

# Discussion 1: Leadership Theories in Practice

A walk through the Business section of any bookstore or a quick Internet search on the topic will reveal a seemingly endless supply of writings on leadership. Formal research literature is also teeming with volumes on the subject.

However, your own observation and experiences may suggest these theories are not always so easily found in practice. Not that the potential isn't there; current evidence suggests that leadership factors such as emotional intelligence and transformational leadership behaviors, for example, can be highly effective for leading nurses and organizations.

Yet, how well are these theories put to practice? In this Discussion, you will examine formal leadership theories. You will compare these theories to behaviors you have observed firsthand and discuss their effectiveness in impacting your organization.

## To Prepare:

- Review the Resources and examine the leadership theories and behaviors introduced.
- Identify two to three scholarly resources, in addition to this Module's readings, that evaluate the impact of leadership behaviors in creating healthy work environments.
- Reflect on the leadership behaviors presented in the three resources that you selected for review.

## By Day 3 of Week 4

**Post** two key insights you had from the scholarly resources you selected. Describe a leader whom you have seen use such behaviors and skills, or a situation where you have seen these behaviors and skills used in practice. Be specific and provide examples. Then, explain to what extent these skills were effective and how their practice impacted the workplace.

## By Day 6 of Week 4

**Respond** to at least **two** of your colleagues **on two different days** by explaining how the leadership skills they described may impact your organization or your personal leadership, or by identifying challenges you see in applying the skills described.

Use at least 3 School Resources to be used : Please integrate the attached resources with the three scholarly resources picked by you. For the resources just copy and paste on browser the last one is a video but I picked up the narrative.

Accessible player

Moore Foundation. (n.d.). *Nurses share lessons in leadership*. Retrieved from [https://www.youtube.com/playlist?list=PLopRJPO6GaifsYPGP\\_jcWXZzU10H3AaX7](https://www.youtube.com/playlist?list=PLopRJPO6GaifsYPGP_jcWXZzU10H3AaX7)

[https://www.youtube.com/playlist?list=PLopRJPO6GaifsYPGP\\_jcWXZzU10H3AaX7](https://www.youtube.com/playlist?list=PLopRJPO6GaifsYPGP_jcWXZzU10H3AaX7)

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-0891-3>

[Duggan, K., Aisaka, K., Tabak, R. G., Smith, C., Erwin, P., & Brownson, R. C. \(2015\). Implementing administrative evidence-based practices: Lessons from the field in six local health departments across the United States. \*BMC Health Services Research\*, 15\(1\). doi:10.1186/s12913-015-0891-3. Retrieved from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-0891-3>](https://doi.org/10.1186/s12913-015-0891-3)

## Lead

Laureate Education (Producer). (2014). *Leadership* [Video file]. Baltimore, MD: Author.ership Program Transcript

KEN SAMET: I'm convinced it's about communication, it's about respect, it's about integrity, it's about actually getting people follow you to a place that they wouldn't ordinarily go. That's leadership. DAVID

B. NASH: I think leaders, good leaders, have a couple of qualifications. They have emotional intelligence. They know where they've been. They know where they're going. They're comfortable in their own skin.

NARRATOR: In this program, our experts discuss successful leadership in health care and explain how individuals can hone this essential skill set. [MUSIC PLAYING] KEN SAMET: I think leadership is important in every field and every organization, but especially true in health care, because health care is a people business. And there are so many different kinds of individuals, different skill sets, different functional responsibilities, that all come together, if it's done right, to take care of that patient. And it's only leadership that can actually bring all the pieces together in a way that feels seamless to the patient. For anyone entering the health care management world, I think that you have to have a passion. You have to want to lead people. You are hopefully creating an environment through your ability to communicate, to contribute, that will have all different types of individuals, different skill sets, different functional responsibilities come together to drive your organization forward. It's all about leadership.

DON ARTHUR: Certainly, there are some people who just have such internal charisma that you want to follow them. But those people are rare. I think the best leaders are people who know what they're doing. They're experts in their profession. They see things that need to be changed. And they are willing to stand up, get out front, and say, something needs to be changed. Let's try this, or let's try that. You don't have to have a lot of charisma. You have to have a lot of energy and a lot of direction and be focused on the mission.

CECELIA K. WOODEN: So when we consider leaders, there are formal leaders that have a title, a position, a rank in the organization. And that's often called positional power. And there are informal leaders that, because of their charisma, because of their willingness to help others be successful, because of the vision that they see for their unit or their part of the

organization, they can be perceived as a leader and have a significant influence, even though they may not have the title or the rank. That's called personal power.

LOUIS RUBINO: There are certain talents as a leader that include things like setting a direction and strategy formulation, having a vision, being a spokesperson, being able to set goals for the future. These are all important aspects of being a leader no matter what discipline or whatever level of the organization you are. But we also need managers, people that are using the management processes of staffing, controlling, budgeting. These are essential components in order to keep the business going and maintained. So it's a combination of leaders and managers and followers that have to work together for success. I believe that leaders can be taught. But through that process, I think people need to recognize what talents they have and then decide if they're better served as a manager rather than a leader. Personal assessments can be very useful for people to see where they're at at a place in time. And they change over time. Myers Briggs is the classic example that you take at one point. And you might have a different classification at a different point of your life. It's important to understand what are your competencies and what your skills and talents are in order to see how that could best be served in the organization. So leaders today need to self-reflect on how they're feeling and what's important to them and to capture that as they're doing their daily jobs in order to come out of it fulfilled and feeling that their needs are being met.

CECELIA K. WOODEN: There are a number of leadership styles. And when I say "leadership styles," that's usually defined by the behavior you demonstrate in managing an individual's task and in managing the relationship with the individual. One of the learning tools that can be so helpful in developing an understanding of oneself is to use a series of assessments, to use the tools available to collect quantitative data and qualitative data about one's leadership styles, one's preference for dealing with the world. My favorite leadership style is a coaching style, which means I'm working shoulder to shoulder with an individual, guiding them, giving them some freedom, some latitude to make some decisions. But I'm right there, side by side. That would work very well if I were working with an individual that has a certain amount of skill and is coming along in their skill and has a very good level of motivation. That coaching style that I'm so comfortable with would be a disaster with somebody who's very experienced and perfectly capable of working on their own. They need a beginning, they need a goal, and they need to know when it's done. And then let them go. Under those circumstances, I would need to deploy a delegating style for them, because that would be the most efficient and effective way of bringing success to them and the outcome that we both want. So it is a matter of diagnosing the situation and diagnosing the individual's needs and matching your leadership style to the individual.

KEVIN F. SMITH: I think it's important in health care, and nowadays even more so than ever, to develop along the way an appreciation for ambiguity, that the longer one goes through their career and the more responsibilities they pick up, the less black and white the world will seem to be. Early on in your career, tasks tend to be more defined. Outcomes and outputs tend to be a little bit more defined. As time goes on and one becomes a little less do oriented and more change process oriented and relationship oriented as leadership responsibilities increase, the degree of ambiguity that I think you're asked to accept and tolerate and appreciate becomes greater and greater. So the ability to live in that vast gray area between the very rare instances of black and white, I think, is a key skill for people to develop and to become comfortable with.

DAVID B. NASH: I think leaders, good leaders, have a couple of qualifications. They have emotional intelligence. They know where they've been. They know where they're going. They're comfortable in their own skin. I think good leaders are not arrogant. They are servant leaders. They want to bring the best they can out of the people that are working with them. Good leaders recognize that the way to get the most from people is to give them the tools so they'll be successful.

GERALD GREELEY: Physicians certainly are independent-minded people. Even those in a big group or those in a hospital kind of a setting, they're still independent practitioners. They make the decision at the bedside that's going to affect the patient's life. They need to be able to do that. We can't be inserting ourselves there. But we need to try to make things work around them. So I think, from a leadership challenge, that really is the key is to prove that we know what it is that they do, prove that what we are planning and putting in place is really going to help them. LOUIS RUBINO: A leader needs to be able to direct these highly skilled workers without telling them what to do or how to do it, because we do not have that knowledge, usually. So it's different than in other organizations that people aren't trained in this way that's highly specialized. So I think it's a very unique setting for health care, especially dealing with physicians that are not necessarily employees of the hospital and having to be able to understand their perspective and their needs, how they might have concern for the internal organization, but also concern for their own practice and their own patients. And bringing them into the organization and including them into the input is very important in order to get their buy-in and get their ability to help serve the organization.

KEN SAMET: One part of being a leader is that you have to make hard decisions, because somebody has to, because you have to make certain that the organization continues to be viable and thrive over the long term on the business side. But if you have credibility earned every day, most people will understand, again, there's a difference between understanding and liking. I don't like making some of the decisions I've had to make in my career. I've seen that through my career in union negotiations, difficult collective bargaining agreement negotiations. But we had a basic trust and confidence with both the leadership of the bargaining unit and the employees in that unit so that you could have a real discussion around an issue. You could even have an honest disagreement about what one side wanted or the other. But we never tore the whole organization apart. It never became personal, because people had confidence that there were two legitimate points of view. And some of this can sound soft. I contend that it is part of the very fiber of what makes a great health care leader.

DAVID B. NASH: I think leadership is a never-ending crusade, if you would, something that you can always improve, always get more training, do more reading, understand and appreciate the research behind leadership. It's trainable, it's testable, it's improvable all throughout anybody's career.

KEN SAMET: I'm convinced it's about communication. It's about respect. It's about integrity. It's about actually getting people to follow you to a place that they wouldn't ordinarily go. That's leadership.