboration and mutual respect



Volume 15 - Issue 2, 2015 - Management Matrix
Leadership in Healthcare: A Review of the Evidence




[Prof. Michael West](#)
Professor - Lancaster University




[Thomas West](#)
Postgraduate Researcher - Aston Business School

- **Leadership at every level** – from frontline leadership in wards, primary care and community mental health teams, to board leadership in trusts, to national leadership in overseeing bodies – **crucial for organizational performance.**
- The evidence points towards the need for what we call **collective leadership**. Collective leadership is characterized by **shared leadership**, where there is **still a formal hierarchy**, but **power is more dependent on who has the expertise at each moment.**
- **Leadership is most effective** when **all staff**, (MDs, nurses and other clinicians, **accept responsibility for their leadership roles.**
- **Collective leadership** is characterized by **leaders working together** to nurture a **shared culture**, adopting leadership styles that are **consistent across the organization**, and **cooperating** and **supporting** each other **across boundaries within the organization** to deliver **continually improving, high quality and compassionate patient care.**


The evidence is clear:



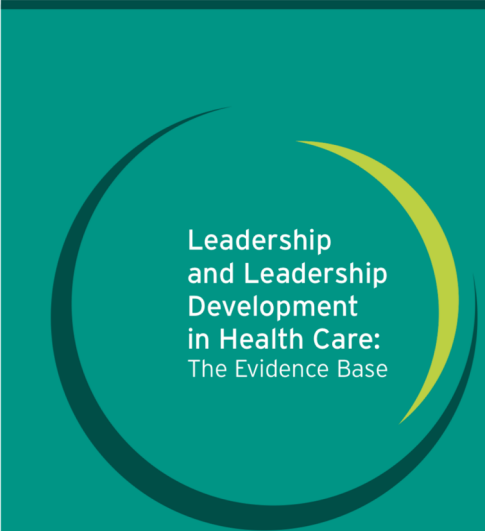
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Leadership
and Leadership
Development
in Health Care:
The Evidence Base