INTRODUCTION

This paper explores how leadership can impact patient outcomes in healthcare settings, staff retention, and hospital expenses. We will first illustrate that leadership does in fact influence hospitals according to literature review, then illuminate conventional styles of leadership, shine a spotlight on the most effectual style observed, then finalize with a discussion on whether our findings are unique to healthcare or if they apply to most organizations in general. A further summary is provided to emphasize the core idea derived from this analysis; that change within an organization starts within the individual, and how they relate to others.

A literature review in 2018 summarized the findings of 223 different studies and drew a strong association between leadership styles and positive outcomes for healthcare organizations, staff, and patients, (Jeyaraman et al., 2018). Predominantly, good leadership increases job satisfaction for medical workers, which in turn improves outcomes for patients, which saves the organization millions of dollars annually by avoiding accidents and reducing staff turnover rates. The most important leadership skill found was communication, and leadership training seminars were substantially effective in improving competencies. In essence, communication training directly improves a hospital’s bottom line and the survival outcomes of patients by improving the relationships between leaders and staff.

Jeyaraman and their research team identified several styles of leadership within healthcare—Transformational, Effective, Authentic, Transactional, and Laissez Faire—but findings from Alilyyani, (Alilyyani, Wong, & Cummings, 2018), identified Authentic Leadership as the most positive and effective. Avolio and The Gallup Leadership Institute at the University of Nebraska-Lincoln also indicated Authentic Leadership as highly effective in organizations across other industries and explored thorough definitions of authenticity vs sincerity, (Avolio & Gardner, 2005): sincerity is the extent to which one expresses their true feelings and thoughts to others, while authenticity is acting in accordance with those thoughts, feelings, and beliefs. Aviolo portrays a leader as inauthentic when they are overly compliant to outside forces and lack strong moral values. Authentic leaders know themselves thoroughly and are true to who they are, including their faults; this self acceptance is the source of their optimism, collaboration, and decision-making. Authentic leaders establish open, transparent, trusting, and genuine relationships with those around them and expect authenticity from others, which may have a ripple effect through an organization as they serve as role models for behaviour—it seems that a key component of relating to others is relating to one’s self.

In a 75-year longitudinal study by Harvard University, Waldinger illustrated the association between high quality relationships and long term health and happiness, (Waldinger, 2015). His sentiment agrees with Jeyaraman’s literature review; the improvement of authentic relationships between leaders and staff may have a direct benefit on staff retention, and thereby patient outcomes and hospital savings, due to increased happiness and satisfaction from quality relationships. Aviolo would argue, however, that these benefits are not exclusive to the healthcare industry as all organizations improve with authentic leadership, and Waldinger would agree since an organization is defined as a group of people working toward a common purpose, and a healthcare organization is no exception; the rules of interpersonal relating are as relevant there as anywhere else

In summary, leadership and organizational design seems to impact health care across all settings by encouraging or restricting quality relationships between leaders and staff. This association can decrease staff turnover, improve patient safety, and save millions of dollars per year in hospital expenses if leaders are trained in communication skills and positive authenticity. Reasoning implies that similar benefits for cross-industry organizations may be achieved as well, though more study is recommended to explore the extent of this association.

BODY

* How does leadership and organizational design impact health care across acute and primary care settings?
  + <https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html>
  + ROI indicators & metrics
  + ROI determinants
  + ROW determinants used in evaluative instruments
* What types of leadership?
  + <https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html>
  + Authentic leadership style
    - <https://www.sciencedirect.com/science/article/abs/pii/S0020748918300804>
  + distribution of leadership styles in healthcare)
  + Transformational (29 percent)
  + Effective (20 percent)
  + Authentic (13 percent)
  + Transactional (9 percent)
  + Laissez-faire (4 percent)
* Which type is impactful, and how is it portrayed?
  + Authentic leadership style
    - <https://www.sciencedirect.com/science/article/abs/pii/S0020748918300804>
* Why (or why not) are healthcare organizations unique in leadership?
  + <https://www.sciencedirect.com/science/article/pii/S1048984305000263>

CONCLUSION

INTRODUCTION

* How does leadership and organizational design impact health care across acute and primary care settings?
* What types of leadership?
* Which type is impactful, and how is it portrayed?
* Why (or why not) are healthcare organizations unique in leadership?

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CONCLUSION

* How does leadership and organizational design impact health care across acute and primary care settings?
* 2-3 single-spaced pages submitted on Packback
* Must clearly state in the introduction of topics to answer the main question
  + Questions:

1. Some health care organizations established a dyadic leadership with one clinician and one leadership at each hierarchical tier in the organization chart. What are the types of leadership design in health care organizations?
   1. Authentic leadership style
      1. <https://www.sciencedirect.com/science/article/abs/pii/S0020748918300804>
   2. distribution of leadership styles in healthcare)
   3. Transformational (29 percent)
   4. Effective (20 percent)
   5. Authentic (13 percent)
   6. Transactional (9 percent)
   7. Laissez-faire (4 percent)
2. How is leadership portrayed in organizational design that can be viewed as impactful?
3. Why are healthcare organizations unique or not in the role of leadership?

* 3-4 journals used in the assignment
* 500-600 words
* 3+ sources
* APA reference formatting
* Assignment is easy to read, clearly states the objective, has logical flow from one idea to the next, and more detail than average to complete all the necessary requirements successfully.

SOURCES

<https://www.sciencedirect.com/science/article/pii/S1048984305000263>

<https://www.scielo.br/j/rlae/a/874h8WQ98FHQTfK4z6WCgxr/?lang=en>

<https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html>

* Beneficial leader traits
  + Optimism
  + Transparency
  + High ethical standards
  + Ability to inspire and motivate followers
* (Objective 1) ROI indicators and metrics associated with leader quality / style
  + Common reports on (percentages are proportion of papers written and analyzed, not distribution of leadership styles in healthcare)
    - Transformational (29 percent)
    - Effective (20 percent)
    - Authentic (13 percent)
    - Transactional (9 percent)
    - Laissez-faire (4 percent)
  + Health-care outcomes associated with leadership quality/style (most prevalent)
    - Patient-oriented
      * **Patient satisfaction**
      * **Patient adverse events**
      * Patient mortality
      * Infection rates
    - staff -oriented
      * **Job satisfaction**
      * **Turnover intention**
      * **Burn-out**
      * Organizational commitment
      * Work effectiveness
      * Effective team work
    - Organizational outcomes
      * **Patient care quality**
      * **Patient safety**
      * Work and safety climate
      * Reduction in medical errors
      * Organizational productivity and effectiveness
      * Patient complaints
    - Outcomes associated with leadership quality/style (provincial)
      * **Job satisfaction**
      * **Burn-out**
      * Staff turnover intention
      * Patient care quality
      * Cynicism
      * Workplace bullying
      * Organizational commitment
      * Inter-professional collaboration
      * Work engagement
      * Job performance
      * Patient satisfaction
      * Patient safety
      * Changes to built environment (staff, structure, strategy)
      * Inter-agency and cross-sector collaborations
    - Outcomes associated with leadership quality/style (national)
      * **Patient complaints**
      * **Staff turnover intention**
      * Staff absenteeism
      * Patient satisfaction
      * Job satisfaction
      * Organizational performance
      * Number of drug errors and degree of their severity
      * Commission for health improvement star rating
      * Clinical governance review rating
      * Perceived quality of care
* (Objective 2) ROI determinants associated with leadership development programs
  + Studies obtained breakdown:
    - Pre-post study designs (70 percent)
    - USA (60 percet)
    - Frontline (39 percent)
    - Nurse (49 percent)
      * Usually for the purpose of individual competencies development (52 percent)
      * From individual and organizational development (44 percent)
  + Outcomes associated with leader development programs
    - Patient
      * **Patient satisfaction**
    - Staff
      * **Job satisfaction**
      * **Staff turnover rate**
    - Org
      * **Organizational change**
      * Hospital length of stay
      * Nurse satisfaction
      * Patient complaints
* Health-care outcomes reported by leadership development programs
  + Impact of development programs on skills
    - **Leadership competencies / skill**
  + The impact of those skills
    - **Improved communication**
    - Increased creased self-awareness
    - Improved personal qualities
* (objective 3) ROI determinants (indicators and metrics) used in evaluative instruments
  + Measurements of impact on interventions on health-care organization
    - A mean reduction of 20 minutes from emergency department arrival to initial nurse assessment
    - Decreased wait times, decreased patient length of stay, improved operating room usage, more radiology procedures per time period, better infection control outcomes
    - Mean time to documented resolution of diabetic patients
    - Prevented leaders from resigning their positions
    - Saves organization money lost from turnover
      * <https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html#ref023>
        + Cost of training 64 individuals: $85,000
        + Average salary of a director: $90,000
        + “The cost of the coaching would be budget neutral if only 1 director was retained as a result of the coaching”
        + A minimum of 4 clinical leaders stated unequivocally that their engagement in the professional coaching prevented them from resigning their positions
      * <https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html#ref018>
        + Fall rate reduction from 6.45 to 3.8 per 1000 patient days $67,749 (30% of injury rate)
        + Pressure ulcer rate reduction from 1.62 to 1.12 per 1000 patient days $115,720; patient satisfaction improvement priceless
      * <https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html#ref030>
        + For a $14,000 investment, the hospital would save $36,000 translating to an ROI of 257%
      * <https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html#ref026>
        + Between 2010-2013, 3000 employees across 12 areas were trained at an estimated cost of $3,557,000. Adverse events avoided: 759. Savings: $11,285,300 to $24,634,140 + $4,971,700 for performance bonuses: $12,700,000 to $26048,840 total
      * <https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html#ref031>
        + Turnover rate prior to intervention was 23%: was reduced to 13% in first year. Savings: $585,000 per year using Jones and Gate methods. Additionally, no program particimants left their positions while in the program or at 6 months post-program: 0% turnover for participants.
      * <https://www.emerald.com/insight/content/doi/10.1108/LHS-02-2017-0005/full/html#ref020>
        + Prevented more than 24 RNs from leaving, with a cost savings of $2.5m using $100,000 per RN replacement charge
* Questions:
  + What makes for effective communication for leaders?
  + How do you hire effective leaders?

AUTHENTIC LEADERSHIP

* <https://www.sciencedirect.com/science/article/pii/S1048984305000263>
* “To thine own self be true” — Greek philosophy
* Self actualized persons; individuals whare are “in tune” with their basic nature and clearly and accurately see themselves and their lives. Because fully functioning persons are unencumbered by others’ expectations for them, they can moke more sound personal choices.
  + Maslow: self-actualizing people have strong ethical convictions
* NOT TO CONFUSE euthenticity with sincerity (erickson, 1995)
  + <https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib35>
* sincerity refers to the extent to which one's outward expression of feelings and thoughts are aligned with the reality experienced by the self.
  + Sincerity and Authenticity (1972, p. 4), Linonel Trilling
* he term authenticity as used here refers to “owning one's personal experiences, be they thoughts, emotions, needs, wants, preferences, or beliefs, processes captured by the injunction to ‘know oneself’” and “further implies that **one acts in accord with the true self, expressing oneself in ways that are consistent with inner thoughts and feelings”** (Harter, 2002, p. 382).
  + <https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib50>
* That is, in contrast to sincerity, authenticity does not involve any explicit consideration of “others”; instead, the authentic self is seen as “existing wholly by the laws of its own being” (Erickson, 1995, p. 125)
* the self operates as a social force in its own right that is actively involved in the social construction of reality, rather than a mere reflection of that reality (Hewitt, 1989)
* inauthenticity, which he viewed as an excessive plasticity on the part of an actor (leader) seeking to comply with perceived demands arising from public roles. Seeman (1960)
  + <https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib92>
  + **They define a leader as being inauthentic when he or she is overly compliant with stereotypes and demands related to the leader role.**
* define authentic leaders as “those who are deeply aware of how they think and behave and are perceived by others as being aware of their own and others' values/moral perspectives, knowledge, and strengths; aware of the context in which they operate; and who are confident, hopeful, optimistic, resilient, and of high moral character” (as cited in Avolio, Gardner et al., 2004).
  + <https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib7>
* **greater self-awareness and self-regulated positive behaviors on the part of leaders and associates, fostering positive self-development.”**
* In our lead article we narrow our focus to zero in on the self-awareness and self-regulatory processes whereby leaders and followers achieve authenticity and authentic relationships (Gardner et al., 2005),
* **(1) rather than faking their leadership, authentic leaders are true to themselves (rather than conforming to the expectations of others); (2) authentic leaders are motivated by personal convictions, rather than to attain status, honors, or other personal benefits; (3) “authentic leaders are originals, not copies” (pp. xx); that is, they lead from their own personal point of view; and (4) the actions of authentic leaders are based on their personal values and convictions. Shamir and Eilam (2005)**
  + <https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib97>
* “followers who follow leaders for authentic reasons and have an authentic relationship with the leader” (p. x). In the Gardner et al. (2005)
* **authentic leadership development involves ongoing processes whereby leaders and followers gain self-awareness and establish open, transparent, trusting and genuine relationships, which in part may be shaped and impacted by planned interventions such as training (Avolio, 2005).**
  + <https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib6>
* **One of the central premises of ALD is that both leaders and followers are developed over time as the relationship between them becomes more authentic (Gardner et al., 2005). As followers internalize values and beliefs espoused by the leader their conception of what constitutes their actual and possible selves are expected to change and develop over time. As followers come to know who they are, they in turn will be more transparent with the leader, who in turn will benefit in terms of his or her own development.**
  + <https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib41>
  + **is that the leader may not actively set out to transform the follower into a leader, but may do so simply by being role model for followers. Moreover, we view the developmental process here as being much more relational, where both follower and leader are shaped in their respective development.**
* **To further differentiate authentic from transformational leadership, it should be noted that transformational leaders have indeed been described as being optimistic, hopeful, developmentally-oriented and of high moral character (Bass, 1998), all of which would also be manifestations of authentic leadership. Once again, to be viewed as transformational by both the definitions of Bass' (1985) and Burns' (1978) necessitates that a leader be authentic; importantly, however, being an authentic leader does not necessarily mean that the leader is transformational. For example, authentic leaders may or may not be actively or proactively focused on developing followers into leaders, even though they have a positive impact on them via role modeling.** 
  + Accompanying the basic meaning of authentic leadership outlined above is the notion that the leaders' espoused values/beliefs and their actions become aligned over time and across varying situational challenges.
  + **For example, authentic leaders' confidence, hope and optimism stems from their strong beliefs in themselves, in their positive psychological capital (e.g., Luthans et al., 2004, Luthans & Youssef, 2004)**
    - [**https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib70**](https://www.sciencedirect.com/science/article/pii/S1048984305000263#bib70)
* **Such leaders also recognize that they have weaknesses, which they work to accommodate by surrounding themselves with extremely capable followers and building an inclusive and engaged positive organizational context.** Such contexts support followers for being actively involved in performing their job roles and responsibilities, as well as in contributing to the leader's own development.

Authentic Leadership in Healthcare

<https://www.sciencedirect.com/science/article/abs/pii/S0020748918300804>