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## **Leadership in the Healthcare Industry**

By: Cristina Arredondo, MHA, MBA, FACMPE

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## Leadership Development in the Healthcare Industry

### Introduction

The healthcare industry is a complex and constantly changing industry. It is critical for the success of healthcare executives to recognize effective leadership. What skills are necessary to make an individual an effective leader in the healthcare industry?

The main objective of this paper is to help healthcare executives to become more effective leaders in their organization by defining leadership, evaluating the differences between leadership and management, and describing the principal theories of leadership. In addition it will explore the different types of leadership in the healthcare industry, current trends, and a specific leadership development program will be recommended to encourage effective leadership. The program will help identify recommendations to influence others more effectively.

This will be accomplished through a comprehensive review of the healthcare literature, applicable discussions found in professional business literature, results from one-on-one interviews conducted by the author with leaders in the healthcare industry, as well as a written survey completed by the members of the Medical Group Management Association. Survey results and comments are included.

## Definition of Leadership

Leadership is one of the most considered concepts in our civilization. Many studies have been conducted, thousands of books written, and yet, very few have been able to identify what sets leaders apart from non-leaders, discerns effective leaders from ineffective leaders, or separates effective organizations from ineffective ones. For purposes of this exploratory paper, leadership is defined as “the ability to influence others towards a common goal and a shared vision”.

It was once thought that leaders were born. This meant that there were only a few at the top who were capable of leading, leaving all others to be led. This assumption inferred that people were not capable of learning leadership as a skill. It was believed that simply having a designation authority made an individual a leader (1). Leadership is a skill that can be learned and perfected. Some individuals are natural leaders, so called “born leaders”. Others have developed the essential skills to become a successful leader. In reality, most leaders are made and not born. Successful leadership is possible by a process of inner growth (2).

Leadership is a full-body exercise that involves the mind and essence. (3). Successful leaders find that success is not based solely on maintaining technical skills. Success can only be reached when a leader learns to rely on intuition and understands the need to take

risks. Leaders do the right thing. Leaders must know what the right thing is (4). Leaders do not derive power from an organizational chart. They achieve success from a strong base of healthy interpersonal relationships. Successful leaders are skillful at networking and solicit counsel from specialists and others as a means of incorporating new ideas and concepts (5). Healthcare executives, who have the ability to be balanced, directed, flexible, and visionary, will be able to build the bridge to the twenty-first century (6).

### Leadership versus Management

It is important to understand the difference between leadership and management. In his book: A Force For Change: How Leadership Differs From Management, John Kotter defines leadership as the process that focuses on making organizational changes, while management is primarily concerned with control and results (7).

Managers and leaders are two different types of people. Managers embrace process, look for stability and control, and instinctively try to resolve problems quickly, sometimes before they fully understand a problem's significance. Managers tend to adopt interpersonal, if not passive, attitudes toward goals. Managerial goals arise out of necessities, rather than desires, and therefore, are deeply embedded in an organization's history and culture. Managers tend to view work as an enabling process involving some combination of people and ideas interacting to establish strategies and make decisions. Managers continually need to coordinate and balance opposing views, aim to shift balances of power toward solutions acceptable as compromises among conflicting values,

and relate to people according to the role they play in a sequence of events or in a decision-making process (8). Management is simply the implementation of the vision.

In contrast, leaders tolerate chaos and lack of structure, and are willing to delay closure in order to fully understand the issues. Leaders work in the opposite direction from managers, developing fresh approaches to long-standing problems and unlocking issues to new alternatives. Leadership involves communicating a vision. A leader's job requires a willingness to take calculated risks. True leaders are willing to take chances, make mistakes, and create a workplace that promotes pride, loyalty, and ownership. Pride, loyalty and ownership are the critical qualities of commitment (9). Managing change is what leaders do. A successful leader must also be acquainted with the values and regulations of the organization. The leader's behavior sets an example for the entire organization. A good leader shares authority for decisions, and responsibility for results (10). Leadership is the art of accomplishing more than the science of management says is possible. Effective communication is a leader's most critical tool for doing the essential job of leadership: inspiring the organization to take responsibility for creating a better future (11).

Managers and leaders hold opposing views in motivation, personal history, and in how they think and act. Managers are focus on how things get done. In contrast leaders are focus on what the event and decision means to participants. Leadership is an action, not a position (12).

## Leadership Studies and Theories

There are several theories that explain the nature of leadership. Traditional leadership theories focus on the differentiation of leaders and followers. Many organizations are finding that traditional theories are no longer effective in today's healthcare industry (13). Five broad approaches in leadership theories have emerged in the twentieth century to include: 1) Contingency, 2) Situational, 3) Servant, 4) Power-influence, and 5) Transformational.

### Contingency Theory

Contingency theory suggests that optimal leadership style is contingent upon various internal and external constraints. These constraints may include: the size of the organization, ownership, how the organization adapts to its environment, differences among resources, technology, leader's preferred style, capabilities of the company, strategic advantages, etc. Leadership styles must change in moments of crisis. According to contingency theory considering the specifics of the situation it is the only way a leader can direct an organization successfully. Flexibility is an essential component of leading the changing healthcare environment (14).

According to contingency theory the success of a leader depends upon the function of various contingencies in the form of subordinate, task, and other variables. This theory stresses the importance of using different styles of leadership appropriate to the needs of

each situation. Fielder's contingency theory is the earliest and most extensive theory under this group. Fielder's approach departs from attribute and behavioral models by asserting that group performance is dependent on the leader's psychological orientation and three related variables: 1) Group Atmosphere, 2) Task Structure, and 3) Leader's Power Position. Group Atmosphere is the degree to which the leader has the support and loyalty of subordinates, and relations with subordinates are friendly and cooperative. Task Structure is the level to which there are standard operating procedures to accomplish the task, a detailed description of the finished product or service, and objective indicator of how well the task is being performed. Leader's Power Position is the degree to which the leader has authority to evaluate subordinate performance, administer rewards and punishments. This theory explains that group performance is a result of interaction of two factors: 1) Leadership Style, and 2) Situational Favorableness. In this model, leadership effectiveness is the result of interaction between the style of the leader, and the characteristics of the environment in which the leader works.

### Situational Theory

Situational theory is similar to contingency theory in that there is an assumption of no simple one right way. The main difference is that the leader should adjust, given situational factors. Contingency theory takes a broader view that includes conditional factors about leader capacity and other variables within the situation. Situational leadership simply suggests that effectiveness is primarily determined by selecting the right kind of leader for a certain situation (15).

For example, a new person joins the billing office at your practice and you're asked to help him/her through the first few days. You sit him/her in front of a computer, show them a pile of claims that need to be processed today, and leave for a meeting. Everyone loses under this scenario because the new person feels helpless and demotivated, and the practice doesn't get the invoices processed. The new person lacks of the specific skills required for the job in hand, and lacks any confidence and / or motivation to engage it. In this case you can better lead the new person by leaving him/her detailed instructions and a checklist. Defining the roles, tasks, and supervising them closely is what is appropriate in this case. Decisions at this point should be made by you as the leader, so communication is largely one-way.

By adopting the right style to suit the person's situation, the work gets done, relationships are built up, and most importantly, the person's development level will rise to a level where they are comfortable with their own ability to do it well, and everyone benefits from it. Factors that affect situational decisions include: subordinate effort, subordinate ability, role clarity, structure, cooperation, cohesiveness of the group, resources, motivation, and external coordination. Healthcare leaders need to balance complex needs and interests. Finding this balance is one of leadership's greatest challenges (16).

## Servant Theory

Servant leadership implies that leaders primarily lead by serving others. Servant leadership seeks to involve others in decision making. It is strongly based in ethical and caring behavior, and enhances the personal growth of employees while improving the caring and quality of organizational life. Under this theory, leaders remove barriers and obstacles that would prevent employees from growing as individuals and performing well in the workplace. Under this scenario, the healthcare leader serves as a protector of the organization's corporate culture, all the values, traditions, and history that make up the organizational environment (17).

Characteristics of servant leaders include: listening, empathy, healing, awareness, persuasion, conceptualization, foresight, stewardship, commitment to other's growth, and community building (18). Servant leaders are good listeners, they listen to what is said and not said, followed by reflection. This is an essential practice of this type of leader. Servant leaders strive to understand and empathize with others. The most successful servant-leaders are those who are thriving empathic listeners. Perhaps, the major characteristic of this type of leadership is the potential of healing relationships. A foremost characteristic of a servant leader is a dependence on persuasion, rather than positional authority. A clear distinction of a servant leader is seeking to convince others, rather than compel compliance. Servant leaders believe that people have an intrinsic value beyond their tangible contributions as employees. These types of leaders are deeply committed to the growth of each and every individual within his or her organization.

## The Power Influence Theory

The power-influence theory examines how much power leaders possess and exercise. Vroom and Yelton proposed this prescriptive theory that assumes leaders are directive, and subordinates are passive followers. Under this theory, effective leaders are able to influence others to comply with their suggestions. Leaders can obtain and exert power or influence through three sources: 1) Position power, 2) Political power, 3) Interpersonal power. Position power is the power of authority over resources, information, and punishments. This source of power derives from an implicit “social contract” in which the parties agree to consent to be governed. For example, in the case of a medical practice the administrator typically has the power to discipline, hire and fired employees. Political power is the power to control key decisions, to form coalitions, and to co-opt opponents. For example, the owner physicians typically have the power to make vital decisions. Interpersonal power is power gained from job expertise, friendship, loyalty, and charismatic qualities. For example, a nurse with charismatic qualities can have the power to influence others to react positively or negatively to a change of hours of operation.

Leadership deals with power sharing, and empowerment of followers. When subordinates possess more knowledge, however, their role should be more participative (19). For example under this scenario a physician might exercise influence in a group due to his position. He/she most likely will let the administrator know what needs to be done instead of asking for advice, creating some struggle within the staff as far as who is the leader.

## Transformational Theory

Transformational leadership assumes that people will follow a person who inspires them. According to Burns, transformational leadership is a process in which “leaders and followers raise one another to higher levels of morality and motivation”. Followers are assumed to exceed self-interest for the good of the organization, consider long-term objectives, and develop an awareness of what is important. Effective leaders under this theory perform three functions: 1) align, 2) create, and 3) empower. Leaders transform organizations by aligning human and other resources, creating an organizational culture that fosters the free expression of ideas, and empowering others to contribute to the organization (20).

Working for this type of leader can be a wonderful and uplifting experience. Transformational leaders inject passion, energy, and enthusiasm into everything to get things done. Transformational leadership starts with the development of a vision, a view of a future that will excite potential followers. Once vision is created, the leader sells the vision to create followers. Personal integrity is a key aspect for this type of leader. Transformational leaders are always visible and will stand up to be counted. This type of leader exhibits exemplary behavior with their own attitudes and actions. They also make continuous efforts to motivate and bring together their followers. They are constantly doing rounds, listening, soothing and enthusing. Healthcare executives can use transformational leadership as a strategy to move health-care organizations beyond traditional values and approaches (21).

## Understanding Leadership in the Healthcare Industry

Healthcare leaders must understand the important role leadership plays in an organization, and discover new behaviors to improve leadership skills. The behavior of the leader determines the leadership style of the organization; consequently, it is important to understand it. Change in the culture of a company can be driven by change in personal behavior of the leaders. Culture change is measured by evaluating the change in the personal behavior of the leaders, and the performance of the business (22).

Success in healthcare can only be achieved by the joint commitment of the organization and its physicians. Individual success will be derivative of collective success, and business success will result from serving the needs of customers. This cannot occur without forming strong partnerships between healthcare organizations, and those physicians who share the same vision and values (23).

## Issues Unique to Physicians Leaders

Physician leadership poses some unique issues. The vast majority of leaders in the healthcare industry are physicians. Physicians choose to study medicine because they care about people, and have a tremendous desire to serve their patients. Physicians are leaders by nature. A main concern of the healthcare executive is to help physicians become better leaders. To a large extent physicians do not see themselves as leaders, and do not realize the impact their decisions have on the healthcare industry. Physicians are

granted leadership status by virtue of their knowledge and expertise. However, in order for physicians to assume and exercise the kind of durable leadership for which healthcare systems are crying out, physicians need to understand the available range of leadership styles, and be open to learning and exercising new skills (24).

According to Manya Arond-Thomas, physicians are increasingly reluctant to step up and fill leadership positions. Many are not interested in leadership positions due to demands, responsibilities, and the impact on compensation and/or quality of life. This leads many to fear a growing crisis in physician leadership. The complexity of contemporary healthcare is frightening. It therefore takes the most talented, decisive, and skilled physician leaders to engage their peers in responding to a challenging strategic agenda. To some, the challenges of leadership are unfamiliar, and the risk of failure is too great. To others, leadership roles are not perceived to have professionally desirable or economically favorable attributes for physicians (25).

There are many challenges facing leadership in medical group practices, especially the outlook for the next generation of physician leaders. The areas in which physician leaders need to improve the most are: interpersonal skills, such as managing physician performance, managing conflict and communication; followed by general business and financial skills (26). Physician leaders are needed at all levels, to include: hospital committees and departments, professional societies, medical school deans' offices, department chairs, residency, and medical directors at medical group practices.

Physicians should think of themselves as natural leaders in evolving medical organizations. Accepting such roles may require some soul-searching, but physicians must cultivate the attitudes and skills to take their rightful place in the leadership of medicine for the 21st century (27). With a challenging performance outlook, potential physician leaders are not willing to jeopardize their professional careers by shifting from practice to leadership roles.

Physician groups are operating in a difficult and complex business environment, which makes leadership roles less attractive for physician and non-physician executives. The diminished interest in leadership positions creates a weak leadership bench, reinforcing poor organizational performance. To counter this cycle, medical groups must address leadership development and succession planning, strategically and directly.

Highly effective healthcare leaders are in great demand today. They play an indispensable role in boosting productivity, quality of care, and cost savings, as well as patient and employee satisfaction. Other business sectors are experiencing a similar shortage of highly effective managers, but not as severely as in healthcare. Studies across all business sectors find that skilled leadership is more predictive of the financial viability of an organization than any combination of the other key indicators, such as market share, reputation, and overall assets (28).

The healthcare industry is in the midst of a profound and far-reaching transition. This turmoil and uncertainty demand strong leadership with specific skills and capabilities for effectively charting a course toward profitability. Much of what is taught in management and business education expands a leader's technical knowledge base. However, education and technical knowledge is not good enough in today's healthcare environment (29). Improving the leadership effectiveness of current leaders will improve organizational performance. Targeting and developing a bench of strong potential leaders will improve performance over the middle and long term (30).

### Leadership and Current Trends in Healthcare Organizations

Rapid change, workforce shortages, workforce diversity, new organizational structures, turbulent business environments, and the leader's energy capacity are some of the challenges facing today's healthcare leaders (31). There is no doubt that the healthcare industry is changing dramatically, and people with more specific skills are needed. Effective healthcare leadership requires mastering a host of complex, interpersonal skills including persuasion, negotiation, conflict management, and understanding diverse perspectives (32). According to Jo Manion, in her article "From management to leadership: practical strategies for healthcare leaders", healthcare employee commitment and loyalty are at their lowest levels of trust between management and staff. What once existed in the healthcare industry may never return. Manion adds that physicians today are generally dissatisfied with the management of the industry. Overall, patients today are unhappy with the industry, reporting a lack of responsiveness similar to that experienced

by large corporations. Healthcare executives are not the exception. Healthcare executives are generally displeased with the industry as well (33).

Healthcare is facing a daunting challenge: the development of current and future leaders. Strong leadership is needed to take us into a very uncertain future (34). Developing the organizational elements that attract and retain highly successful leaders may be the most important step that an organization can take. Healthcare organizations have done a poor job of management and leadership development. The ones that are most successful in retaining strong talent are those that take the leadership development process seriously.

They identify highly effective middle managers and physicians who should be groomed for senior-level positions, develop formal leadership development programs, and involve senior leaders in the programs. In addition, they study the leadership development programs offered in other industries. They commit to promoting within, and they provide the resources necessary to ensure their own successful leadership development program (35).

A one-page survey on leadership development was e-mailed to the Primary Care Assembly (PCA) of the Medical Group Management Association. The Primary Care Assembly is composed of 2,803 members. Seventy eight members completed the survey. The survey instrument and the tallied results are in appendices I and II, respectively. The survey results confirmed the hypothesis of how important it is for healthcare executives to develop leadership skills. Ninety-eight percent of the respondents believed that development of leadership skills were “very important” or “important” to expand.

Fundamental changes in healthcare are occurring so rapidly that it is hard to keep up. During this evolution, the emphasis is on changing what we do and the focus is on leadership (36). Implementing leadership development programs are time-consuming, expensive, and very often transformative for the healthcare organizations that undertake them (37). Successful leadership development requires the participation of senior executives. It requires giving promising managers and executives the opportunity to perform tasks outside their normal areas of authority (38).

In line with the current interest in leadership development across many industries today, a number of competency-based educational programming initiatives have been launched in professional education. For example, the National Center for Healthcare Leadership (NCHL) was created in 2001. The goal of NCHL is to improve the health status of the entire country through effective leadership. NCHI has established a core competencies for healthcare leaders at all levels of the career cycle, strengthening the practice of health leaders with academic research, defining continuous learning opportunities for health leaders, and increasing the diversity of health leaders. Effective leadership strategy and a solid infrastructure for leadership development are critical to the initiation and sustainability of major clinical and organizational improvements within healthcare organizations (39).

The number of leadership jobs in healthcare has increased dramatically. The large number of baby boomers nearing retirement age, and the declining number of younger

workers entering healthcare is rapidly reaching a crisis point (40). Identifying young leaders is important. In fact, it is critical for the long-term survival of an organization. New obstacles are presented when trying to retain and recruit top-level talent. The changing face of today's workplace also necessitates a new generation of more diverse senior-level management (41). Understanding each generation's characteristics, values, and motivations to adopt new competencies, to harness the best of each is imperative to smooth the progress of cooperation, and to search for new ways of thinking that incorporate the critical differences among generations.

#### How to Build a Leadership Development Program in Your Organization

Research suggests that healthcare organization systems that actively focus on skill building in leadership development programs can dramatically increase productivity and employee commitment (42). One of the most important jobs of a leader is to turn subordinates into leaders for the future (43). No issue is as important in healthcare today as the development and continual evolution of leaders. The development of leadership skills has recently become more crucial. Leadership is the fundamental force behind successful organizations (44). Its development is essential in order for an organization to sustain its competitive advantage. Many leaders lack commitment to the development of long-term organizations. Therefore, it is important for leaders of the healthcare industry to allocate financial resources to develop these skills.

PCA survey results confirmed the hypothesis of how important it is for healthcare executives to develop leadership skills. According to the survey, sixty percent of the organizations provide leadership development training. Seventy one percent of the respondents have attended a leadership development program within the past two years. Fifty six percent have attended the Medical Group Management Association leadership development program, while 44% have attended other program including the American College of Healthcare Executive, the Healthcare Finance Management Association, and the American College of Physicians Executives.

Hospital and integrated healthcare systems usually provide this type of training as part of their competitive strategy. Hospitals and integrated systems have found the value of people in the organization. Medical group practices have very good choices out there, including the Leadership Development Institute, the American College of Healthcare Executives, the Medical Group Management Association educational programs, and the National Center for Healthcare Leadership seminars and resources. Based on literature, the most frequent steps used in leadership development programs include:

- 1) Self-assessment.
- 2) Feedback.
- 3) Analysis of the information by identifying patterns of behavior.
- 4) Access to potential sources for development assistance.
- 5) Creation of a winning plan.

The first step of any leadership-development journey requires leaders to examine their greatest asset and liability: themselves. Although the methods to achieve self-awareness vary among people and gurus, they all require everyone to intensely and critically look at themselves (45). This can be hard for many individuals. Some individuals do not like what they see, so they try to ignore it by using mechanisms of defense, such as rationalization or denial. For the program to succeed, it is important to explore the strengths, assets, flaws, and weaknesses.

The second step is to ask for positive criticism. Positive criticism can be provided by supervisors, subordinates, peers, or anyone with a working relationship. Family and friends are not recommended. The goal of this step is not to obtain approval. The goal is to understand how people perceive that person as a leader. It is important to include everyone so there is a complete representation. Andrew Garman, from Rush University, introduced the application of a 360-degree feedback assessment. 360-degree feedback assessment is a method and a tool that provides each employee the opportunity to receive performance feedback from his/her supervisor, four to eight peers, reporting staff members, coworkers, and customers. Traditionally, practitioners have applied 360-feedback as a strategy for performance management of managerial and professional employees. Over the past years, several firms have developed 360-degree performance management programs for healthcare executives. The survey found that twenty three percent of the respondents used 360 degree feedback assessment as a tool. These assessments have grown in use among many organizations because they provide a mechanism for receiving high-quality performance feedback (46).

Multi-source feedback involves the distribution and collection of survey data regarding a specific leader to various key groups in that leader's domain of work, including peers, subordinates, and sometimes superiors and customers (47). The main barrier for its use is the credibility and the cost. Garman's overview, however, suggests that a variety of applications of online 360s may exist beyond the standard performance management scenario. In particular, Garman will highlight the use of 360s as a method of providing formative feedback to temporary project teams.

The third step is to identify patterns of behavior that need to be changed. Remember what is important is not what the leader is doing, but the message the leader is sending. "Perception is a reality". It doesn't matter if the behavior of the leader is correct or not. What is important is how people perceive the behavior of the leader, and what steps the leader takes to change that perception. The leader must evaluate the amount of time and effort needed, to bring that behavior more closely in line with the image the leader wants to reflect. Honesty is critical. There are some effects, no matter how much effort the leaders devotes, that will not happen.

The fourth step is to access potential sources for development assistance. There are now a number of resources available to support leadership development, including MBA programs, the American College of Healthcare Executives, American College of Medical Practice Executives, American College of Physician Executives, and a growing body of literature on leadership development. Some of these resources emphasize larger

healthcare systems settings, and neglect group practices and other physician –directed organizations (48). The Medical Group Management Association is a great resource for medical practices. It is important to have a clear vision of the objectives the individual wants to achieve, and find the resources that are a good fit for that person. It is equally important to evaluate leadership roles in the organization and the decision-making process, and assess the organizational needs.

The fifth and final step in a leadership development program is to design a plan for enhancing leadership skills and reducing variation from the leadership vision. Developing a clear picture of what needs to be accomplished, one must fully engage in the mission, make leadership development an explicit element of a personal goal, and plan for it each year, by integrating coaching and mentoring from experienced leaders. According to the PCA survey the most important skills that make an effective leader in the healthcare industry are: ability to communicate effectively, flexibility, credibility, listening, objectivity, strong analytical skills, a good sense of humor, integrity, adaptability, and empathy. Don Beeler suggests developing these skills by devoting time in volunteering positions (49). Volunteering positions at local churches or in the community are great opportunities because in these positions, you are not competing and all the members have a common goal. If you make a mistake, people are willing to help you.

Talented, capable, and enthusiastic leadership is a critical element of success. Formal leadership training plays a part in developing content knowledge, a common language, and a leadership culture, but it is not sufficient. The practical, interpersonal learning is the

critical element. Medical group boards are responsible for the long-term success of their organizations and must ensure that their executive teams put leadership development and succession planning on the agenda (50).

Different leaders lead differently. It is important to recognize which leadership style comes most naturally to the each individual. The best leaders use various styles as the situation requires (51). Effective leaders have excellent conflict management skills. Long term success results from learning from mistakes. A leader must understand his/her abilities and limitations, and surround oneself with capable and loyal associates. Perhaps more importantly, a leader must believe in oneself and maintain a positive attitude, and find ways to contribute to the process of caring for patients (52). The successful leader in this area can not afford to sit back and expect things to happen. A leader must roll up the sleeves and be persistent, things do not happen quickly. “Nothing you want to happen, is going to happen, unless you make it happen” (58).

## Conclusion

Successful healthcare executives must endeavor to expand leadership skills to stay competitive in today’s ever-changing area. Healthcare executives must be familiar with leadership effectiveness, and make use of it more efficiently. Healthcare demands leaders that can work with team members, peers, customers, vendors, and partners. Healthcare needs leaders who can connect strategy with execution. If an organization is to be successful, it must have a leader, who can be effective in all roles, as well as having the

ability to communicate the vision, values, and mission of the organization. This type of leader will determine the difference between success and failure.

Effective leadership is an essential skill that all healthcare executives need to master. It is important to understand the differences between leadership and management, and be able to embrace and manage change effectively and appropriately to a given situation. A good understanding of the principal theories of leadership can be beneficial; however the most important is to assess our strengths and weaknesses periodically. Leadership development programs have proven to be effective and efficient ways to improve leadership skills, the importance given to these programs by healthcare organization is vital in our environment.

A healthcare leader must know their competition, future trends, and be able to adapt and to keep evolving as a leader. Industry knowledge is necessary to succeed in healthcare as a leader. Healthcare has diversity and challenges like all other industries. The difference here is that decision making, while important in other industries, can impact the lives of patients and their families. Healthcare executives deal with the frail and underserved more than any other industry. It is important that leadership development activities are viewed as high organizational priorities with long-term benefits. Identifying opportunities to utilize leadership skills more effectively is as important as making a conscious self-assessment. Future leaders in this area need to invest and develop these skills to become effective leaders. A leader in this area can not sit back and expect things to happen. Developing good leadership skills is always very important to the success of any

organization. The development of these skills is essential for the survival of the organization under the current healthcare trends.

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## **Appendix II- Results from Written Survey**

### **Survey distributed at the e-mail forum of the Primary Care Assembly of the Medical Group Management Association**

A one-page survey on leadership development was e-mail to the Primary Care Assembly of the Medical Group Management Association. Seventy eight members completed the survey. Results are as followed:

- 60% of the organizations provide leadership development training
- 40% of the organizations do not provide leadership development training
- 23% utilized 360 feedback assessments as a tool
  
- 71% attended a leadership development program within the past two years
- 56% attended the MGMA leadership development program
- 3% attended the ACHE leadership development program
- 2% attended the HFMA leadership development program
- 4% attended the ACPE leadership development program
- 35% attended programs offered by other organizations
  
- 52% responded that healthcare leadership was different
- 48% responded that healthcare leadership was not different
  
- 78% responded that it was “very important” to develop leadership skills
- 20% responded that is was “important” to develop leadership skills

- 2% responded that it was “some what important” to develop leadership skills
- 30% responded that “cultural diversity was very important”
- 41% responded that “cultural diversity was important”
- 21% responded that “cultural diversity was some what important”
- 6% responded that “cultural diversity was not important.”