

PHC 6102, Principles of Health Policy & Management Healthcare Leadership

Presentation Contains 20 Slides

1. Hello and welcome to “Healthcare Leadership.” The content for this lecture is taken, among other cited sources, from Public Health Administration by Lloyd F. Novick, et al., chapter 3, “Organization of the Public Health System,” and chapter 10, “Leadership for Public Health.”
2. The objectives of this lecture are:
 - Distinguish leadership from management
 - Identify needed skills for successful leadership
 - Recognize a distinct set of competencies of a public health leader
 - Discriminate between transactional and transformative leadership
 - Identify the skills needed to build public health partnerships
3. Leadership is an influence process that facilitates the movement of a group of people toward a common goal. The concept of leadership is complex. Leadership is a combination of inherited traits (nature) and learned skills (nurture). Effective leaders tend to have certain traits and skills. Leadership development is a long-term and incremental process. Different people will succeed in different organizations and under different conditions; it’s situational. In this lecture, we will learn some basics about leadership, but also the competencies a public health leader needs to be successful.
4. These are the skills and behaviors that can be employed to have a greater impact on leadership performance. Familiarize yourself with these terms on your own. Some of the skills I think are important for public health leadership are the ability to communicate effectively in crisis and high-risk situations, negotiate relationships with partners and stakeholders, and the self-awareness to act upon personal leadership strengths and weaknesses.
5. Management guru, Peter Drucker, once remarked that “management is doing things right; leadership is doing the right things.” Leadership & management are certainly not synonyms. There are many different roles for managers, and leadership is one of them. Another way to say it is that leadership is the way that managers get things done. The distinction between management and leadership will be highlighted when Transactional vs. Transformative leadership is presented later this lecture.
6. The Institute of Medicine report *The Future of Public Health* called for improved quality and competitiveness of the public health workforce has led to increased demands for educational and practice standards, particularly in developing leaders. To address this, the National Public Health Leadership Development Network (NLN), a consortium of institutes providing a system for leadership development, developed a Leadership Competency Framework to include four main areas: 1. transformation, 2. legislation and politics, 3. transorganization, and 4. team and group dynamics. I will briefly present information on each of these competency areas in the slides that follow.
7. Transformational leadership is a necessary, but not sufficient competency of a leader. To succeed as a public health leader, one must possess analytical and critical thinking skills, be able to conceive of visions for potential futures, engage in strategic and tactical assessment, and

articulate change dynamics. The transformational area encompasses universal “change agent” competencies necessary for effective performance of the next three competency areas.

8. Public health leaders are heavily affected by politics and legislation at the local, state and national level. Therefore, public health requires leaders to have the competence operate in a highly competitive and contentious political environment. To be successful as a leader, one must: identify and communicate political processes at federal, state, and local levels; relate policy alternatives to selected health problems; translate policy decisions into action (such as, organizational structure or particular program/service offerings); and identify key stakeholders and resources to react to political externalities.
9. The complexity of major public health problems extends beyond the scope of any single entity. Transorganizational competencies require a public health leader to be effective beyond their organizational boundaries. They must facilitate participation in goal achievement from all stakeholders, including legislators, community groups, media, scientists, and charitable funding organizations.
10. Finally, the last area of National Public Health Leadership Development Network core competencies is the ability to work with teams and groups. This includes the skills to build team capacity to meet organizational goals, to develop and implement evaluation systems, to create incentives and reward and celebrate accomplishments, clarify and establish team member roles and responsibilities, and to utilize negotiation skills resolve conflicts.
11. Above, I contrasted leadership and management. The next group of slides will describe, in more detail, the concept of transformational leadership. According to the Novick text, “Through transformational leadership, new rules are created to optimize the system using an interdependent structure and orientations are proposed to create extraordinary results.” Management, in contrast, is viewed as transactional in nature.
12. Transactional leadership produces ordinary results even though it requires hard work, intelligence and good-will from the leader. The leader works to maintain status quo, and focuses on solving problems. The work by employees is exchanged for rewards. The leader views their job as enabling processes, ideas, and people to produce results.
13. Transformational leadership, however, produces extraordinary results. It requires genius and heroism. A transformational leader changes the status quo by changing rules. They emphasize innovation and creativity, develop new approaches and solutions, and focus on innovation. It takes a special leader to create a shared vision and truly inspire and motivate followers.
14. Above, I mentioned that different leadership styles were called for in different organizations and under different conditions. There is research theory called situational leadership style. This figure presents Blanchard’s Situational Leadership model which translates the four main skills into four behaviors or orientations of leaders towards followers: Directing, Coaching, Supporting, and Delegating. Applying this theory to public health leadership, one would suspect that delegation of responsibility to the organization’s workforce is a commonly employed style. However, situations may arise where a public health leader must exert directing behaviors, particularly when unpopular decisions must be made and enforced. If a public health leader relies on a portfolio of leadership skills to suit different situations, it is imperative that the leader knows when and where to use them.
15. There are other ways to characterize leadership styles. We have the Autocratic style which is Authoritarian; there is the Democratic style which is Participative; and there is a Laissez- faire

style which is kind of a do-as-they-wish-approach to leadership (they in this case meaning the employees – subordinates). These leadership styles and capacities are important to understand.

16. This slide shows a continuum of styles and capacity for leadership. This slide on the left vertical axis shows the required capacity for direction setting and learning which ranges from low to high. On the bottom horizontal axis is the degree of active involvement by the leader which also ranges from low to high. We see that as active involvement by the leader increases we move up from telling and selling to consulting and then to co-creating.

So, as the capacity for leadership among staff increases, we are able to move up in leadership style from telling and selling to consulting and then to co-creating. Also, notice as we move up on this continuum from telling and selling to consulting there is less dependence on the manager's leadership. Then as we move on to co-creating there is even less dependence on the manager's leadership. The manager (leader) is actively involved as an integral part of the organization with the employees, so there is now less dependence on the manager because there is more involvement by the leader.

17. The ability of a public health leader to develop partnerships is critical in the achievement of organizational goals. In fact, the Institute of Medicine's [Healthy People 2010](#) report promotes a leadership role for state and local health departments in collaborating with partners. Also, "mobilizing community partnerships" is one of the essential public health services defined by the Institute of Medicine, in their 1996 publication, "Healthy communities: new partnerships for the future of public health." The use of partnership strategies is a key indicator of performance in the [National Public Health Performance Standards Program](#).
18. An important leadership skill is the selection of the right partner organization. So who are the potential partners for leaders of public health organizations? Other state agencies, such as other levels of public health agencies, local agencies in other jurisdictions, or Medicaid agencies, can be partners. Also, hospitals and health systems, ambulatory care providers, and Community Health Centers can provide complimentary services for local health departments. Also, managed care plans, who have a responsibility to enable immunizations of their members, may want to partner with local public health agencies. Also, non-profit agencies, such as American Cancer Society, or charitable organizations, such as the Robert Wood Johnson Foundation, may be a partner in funding local health department programs. Finally, universities may make excellent partners for health departments in the form of technical assistance, community health planning, and training of agency workforce.
19. Once a partner has been selected, there are key phases to implementation, according to Child, Faulkner, and Tallman (2005). The three phases of successful partnership implementation, according to the authors, include 1) develop a vision and nurture sense of equality, 2) identify champions in the organization, 3) sustain partnership through commitment of leaders in organization. All of these phases require leadership skills to make the partnership successful.
20. The following questions are some that you will be expected to know:
 1. What are the essential skills of public health leadership?
 2. What is the difference between leadership and management?
 3. What is transformational leadership?
 4. Does a situation make a difference to a leadership style? Why?
 5. Identify the leadership traits or skills necessary for creating successful partnerships.

This concludes the lecture on Healthcare Leadership. Thank you for watching and listening.