

LEADERSHIP FOR HEALTH PROFESSIONALS

Theory, Skills, and Applications

THIRD EDITION



Gerald R. Ledlow
James H. Stephens

THIRD EDITION

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Theory, Skills, and Applications

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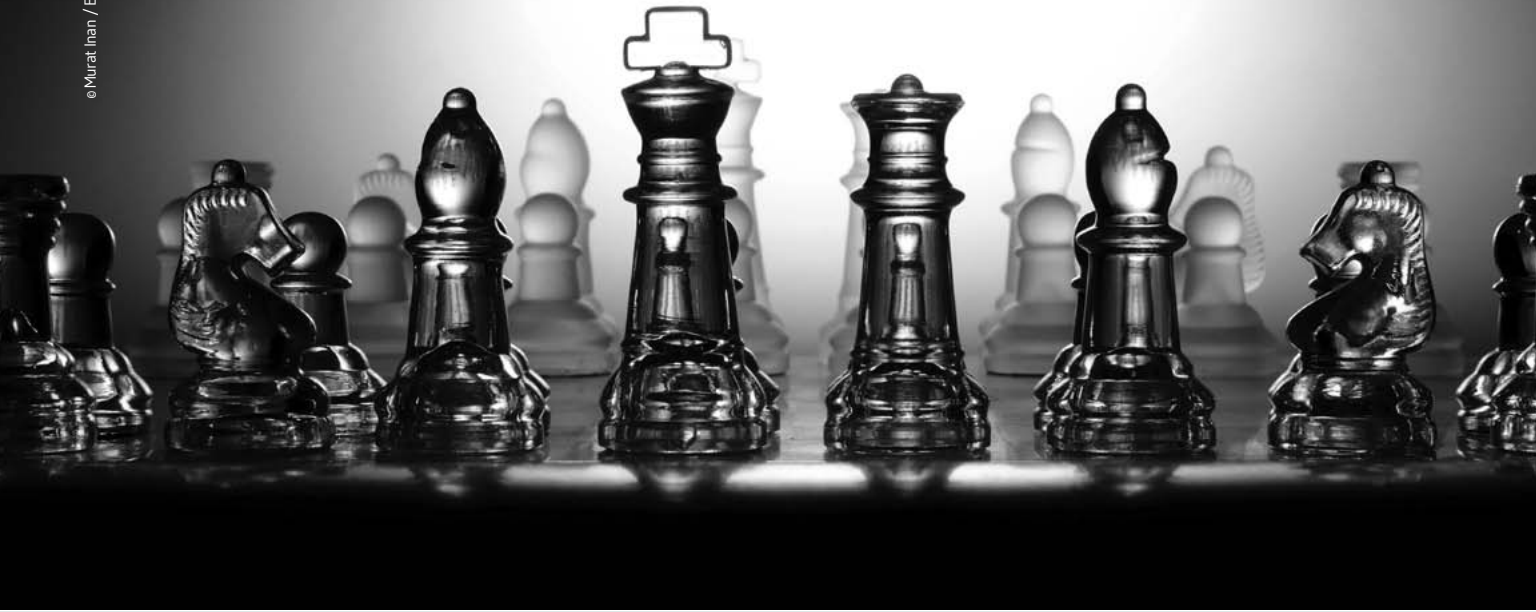
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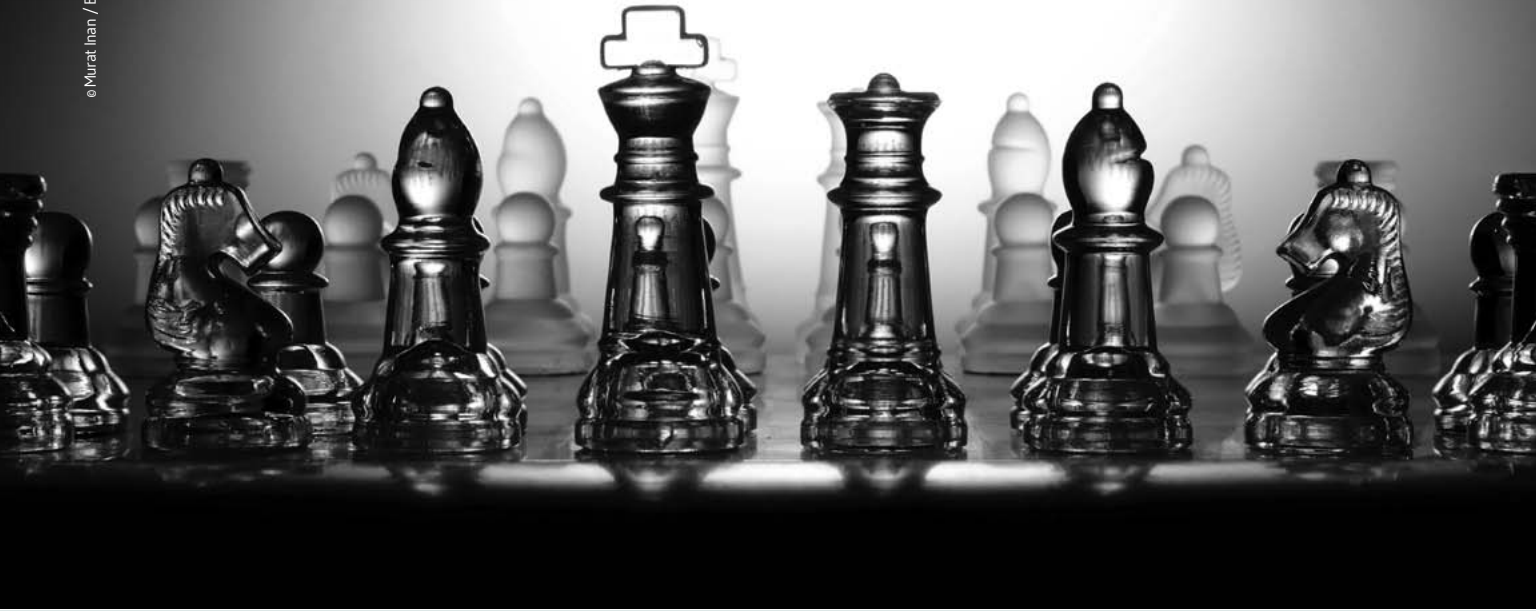
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Courtesy of Dr. M. Nicholas Coppola.

M. Nicholas Coppola, PhD, served his country as a U.S. Army Officer in the Army Medical Department as a Medical Service Corps Officer. He also served as program director for the U.S. Army-Baylor University Masters of Health Administration and the Texas Tech University Health Sciences Center Clinical Practice Management Masters programs. Dr. Coppola was well published and contributed greatly as my coauthor on the first two editions of *Leadership for Health Professionals: Theory, Skills and Applications* published by Jones & Bartlett Learning. He was also a long-time friend and father to three children. Dr. Coppola passed away on June 30, 2015. You will be missed and remembered, my friend.

Dr. Jerry Ledlow



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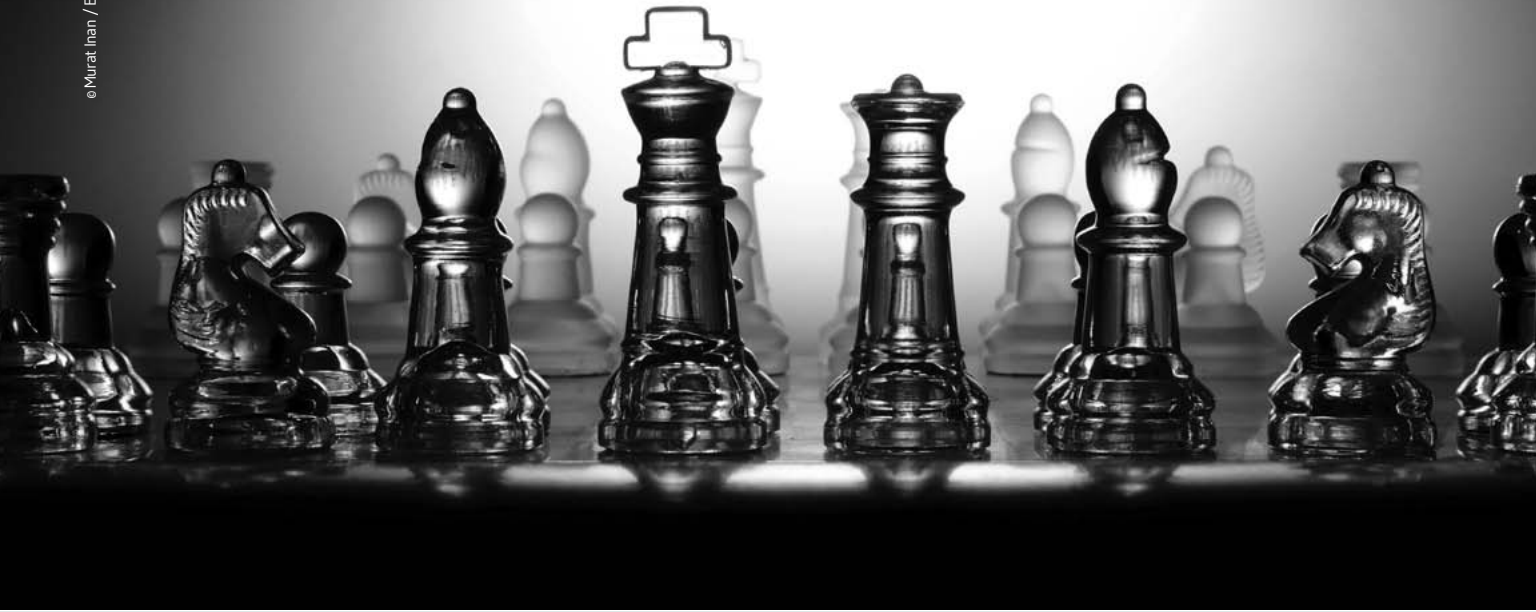
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NEW TO THE THIRD EDITION

In addition to updating each chapter with relevant examples of executive leadership, this *Third Edition* addresses important issues regarding healthcare competencies, as researched by the nation's leading professional organizations and associations in healthcare leadership and administration. All chapters also include additional emphasis on an “application to practice” framework based on evidentiary leadership outcomes. Material on leading partnerships, health information systems, supply chains, inter-professional teams, and successful governance of managerial finance and outsourcing are also introduced. Scholars and students alike will also enjoy reading contemporary material relating to new statutory and regulatory issues that health executives must navigate. Finally, new material regarding healthcare reform, value-based purchasing, leadership competency models for today's leaders, the 4Ps of Health Analytics, inter-professional teams, leadership transparency, and ethical responsibilities of leadership are presented.

CHAPTER 1

Chapter 1 includes minor updates and additional references.

CHAPTER 2

The discussion of leadership personality assessments in Chapter 2 has been revised, emphasizing application to practice. The following topics have also been added to this chapter:

- Social competence
- Leadership locus of control
- Planned behavior
- New material in the Jungian Assessments and Emotional Intelligence sections
- Minor updates and additional references

CHAPTER 3

This is an all new chapter on leadership challenges of today. It includes a macro-system health system model and corresponding leadership competency model. The previous edition's Chapter 3 on the anatomy and physiology of theory and models is included as Appendix B.

CHAPTER 4

This chapter has received high praise as an authoritative chronology of leadership. Minor additions and references have been added to the chapter.

CHAPTER 5

Chapter 5 introduces additional new material on leadership competencies and personal responsibilities in the health professions. Competency assessment tools discussed include those offered by the American College of Healthcare Executives, the Healthcare Leadership Alliance, the National Center for Healthcare Leadership, and the Association of University Programs in Health Administration. Tools for maintaining personal competence are addressed through forming relationships, networks, and alliances. Self-determination, reliance, and power are explored along with minor reference additions and updates.

CHAPTER 6

To build on material in Chapter 5, Chapter 6 has been updated to foster an application to practice framework in executive leadership development. The chapter continues to address the following with minor reference updates:

- Strategic (calculated, premeditated, and deliberate) leadership
- Situational assessment

- Environment scanning
- Competency attainment through continuing health education

CHAPTER 7

Chapter 7 includes new citations to keep the chapter relevant and up to date.

CHAPTER 8

Chapter 8 has added a model (PAARP) and discussion on Inter-professional Teams in Health Organizations. The Omnibus Leadership Model discussion has been moved to Appendix C in this edition. Additionally, new references were added.

CHAPTER 9

Chapter 9 features the CAAVE (Competitive, Avoiding, Adaptive, Vested, and Empathetic) Model as a way of exploring leading systems, transactional leadership, and leadership through the application of strategic positioning. Leading partnerships, shared services, and leveraging outsourcing success are all explored through an evidentiary and outcomes-based approach that is both practical and easy for the early careerist to understand. New references have been added to update the chapter.

CHAPTER 10

In this chapter the importance of statutory and regulatory compliance issues surrounding executive decision making are addressed through historical precedents and law. Cases associated with the False Claims Act, the Federal Medicare/Medicaid Anti-Kickback Statute, Stark Law, Health Insurance Portability and Accountability Act (HIPAA), and the Emergency Medical Treatment and Active Labor Act are new examples. Leadership decision making relating to end-of-life decisions, abortion, spiritual preferences, and euthanasia are addressed in a manner that fosters critical thinking in early careerists. Additional references have been added to the chapter.

CHAPTERS 11 AND 12

Criteria from the Baldrige National Quality Award was added to Chapter 11 in the previous edition to help support a leader's need to measure outcomes in the health profession. New citations have been added to keep the chapters relevant and up-to-date. In Chapter 12, material pertaining to chief executive officers was updated and expanded.

CHAPTER 13

A minor update of references was completed for this chapter.

CHAPTER 14

Roughly 80% of the material presented in Chapter 14 was new to the *Second Edition*. The chapter now focuses on integrated delivery and financial systems that are wedded to ancillary areas of information systems, supply chains, operations management responsibilities, and materials/logistics management. Additional references and expansion of supply chain/material management were added to the *Third Edition*.

CHAPTER 15

In the previous edition, new material on managing disruptive patient care providers was introduced in order to recognize the unique political and sensitivity issues that surround this population of employees. This chapter provides a framework suggested by The Joint Commission to

assist in developing policy for documentation and action. An update of references was completed for this edition.

CHAPTER 16

Chapter 16 is new to the *Third Edition*. This chapter was added as a mid-edition release in late 2014. It covers a leader's framework for using data, information, and knowledge, considering the dynamic changes to the health industry. The 4Ps of Health Analytics is the base model for this chapter.

CHAPTER 17

Although largely unchanged from the previous editions, Chapter 17 (which was Chapter 16 in earlier editions) includes material on a recommended mentoring philosophy for early careerists. An update of references was completed for this edition.



FOREWORD



Courtesy of General David Rubenstein.

The success of any enterprise derives from executive leaders, who entrust senior leaders, who entrust junior leaders, who, in turn, trust and empower the people who are doing the work. This truism applies to organizations of all forms and fashions.

Leading in healthcare organizations is no different, but nonetheless, it is unique. Leaders in health care deal with closely held guilds and tribes, each one based on profession-specific legal, educational, and aspirational philosophies. They stand apart while having to work together. One would think that working together would be intuitive, given the common denominator that members of these guilds and tribes share—keeping the patient before them healthy or returning them to health and supporting those providing that effort. In reality however, that teamwork and single focus require intense work, the work of leaders.

During a 35-year Army career I lived, learned, and led in a leadership environment. The military performs magnificently well at developing,

testing, and advancing leaders. Interestingly, however, the Army's definition of a leader would apply perfectly well in any civilian organization: "An Army leader is anyone who by virtue of assumed role or assigned responsibility inspires and influences people to accomplish organizational goals. Army leaders motivate people both inside and outside the chain of command to pursue actions, focus thinking, and shape decisions for the greater good of the organization."¹

The intersection of these two leadership aspects, the focus on teamwork and the need to have that person who inspires and influences the team, generates the question of how to best develop leaders. As most leaders eventually do, I have developed my own mantra that guides my leadership actions and efforts. The mantra is a simplistic 14 words long: take care of people, take care of equipment, pay attention to detail, have fun. The problem with a mantra born of experience, though, is that the thought is based on years of personal education, training, trial and error, mistakes, successes, and lessons learned. How does the developing leader best look behind the veil and discover the foundation upon which the mantra is based?

That is a question Dr. Jerry Ledlow and Dr. James Stephens tackle head on in their in-depth work. The professional and popular literature is replete with thousands upon thousands of leadership titles that compete for our attention. What makes this edition of *Leadership for Health Professionals*

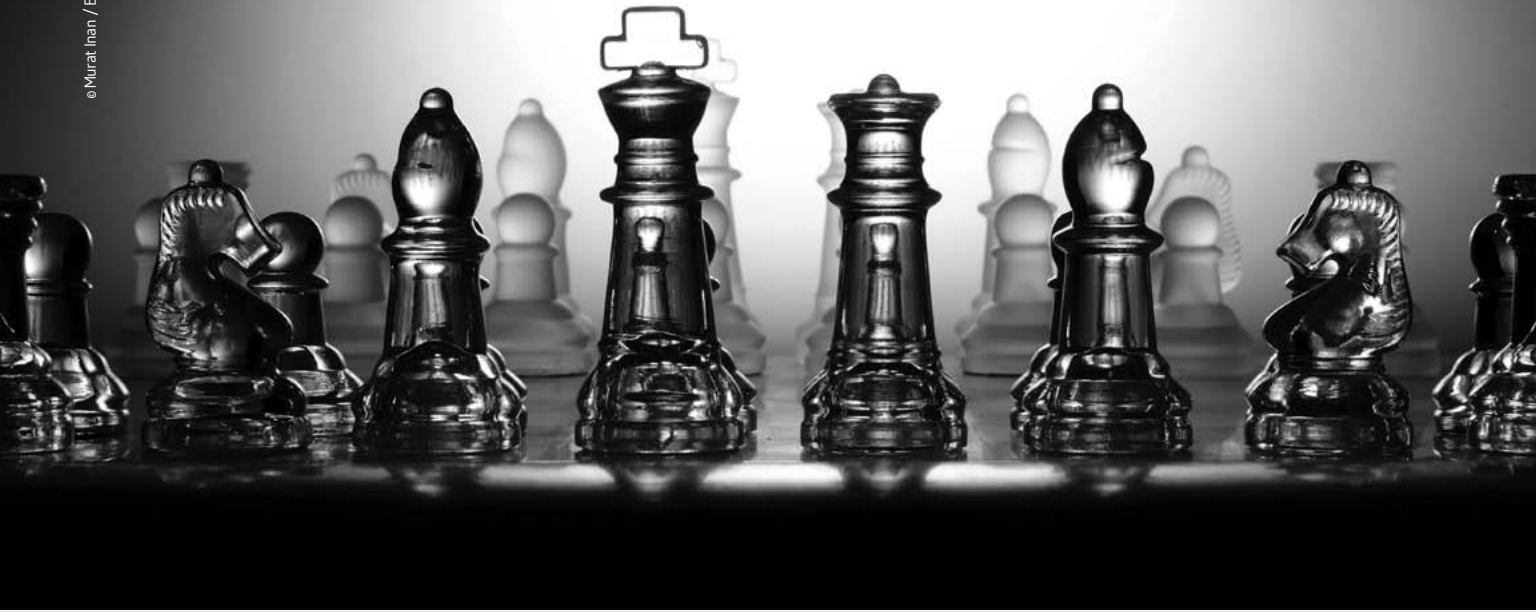
the title you want to read? This text addresses the needs of health leaders at various career stages: those in training, young leaders in the field, and more seasoned leaders who bear the scars of experience. The authors, contributors, and reviewers have fine-tuned their successful previous edition with skill and attention to detail. The reader's path travels through a rich field of empirical research, philosophical narrative, and use-today tools.

This edition will serve to meet the immediate needs of the student and also serve as a long-term reference. *Leadership for Health Professionals* is also well suited for the experienced leader who is selflessly performing within the profession and organization as a mentor and coach.

David Rubenstein, FACHE
Major General, United States Army, Retired
Clinical Associate Professor, Texas State University
Past Chairman, American College of
Healthcare Executives

REFERENCE

1. Department of the Army. *Army Leadership* (Army Doctrine Publication 6-22). 2012, 1.



A NOTE FROM THE AUTHORS

As the authors of this book, we want to thank you for purchasing and using this textbook for professional development, instruction, and education. We believe that the title of this book says it all: *Leadership for Health Professionals: Theory, Skills, and Applications*. Up to this point, there has not been a development-focused textbook, specific to health organizations and health professionals, that combines the classical knowledge of leadership theory in the literature with the time-honored best practices and outcomes associated with the skills and applications practiced by industry leaders. This is the third edition aimed at providing leadership-focused learning for health leaders. Until the publication of this book, students, educators, and professionals were placed in the position of having to buy two (or more) texts or supplement their readings with multiple journal articles to achieve the compilation of knowledge presented in these pages.

This textbook captures our collective hope of enabling and encouraging ever-improving leadership practice, continuous leadership development, and ultimately a more effective, efficient, and efficacious health industry. From our own practical experience, academic study, and facilitation of leadership instruction over the past 28 years, we fervently posit that great leadership practice is one of a few critical factors necessary to ensure quality healthcare delivery, good health status in our communities, and high levels of productivity in our society. As part of our ongoing effort to improve leadership practice, we developed this book and the associated materials for your use as a learning system.

The foundation of this health leadership learning system is informed by the following definition: **Leadership** is the *dynamic* and *active* creation and maintenance of an organizational *culture* and *strategic systems* that focus the collective energy of both *leading people* and *managing resources* toward *meeting the needs of the external environment* utilizing the most efficient, effective, and, most importantly, efficacious methods possible by moral means. As a system, the text is based on the hierarchical learning stages of Bloom's Taxonomy of the Cognitive Domain. It takes advantage of our experiences in facilitating leadership instruction to graduate students from all walks of life and with varying levels of practical health experience for more than a decade. Put simply, the material, concepts, theories, models, applications, and skills integrated within this system greatly facilitate learning. A graduate student, reviewing this work from a student's perspective, wrote the following:

As a student, I have learned that the material taught in a course is often not as valuable as the way in which it is taught. The authors have succeeded in integrating the content of leadership practice with learning how to lead in their text, *Leadership for Health Professionals: Theory, Skills, and Applications*. Students will be eager, as was I, to learn the methods employed within this rich text. The health industry is a dynamic and engaging environment where the only constant is change. This text allows the student to become engaged in the material and extrapolate the roles, obligations, and responsibilities of leaders and managers. Drs. Ledlow and [Stephens] have spent years instructing health leaders and have simplified the exercise of learning into a concise, easy-to-follow format that can be straightforwardly adapted into today's ever-changing leadership environment. The reiteration of material sets a foundation, expands upon the context, and then places the information into a health context. This repetition makes it easy to learn and maximize what a student gains from a course. This text illustrates how to address continuity and stabilization in an environment ripe with change and uncertainty.

From a content perspective, themes of leadership principles, applications, and constructs such as organizational culture, cultural competency, ethical frameworks and moral practice, scientific methodology, leader competencies, external and internal assessment and evaluation, communication, planning, decision making, employee enhancement, and knowledge management are woven through the entire text and the supplemental materials. These themes are presented in multiple contexts throughout the book and

echoed in multiple chapters. To wit, the most important constructs and concepts are presented in an early chapter, further expanded and explored in a middle chapter, and then used in context in a later chapter. The reiteration of key leader systems, actions, and behaviors provides additional opportunities for learning within a leadership course. Many times, students have not been exposed much to the material presented in a leadership course, so multiple interactions with critical content material are both efficacious and pedagogically sound. In practice, students learn more with construct and content reiteration in a time-limited semester or term.

Collectively, the authors of this book have more than 68 years of professional leadership experience that spans the continuum of health care from ambulatory clinics, to large multisite and multidisciplinary health entities, to academia. In this text, we combine our practitioner knowledge and experience and our academic experience to elucidate the competencies and learning outcomes required for graduate programs. In combining both practitioner knowledge and industry best practices in graduate education, it is our desire that you will find the studying, learning, and/or instructing of health leadership more effective, efficient, and efficacious and will enjoy a competitive advantage in your own career. It is our expectation that through studying this text, your leadership will bring about a better health organization, community, industry, and society through your application of the theories, skills, and concepts presented in this textbook.

In closing, we believe strongly that learning is a life-long process that requires continuous exposure to, thinking about, and reflection on new information that can be turned into knowledge that is "actionable" in your leadership practice. Although this book went through a rigorous peer review process, we actively encourage feedback on its content from students, educators, and professional executives in the field. If any part of this book requires additions or contains omissions, please contact us. We also encourage active contribution to this text for future editions. Should you or your colleagues desire to share for consideration any cases, models, exercises, or written text for inclusion in future editions, please do not hesitate to contact us with your ideas and suggestions. Thank you to all who have provided feedback to make this third edition more efficient, effective, and efficacious. As in the previous edition we welcome your feedback, and your contributions may be included in future versions of this text.

Thank you for allowing us to take part in your leadership development and practice!



PREFACE: THE PURPOSE OF THIS LEADERSHIP TEXT

The purpose of this text is to provide you with a foundation not only for the study of leadership practice and theory, but also for the broader concept of leading people and health organizations across multiple and interconnected disciplines. A second goal is to bridge theory and the abstract concepts of leadership with the practical or concrete operational behaviors and action of leaders. This goal is integrated with the discussion of the popular evidence-based leadership of today. We meet these goals by utilizing a four-tier strategy that walks students, early careerists, and practicing health leaders through the foundations of leadership, leadership principles and practices, the complexity of leadership in health care and finally into the world of leading people and managing resources into the future.

Although the discipline of leadership, with its myriad related topics, theories, and models, is rather large and extensive in the literature and knowledge base, the authors' perspective focuses on the most pertinent leadership content, theories, models, principles, and strategies that produce results in the health industry. The authors have put many of these theories and models into practice during the course of successful practitioner careers. Of course, the health industry differs in many ways from other services and products industries: Many times efficacy is more important than efficiency, patient outcomes are more important than profits/margin, the "rational man" theory of economics is set aside when certain injuries or illnesses invade our families such that chaos or irrational economic decisions prevail, and society holds the health industry to an extremely high standard of perfection. Moreover, health organizations are extremely complex, run continuously, and

are highly regulated and scrutinized. These realities create a distinctive leadership niche—that of the health leader. This text is intended specifically for the person filling that role.

This text combines both the scholarship of the academy of leadership and the practicalities involved in leading people and managing resources in the real world. With more than 50 years of combined experience leading people in complex organizations, the authors hope to impart that experience to the next generation of health leaders in a way that is both meaningful and useful to scholars and practicing health professionals.

People are led and resources are managed! This text has multiple objectives. It was created to provide you with an understanding of leadership principles; an ability to apply leadership principles through actions, behaviors, and processes in a dynamic world; a capacity to synthesize leadership theories and models to create a personalized leadership model; and the ability to evaluate leadership theories, models, principles, and ideas in a sound manner. Most important, the intent of this text is to develop an increasingly competent and confident cadre of leaders for the health industry so that complex health systems, population health status, and a multidisciplinary health workforce can be improved, enhanced, and strengthened to successfully overcome the significant challenges that society faces now and in the future. Six key trends in the health industry, identified in 2009, clearly highlight the need for quality, competent, and enthusiastic leadership:

1. Quality and performance reporting will shift from value-add to essential.
2. Asset rightsizing will provide new levers to fund strategic growth.
3. Departmental autonomy will fade as technology enables an enterprise view.
4. Care architecture will drive smarter facility design.
5. Effective leaders will be part policymaker, part entrepreneur.
6. Managing clinical staff will require new thinking and methods.¹

To achieve success in the health industry, an organization must demonstrate focused and intelligent effort. Leaders are the catalysts for organizational, group, and individual greatness. This text seeks to make you a better leader who can lead a group or organization to accomplish great achievements; the ultimate goal is for you to have a fulfilling health career. The authors applaud your enthusiasm to become a better leader! Wolf offers simple yet pertinent insight into the application of leadership:

- Leaders lead by example; they do not ask people to do something they would not do themselves.
- Leaders perform consistent rounding (walking the floors and engaging employees in their own work environments) and also maintain an open door policy, making the administrative offices a welcoming place to all staff.
- Employee input is sought and encouraged, both individually and through employee groups, and is supported by a non-punitive environment.²

This text serves as your road map to start your leadership journey, a multidisciplinary journey. In essence, this text is a catalyst to begin or continue your leadership development.

REFERENCES

1. Vachon, M. (2009). Six trends for your next strategy session agenda. *GE Healthcare Performance Solutions* [booklet], p. 2.
2. Wolf, J. A. (2008). Health care, heal thyself! An exploration of what drives (and sustains) high performance in organizations today. *Performance Improvement*, 47(5), 38–45. doi:10.1002/pfi.210, p. 39.



IN THIS TEXT

This text is intended to build foundational leadership knowledge and bridge the gap between theory and practice to enhance the skills and abilities of the reader and student of leadership in health organizations. The authors use “Focused Content Cycling” where concepts/topics are presented to form a foundation and then expanded upon in the following chapters and again later in the text, used in one or more contexts or situations to maximize awareness, learning, and the potential to bridge theory to practice for the reader. These goals are accomplished in the book’s four parts, each of which consists of four chapters, with Part 4 containing five chapters. In addition there are three appendices: Appendix A contains insights from health leaders; Appendix B is Chapter 3 from the first and second editions titled, “The Anatomy and Physiology of a Theory,” and it should be read prior to reading Chapter 4 of the textbook; and Appendix C is a portion of Chapter 8 from the first and second editions titled, “The Omnibus Leadership Model.” A summary of the four parts provides a good overview of the content of this textbook.

PART 1: LEADERSHIP FOUNDATIONS

Part 1 is divided into four chapters. Chapter 1 defines leadership from historical, cultural, and contemporary perspectives. Chapter 2 assesses individual leadership styles and allows the student to relate his or her style to the various leadership theories and case studies presented in the text. Chapter 3 describes the challenges of today requiring health leadership. Chapter 4 provides a classical and historical review of leadership theories as they have evolved over the last several hundred years, especially since the 1930s.

PART 2: LEADERSHIP IN PRACTICE

Part 2 focuses on leadership in action and the knowledge, skills, and abilities required of a health leader. Chapter 5 outlines the personal responsibilities leaders have to maintain relevancy in skills, tools, abilities, and education. Chapter 6 focuses on applying those skills, tools, abilities, and education to communication, planning, decision making, managing knowledge, and training. Chapter 7 provides the health leader with a road map to success in personal leadership development by using the leader “crawl–walk–run” methodology. Chapter 8 looks at some new methods in practice that help guide and hone leader skills; emphasis is placed on “leading people and managing resources” in the health organization.

PART 3: LEADERSHIP IN HEALTH ORGANIZATIONS

The third major module in this textbook focuses specifically on the complexity of health organizations. Chapter 9 begins by exploring the complex world of health and describing how leaders can identify and manage horizontal, vertical, institutional, and resource-dependent environments. It is followed by Chapter 10, which offers a sound review of ethics and morality in health and discusses a leader’s responsibility to manage and maintain an ethical framework that fosters a moral environment. Chapter 11 is

a unique chapter on measuring and defining outcomes of health leadership initiatives that apply the model building techniques discussed in Chapter 2. Part 3 concludes with Chapter 12’s special analysis of the unique and interdisciplinary roles of health leaders, focusing specifically on physicians, nurses, administrators, and department heads.

PART 4: LEADING PEOPLE AND MANAGING RESOURCES INTO THE FUTURE

Part 4 contains five (5) chapters. Chapter 13 offers suggestions for leaders in the next decade, with a specific emphasis on globalization and an understanding that many discussions in this book focus on Western philosophies of leadership; other worldviews of leadership are presented. Next, Chapter 14 impresses on the reader that healthcare systems such as the supply chain and financial areas such as revenue management must be understood, improved, and integrated into other systems for a coherent whole in the effort to lead people and manage resources in an efficient, effective, and efficacious manner. Chapter 15 outlines the responsibilities of leaders in the management of nonperforming employees. Tips, strategies, and best practices are introduced throughout this part of the textbook. Chapter 16 explores the 4Ps of Health Analytics and incorporates models from HIMSS along with the 4Ps model. The textbook closes with Chapter 17’s discussion of mentoring and succession planning.

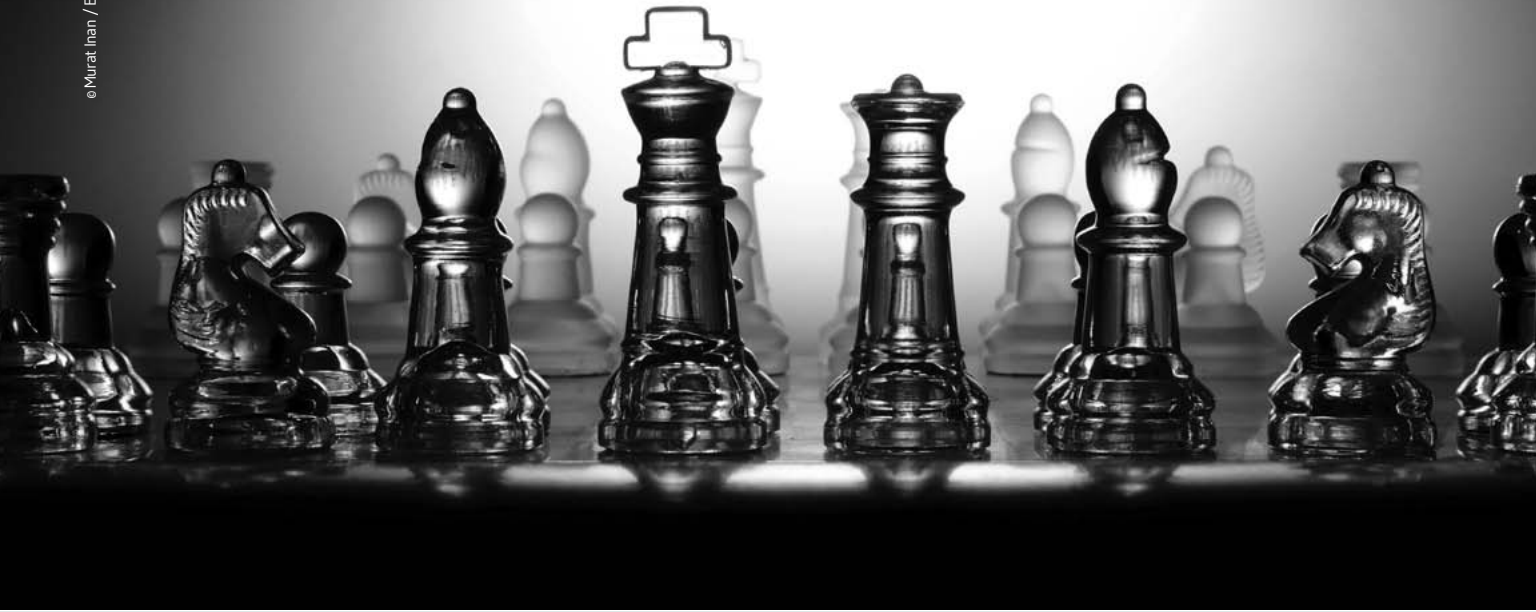
To illustrate concepts detailed throughout the book, Appendix A, describing the experiences of seven healthcare leaders, has been included.

MINI-CASES

In addition to the cases listed in the Leadership Mini-Cases table, there are 35 mini-cases that go with various chapters in the textbook. The mini-cases can be found on the publisher website.

LEADERSHIP MINI-CASES

Case	Title of Case	Textbook Chapter Link (Parts 1 and 2)	Textbook Chapter Link (Parts 3 and 4)
Stephens Case 1	Replacing the Radiology Contract	Chapters 5 and 6	Chapters 10 and 15
Bradshaw Case 1	Implementing an Information System: Electronic Health Record	Chapter 6	Chapter 12
Bradshaw Case 2	Ineffective Subordinate Leader	Chapters 2 and 5	Chapters 15 and 17
Bradshaw Case 3	Values and Vision Conflicts	Chapters 5 and 6	Chapter 10
Sack Case 1	Physician Leadership Development	Chapter 7	Chapter 12
Sack Case 2	Cultural Change	Chapter 4	Chapters 9 and 13
Smith Case 1	Evidenced-Based Leadership: A Formula for Success?	Chapters 4 and 8	Chapters 11 and 13
Smith Case 2	Ownership and Accountability Culture	Chapter 5	Chapters 9 and 13
Riley Case 1	Pharmaceutical Inconsistencies	Chapter 5	Chapters 11 and 14
Detty and Meadows Case 1	Improving Data Management Processes	Chapter 6	Chapter 14



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Gerald (Jerry) R. Ledlow, PhD, MHA, FACHE

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