CHAPTER 2

Leadership Styles and Practices

> But leadership in public health involves more than individual leaders or individuals in leadership positions. Public health is intimately involved in leadership as an agent of social change by identifying health problems and risks and stimulating actions toward their elimination.
>
> —B. J. Turnock, *Public Health*

This chapter begins by examining several styles of leadership. Leadership style generally refers to the way a leader provides direction to his or her organization, how plans and programs get implemented, and how staff are motivated to do their work. The first model describes McGregor's distinction between two main leadership styles, referred to as Theory X and Theory Y. It then discusses another way of categorizing leadership styles, based on the Leadership Grid, and explores the view that a leader needs to use different styles in different situations. The next section of the chapter is devoted to an account of the characteristics that a leader must possess in order to lead effectively. The last section presents a discussion on the importance of talent as a critical component in leadership.

LEADERSHIP STYLES

Theory X and Theory Y

In a classic study, McGregor discussed two leadership styles, Theory X and Theory Y, which are appropriate for different types of organizations.[1] Theory X is more suitable for an organization in which the employees do not like their work situation and will avoid work whenever possible. In this case, the employees have to be forced, controlled, or reprimanded in order for the organization to meet its goals and objectives. The employees are looking for control because they are not willing to guide the work process themselves. The thing they are most interested in is security.

McGregor noted that a situation in which employees are unhappy and need to be controlled will push leaders toward an autocratic style of leadership. Theory X represents a mainly negative approach to leadership. I had dinner with a local public health administrator at an American Public Health Association annual meeting several years ago. During the discussion, the question of why this administrator did not send any of his staff

to a leadership program was raised. His answer—that he was the leader and his staff did not need leadership development—exemplifies the Theory X style of leadership.

Theory Y is appropriate for an organization in which the employees like their jobs and feel that their work is natural and restful. Furthermore, because they accept the goals and objectives of the organization, they tend to be self-directed and even to seek higher levels of responsibility. Finally, decision making occurs at all levels of the organization. Theory Y is essentially a democratic form of leadership. A public health administrator who had completed a state public health leadership program decided that he had benefited greatly from the training. Over the following five years, he sent most of his executive staff to the program to develop their leadership skills. After 10 years passed, this director began to send his new staff through the same leadership development program. His actions exemplify the Theory Y style of leadership. His successor was an individual whom he had sent to the leadership development program. The new director continues the practice of sending her staff through the leadership program. Exercise 2-1 is intended to help elucidate the difference between Theory X and Theory Y.

In the context of today, Theory X has more commonly been referred to as the "command and control" form of leadership. In the emergency preparedness area, the leader of the Incident Command Structure tends to be seen as this type of leader and also as more of a manager than a leader. Theory Y leaders are seen as democratic or collaborative and empower their staffs to take similar approaches to problem solving.

Managerial Grid

Blake and Moulton adapted the Managerial Grid, a tool devised by Blake and his colleagues, to form the Leadership Grid (**Figure 2-1**).[2] There are 81 positions on the grid and five different leadership styles. The vertical

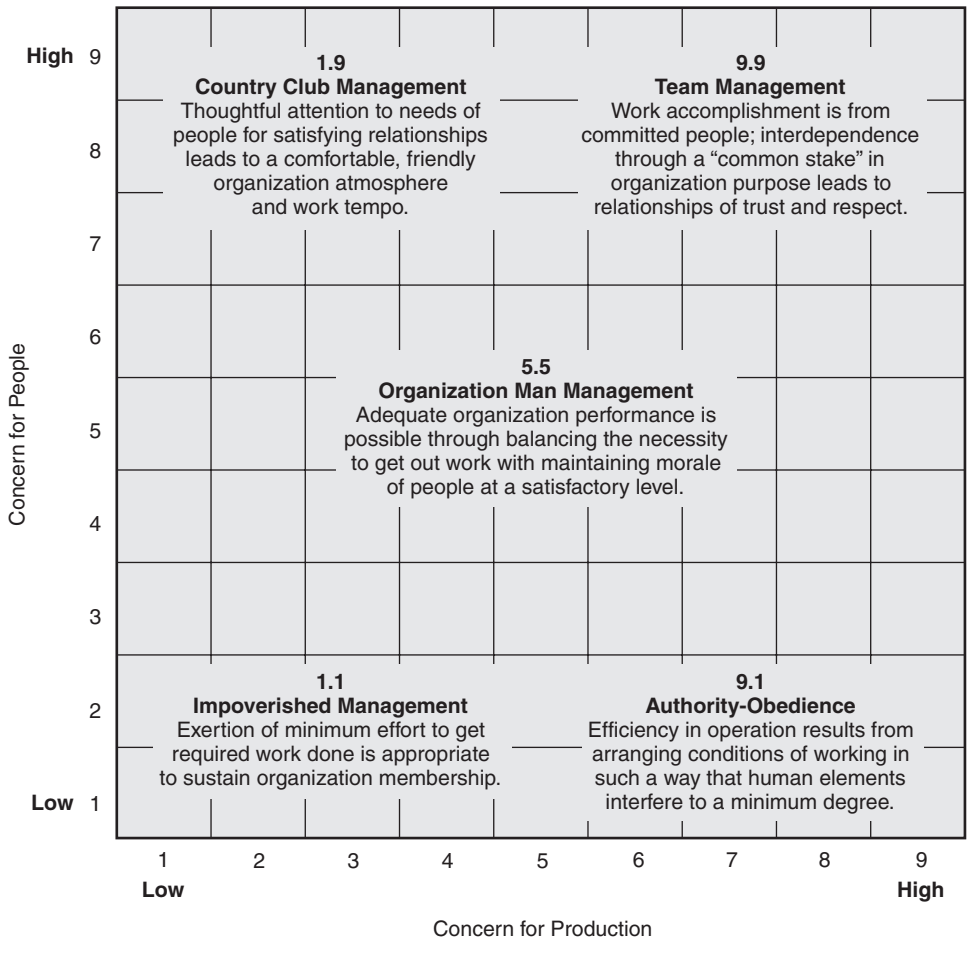

FIGURE 2-1 The Leadership Grid®. *Source*: Blake, R., Moulton, J. (1964). *The Managerial Grid: The Key to Leadership Excellence*. Gulf Publishing Company.

axis represents concern for people, and the horizontal axis represents concern for production (task-oriented behaviors). The location of each style on the grid is determined by where the style falls with respect to the two dimensions. For example, the *country club management* approach is characterized by a high level of concern for people and a low level of concern for production and is thus placed in the upper left-hand corner of the grid. This managerial approach creates a relaxed atmosphere and makes people happy to come to work in the morning.

If a leader is not seriously concerned about the well-being of the employees or about production, the result is *impoverished management*. In this style of leadership, the leader engages in the least amount of work necessary to solve a production problem.

The third approach is *team management*, in which the level of concern for employees and production is high. Strong, trusting relationships develop, and all or most employees feel a commitment to accomplish the tasks at hand.

In the *authority-obedience* approach, the primary concern of the leader is to control the production process and increase productivity. The leader's concern for the employees' well-being is minimal.

Organization man management tries to balance the needs of the employees and the needs of production.

Situational Leadership

Instead of using just one leadership style, leaders should use different styles for different situations, according to some authors.[3–6] The series of One Minute Manager books, by Blanchard and others, tries to integrate the needs of organizations with the needs of both employees and customers. Blanchard and his coauthors designated their approach Situational Leadership II.[7,8] As with the Managerial Grid, leadership behavior is evaluated along two dimensions: directiveness and supportiveness. The type of leadership that is relatively nonsupportive and nondirective is termed a "delegating" style of leadership. The type that is supportive but nondirective is termed a "supporting" style of leadership. Leadership behavior that is highly supportive and highly directive constitutes "coaching," and leadership behavior that is highly supportive and highly directive is called "directing."

The model is intentionally flexible. A leader will need to relate to an employee in a given situation using a specific leadership style, a style partly determined by the task and the employee's years in the organization. There are certain assumptions here. First, there is the assumption that people want to learn and develop their skills over time. Second, Blanchard pointed out that there may be no guaranteed best leadership style to make this happen. Some people may have a better capacity for learning than others do.

There are clear overlaps between McGregor's analysis of leadership styles and Blanchard's. Theory X involves directing and some coaching. Theory Y involves some coaching, supporting, and delegating. However, the Situational Leadership II model is the more adaptive of the two. Hersey, Blanchard, and Johnson noted an overlap between McGregor's model and the Situational Leadership II model, but they thought that Theory X and Theory Y represented leaders' and managers' assumptions about leadership and that these assumptions often did not get translated into action.[9]

It is clear that leaders must use different strategies for different employees. Leadership occurs in a social context in which values and norms cannot help but influence the process of leading. One leadership approach will not work for every individual in an agency. Unfortunately, some public health leaders are inflexible and use one style predominantly. For instance, one local public health administrator believed it was necessary for him to use an authoritarian approach for managing his staff. Years later, he moved to a new public health agency that he discovered to be more democratic in form. He changed his leadership style but did not seem to learn that leadership style needs to be tied to the situation at hand and not to the agency.

Other Analyses of Leadership Style

In a classic paper, Tannenbaum and Schmidt explored how a leader-manager might be democratic in some situations and autocratic in others.[10] As can be seen in **Figure 2-2**, both leadership styles are used to carry out the activities of the organization. In fact, most leadership practices fall between the two extremes. For example, the action of presenting ideas to subordinates and inviting questions from them involves the use of authority by the manager but also gives to the subordinates a degree of freedom or power. Tannenbaum and Schmidt's analysis is similar to the work of Lewin and his colleagues at the University of Iowa.[11,12] The Lewin group distinguished three leadership styles: autocratic, democratic, and laissez-faire. Their research showed that the democratic style seemed to be especially suitable for group process-oriented activities.

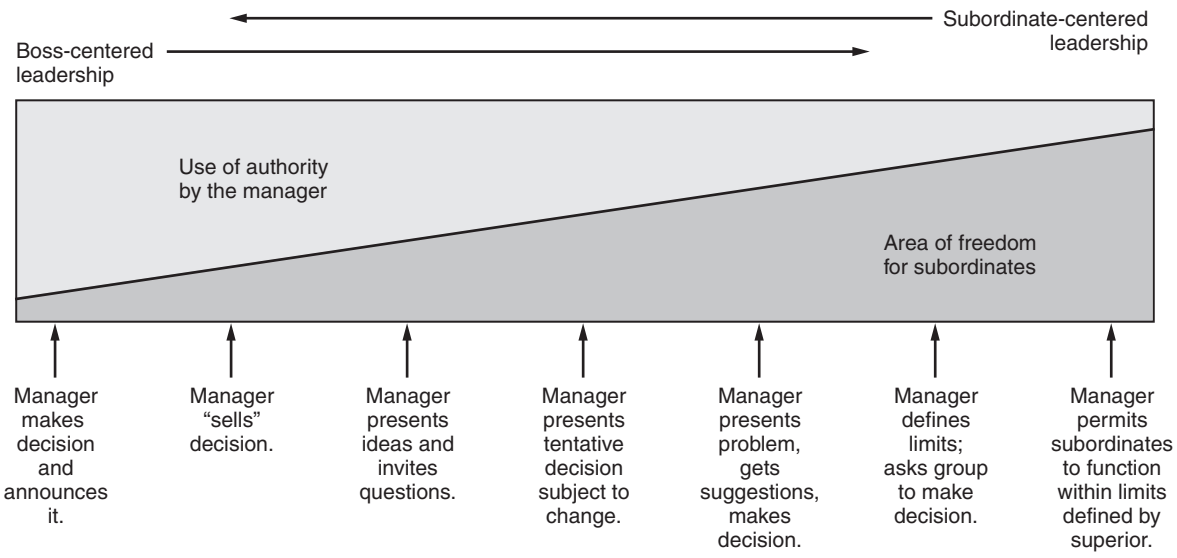

FIGURE 2-2 Continum of Leadership Behavior. *Source*: Reprinted from *Harvard Business Review*. "How to Choose a Leadership Pattern" by R. Tannenbaum and W. H. Schmidt, May–June 1973. Copyright © 1973 by the President and Fellows of Harvard College; all rights reserved.

Bass found that leaders differ in the approach they take to leading their organizations, in part because of the variation in the issues they need to address.[13] Furthermore, he noted that leadership behaviors generally fall on a continuum between task-oriented and relationship-oriented behaviors.

Fiedler explored the relationship between three factors that affect leadership effectiveness: personal relationships with work associates, the structure of the task to be performed by the work group, and the power associated with the leader's position in the organization.[14] These three factors can be combined in eight ways. According to Fiedler, leaders who are task oriented tend to be more effective in very favorable or very unfavorable situations than those who are relationship oriented. Leaders who are relationship oriented, in contrast, perform better in situations that fall between the two extremes. Note that public health leaders must be both task and relationship oriented, because public health programs demand good communication between public health leaders and their constituents.

Hersey, Blanchard, and Johnson developed a typology of task- and relationship-oriented behavior: high-task and low-relationship behavior, high-task and high-relationship behavior, high-relationship and low-task behavior, and low-task and low-relationship behavior.[15] The authors added effectiveness-ineffectiveness as a third dimension. As noted above, public health leaders need to exhibit high-task and high-relationship behavior, which is effective in groups being able to set goals, arrange work activities, and create a positive set of work relationships. It is ineffective in sometimes creating an inflexible structure and not enough solid interpersonal relationships.

In the 1940s, a series of studies was done by the Bureau of Business Research at Ohio State University.[16] The researchers defined leadership as the direction of group activities for the purpose of attaining a goal. Leadership, in their view, involved two types of behavior: initiating structure (task-oriented behavior) and showing consideration for the needs of employees (relationship-oriented behavior). The researchers hypothesized, on the basis of their data, that both types of leadership behavior are necessary, but they found little relationship between the two types of behavior.

Utilizing the Ohio State model elements, House formulated a path-goal model.[17] According to this model, a leader's task was to help followers attain their goals through appropriate direction and support. In other words, the leader points the way to the right path to enhance the ability of followers to reach their goals. In addition, House characterized leadership behaviors as directive, supportive, participative, or achievement oriented.

Researchers at the University of Michigan followed the Ohio State model by dividing leadership behaviors into those that were employee oriented (roughly equivalent to showing consideration for employees)

and those that were production oriented (roughly equivalent to structure initiation activities).[18]

A recent look at leadership style presents the view that leaders are either multipliers or diminshers.[19] Multipliers are leaders who bring out the best in people, whereas diminishers do the opposite. The five disciplines of the multipliers and helping individuals develop their talents, promoting the best thinking in others, providing challenges, allowing debates to occur, and delegating accountability to others.

When leaders have an idea, a new program to develop, a cause, or a new paradigm for action, they want to see these things work. They jump in immediately and do the detail work necessary to bring these processes to life. Some of the ideas work and some do not. Even when these new directions seem to take flight, outsiders may or may not buy these processes, ideas, or techniques. These leaders need to convince people inside their agencies or organizations and external stakeholders why this innovation is useful and worth supporting. These leaders develop the style of a champion.

Champions are leaders who support causes and new ideas and who think what they are doing and developing needs a wider audience. These champions fight for the cause. They talk to politicians, foundations, government agencies, community leaders, and others to make this new thing work and become valued. They sell the ideas and programs. Champions are multipliers who allow others to move their ideas forward.

LEADERSHIP TRAITS

Those who study leadership traits usually attempt to create an interface between the way leaders think and the ways they tie their thoughts into action on a daily basis. It is these traits that are reflected in the leadership styles of individuals. Traits seem to combine some innate qualities with qualities that seem to be learned. Bass and Stogdill reviewed studies of leadership traits and abilities done between 1948 and 1970.[20] **Table 2-1** contains a list of all the traits and abilities reported in three or more of the studies. Leading the list are technical skills, social nearness and friendliness, task motivation and application, supportiveness toward group activities, social and interpersonal skills, emotional balance and control, and leadership effectiveness and achievement.

After 1970, the idea of universal leadership traits was abandoned. Bass studied the trait issue for the period from 1970 to 2006.[21] Personality and character traits were still seen as important. Task competence and socioemotional performance were also seen as important. Verbal and nonverbal communication skills have

TABLE 2-1 Factors Appearing in 3 or More Studies of the 52 Surveyed

Factor	Number of Studies Found
Technical skills	18
Social nearness, friendliness	18
Task motivation and application	17
Supportive of the group task	17
Social and interpersonal skills	16
Emotional balance and control	15
Leadership effectiveness and achievement	15
Administrative skills	12
General impression (halo)	12
Intellectual skills	11
Ascendence, dominance, decisiveness	11
Willingness to assume responsibility	10
Ethical conduct, personal integrity	10
Maintaining a cohesive work group	9
Maintaining coordination and teamwork	7
Ability to communicate; articulativeness	6
Physical energy	6
Maintaining standards of performance	5
Creative, independent	5
Conforming	5
Courageous, daring	4
Experience and activity	4
Nurturant behavior	4
Maintaining informal control of the group	4
Mature, cultured	3
Aloof, distant	3

Source: Modified with permission of The Free Press, a Division of Simon & Schuster, Inc. From *Bass & Stogdill's Handbook of Leadership: Theory, Research, and Management Applications*, Third Edition by Bernard M. Bass. © 1974, 1981, 1990 by The Free Press. All Rights Reserved.

become critical for the successful leader as well. Bass also pointed out that much research has shown that both nature and nurture are important in leadership.

Kouzes and Posner compared the traits identified in 1987 and again in 2010 as the chief characteristics of admired leaders (**Table 2-2**).[22] The five most frequently mentioned leadership traits of the most admired leaders in 1987 were honesty, forward-lookingness, the ability to inspire, competence, and intelligence. In 2010, the same five traits headed the list. Honesty was also reported as the number-one trait in Canada, Brazil, Australia, Japan (tied with forward-looking), Korea (tied with forward-looking), the Philippines, Malaysia, Mexico, South America, and United Arab Emirates. Being forward-looking was reported as the number-one trait of admired leaders in Turkey.

TABLE 2-2 Characteristics of Admired Leaders (Percentage of People Selecting Characteristic over the Years)

Characteristic	2010	2002	1987
Honest	85	88	83
Forward-looking	70	71	62
Inspiring	69	65	58
Competent	64	66	67
Intelligent	42	47	43
Broad-minded	40	40	37
Dependable	37	33	32
Supportive	36	35	32
Fair-minded	35	42	40
Straightforward	31	34	34
Determined	28	23	20
Cooperative	26	28	25
Ambitious	26	17	21
Courageous	21	20	27
Caring	20	20	26
Imaginative	18	23	34
Loyal	18	14	11
Mature	16	21	23
Self-controlled	11	8	13
Independent	6	6	10

Source: Reprinted with permission of John Wiley & Sons, Inc. From J. M. Kouzes and B. Z. Posner, *Credibility*, 2nd ed. (San Francisco: Jossey-Bass, 2011).

A determination of the traits expected of leaders is used by the military in an effort not only to designate traits but also to use these traits as indicators of those that will reflect the values and culture of the military service and the country. For example, the Marine Corps lists 14 traits for people in the military who wish to become Marine leaders. Many if not all of these traits may also reflect the expectation of a leader in public health. These 14 traits are:[23]

1. *Justice*, which is the practice of being fair and consistent;
2. *Judgment*, which is the ability to think clearly and in an orderly fashion for decision making;
3. *Dependability*, which reflects the ability to perform duties properly;
4. *Initiative*, which is taking action with or without orders;
5. *Decisiveness*, which is making good decisions expeditiously;
6. *Tact*, which is dealing with people in a way that maintains good relations;
7. *Integrity*, which is honesty and truthfulness;
8. *Enthusiasm*, which is sincere involvement and enthusiasm in work;
9. *Bearing*, which is the way the leader conducts and carries him- or herself;
10. *Unselfishness*, which is the avoidance of self-comfort at the expense of the comfort of others;
11. *Courage*, which is calmness while recognizing fear;
12. *Knowledge*, which is acquiring the knowledge necessary to carry out one's work;
13. *Loyalty*, which is devotion to one's country; and
14. *Endurance*, which is physical and mental stamina.

Leadership is dynamic, and there is probably no universal list of leadership traits that apply to all situations.[24] Nonetheless, whereas all the traits and abilities presented in Tables 2-1 and 2-2 are capable of enhancing the effectiveness of a leader, at least in certain circumstances, the 10 leadership abilities and practices described next have been singled out as especially important for successful leadership in the 21st century.

Leadership Practices

First, leaders must be *knowledge synthesizers*. They must bring intelligence to the leadership enterprise. They need to know about past events, understand the realities of the present, and have a vision of the future. They must not only be experts in their chosen field but be familiar with many other areas as well. Good leaders

know how to use their knowledge to carve out a perspective and move their organization forward. Intelligence alone is not enough.[25] Self-awareness, self-control, self-confidence, commitment, integrity, the ability to foster change, and the ability to communicate with and influence others are all necessary.

Second, leaders need to be *creative*. They must not only manage large amounts of information but use it creatively to guide action. To do this successfully, they must ignore information that is not pertinent. It is hard to teach people to be creative, although most individuals tend to be creative in areas where they have high interest. When you have enthusiasm for what you are doing, there seems to be a natural flow to the process. It is possible for individuals to expand their creative abilities through practice, including through interacting with others in a social context.[26] Exercise 2-2 is designed to explore the creativity of the team members engaged in devising a solution to a public health problem.

Third, leaders need to be able to *create a vision* and get others to *share the vision* and demonstrate a *commitment to the vision* and the mission it represents. Creating a vision is not an easy thing to do, because it requires careful consideration of different scenarios that might occur if certain factors are present. Furthermore, creating a vision is next to pointless unless others can be convinced to share the vision. Pfeffer stated that a vision gets others to see beyond the obstacles of things to the important possibilities that can ensue in the future.[27] Long-term visions tend to allow people the opportunity to create many innovations, whereas short-term visions seem to be limited by the barriers that today's reality presents. Leaders also need to be flexible enough to modify the vision to better satisfy their partners in the visioning process. Finally, leaders need to fit the vision to a mission and devise an action plan to realize the vision.

Fourth, leaders need to foster and facilitate *collaboration*. No one in an organization exists in a vacuum, nor does anything get done in a vacuum. Turning a vision into reality requires the development of partnerships with external stakeholders and, in fact, the sharing of leadership. In shared leadership, each partner must respect the needs and wants of each of the other partners.

Fifth, leaders need to possess *entrepreneurial ability*. Traditional approaches to running companies and agencies no longer seem to be working. Leaders will increasingly need to explore alternate funding sources for their programs and learn how to use their resources in new ways.[28]

This change in perspective will increase not only program efficiency but also program effectiveness. Perhaps surprisingly, leaders in the governmental public health sector need to learn these skills.

Sixth, successful leaders are *systems thinkers* who must also address the needs of complex environments. Acting as a change agent for an organization requires mastering the techniques of systems thinking as well as looking at the organization systemically.[29]

Systems thinkers are consciously aware that everything is connected to everything else. The obvious problems plaguing an organization may be symptoms rather than root causes. A systems approach to change allows leaders to logically analyze the dimensions of the problems.

One way to put systems thinking into practice is to turn the organization into a learning organization—"an organization that is continually expanding its capacity to create its future."[30(p.14)]

In a learning organization, the system becomes the guiding mechanism for change. This allows the organization to keep pace with the rapid rate of change in today's world, to function in a more interdependent manner, and to respond to the changing needs of society.[31] In a system, all the parts are interrelated, and activities that occur in one part affect all the others. The traditional linear approach to decision making is not appropriate for a true system. Systems thinkers see the big picture and are interested in the ways organizations and individuals interrelate. They are students of change and the transformational patterns that affect change. Systems thinkers also think strategically. They try to determine strategies for facilitating change as they address the challenges of the system.

Seventh, leaders must *set priorities*. They have to determine what issues will be addressed by the organization. Because of the current focus on team development and community coalition building, leaders often set priorities in concert with team or community partners. Public health places a strong emphasis on the community assessment of health and disease, which helps in setting health priorities for a community. Because the health priorities are determined with partners, subjective and objective factors tend to influence the priority-setting process. Decisions about priorities are often determined by political issues and community concerns.

Leadership Tip

Keep your knowledge and skills up to date. Be committed to lifelong learning.

Eighth, leaders need to *form coalitions and build teams*. They no longer practice the leader's craft in a vacuum, and they must be aware that their success depends on their being able to work with others. Because different individuals bring different expertise to the decision-making environment, teams are created to solve problems and make decisions. In teams, leadership is shared and different members move into the leadership position at different phases of the problem-solving process. Because of public health's strong community perspective, building coalitions to support the local public health agenda becomes critical. A community coalition is a team in which many community groups are represented, and it is a means of empowering the community to address its own problems.

Ninth, leaders, as pointed out previously, must not only bring a creative spark to the organization but also help put innovative ideas into practice. Therefore, they must become masters of the latest *management and leadership techniques*. This does not mean they should adopt all the latest management fads. Rather, they should explore new techniques and integrate into their repertoire those techniques that will likely make the organization stronger, more productive, and more customer oriented.[32] The overall objective of managing is to guide the organization toward achievement of its vision. (Note that new management techniques will occasionally have to be adapted to the systems perspective, because even now many new techniques are linear in nature.)

Tenth, a successful leader acts as *a colleague, a friend, and a humanitarian* toward everyone in the organization. Leaders must be effective communicators and be able to empathize with colleagues, peers, and customers. They should protect the values of their organizations as well as the values of the communities in which they live. In fact, they will occasionally need to help define organizational and community values.

Most leaders of the 21st century, to be fully effective, will need to possess these 10 leadership abilities and characteristics. These abilities and characteristics provide a solid foundation for the activity of leading the process of developing a vision (and a mission) and bringing that vision to fruition.

THE TALENT ISSUE

In the past several years, there has been an emergence of a new dimension of leadership that is tied to the relationship of talents of people and how these talents are reflected in the work of managers and leaders. Talent becomes a filter in which knowledge and skills get translated into action. Thus, it is more than a series of traits in that the combination of specific talents is unique in each individual. The following formula puts these new trends into perspective:

$$\frac{\text{Knowledge} + \text{Skills} + \text{Talent} + \text{Attitude} + \text{Personal Values}}{\text{Personal Strengths} + \text{Organizational Values}} = \text{Action}$$

The traditional view was that knowledge, attitudes, and skills led to action. Recent research shows that the process is more complicated.

In a number of books, the Gallup Organization has investigated the critical aspect of talent and how it affects action.[33,34] What was discovered was that most organizations stressed the weaknesses of employees rather than their personal strengths. In order to address these weaknesses, individuals were often sent for training related to these weaknesses rather than training to make personal strengths stronger. In a study of 80,000 people in administrative positions, Buckingham and Coffman said that our orientation to weaknesses was incorrect.[35] Training does not substantially improve an individual's weaknesses. Our brains are wired to support our strengths rather than our weaknesses. This is the talent dimension. Thus, administrators have discovered that it is necessary to change our approaches to training and performance improvement. It is better to train people to use their personal talents more effectively.

The authors also pointed out that effective administrators have to become more expert at dealing with human capital issues. This means they need to become more ready to hire people on the basis of their talents and not just on their technical knowledge and skills. It is in the day-to-day activities that an individual's talents are displayed. The administrator needs to let his or her direct reports define process on the basis of these personal talents. If this happens, then the administrator can concentrate on helping individuals determine outcomes and then measure performance on these outcomes. Thus, performance plays out on an individual's strengths rather than on his or her weaknesses. The challenge then is to find the best fit for jobs on the basis of the combination of knowledge, skills, and talent.

In order to explore talent from the vantage point of strength, the Gallup Organization began an extensive research process to investigate what are the major talents of individuals. Buckingham and Clifton discussed this study of more than two million people.[36] They reported that this research made the assumption that all individuals have a different combination of talents and strengths. Whereas using trait approaches tries to match individuals to the traits required for a job, talent

research pointed out that each individual is different and that it is important to create the best fit between these personal talents and strengths and the tasks to be performed. Because our brains are wired for our strengths, the combination of talents is unique to each of us. It is to our personal strengths that we need to move in our pursuit of knowledge and skills.

Out of the Gallup surveys was developed an instrument called Strength Finder, which is now in its second iteration.[37] This instrument measures 34 trait categories. The 34 talents are organized around four key themes, which are discussed by Coffman and Gonzalez-Molina.[38] First, there are themes involving relationships and how well we perform in these talents related to other people. The second theme involves our abilities to create impact in how we motivate people to act. Kouzes and Posner also listed enabling other people to act as a key leadership practice.[39] The third theme involves talents associated with our abilities to be action oriented. The final theme relates to our thinking talents. **Table 2-3** lists the 34 talents related to the four themes.

An important lesson from this research is that an individual can become a strong performer in a particular job category and not be a strong performer in a higher level that requires a different set of talents that the individual may not have. The other part of the formula presented at the beginning of this section relates to the attitude that a person brings to his or her performance. Rath discusses how his grandfather, Donald Clifton, who helped develop an instrument to measure strengths related to talent, also discussed the importance of positive thinking for managers and leaders.[40] The more positive reinforcement the individual gets, the better the work performance becomes. The other numerator variable relates to the values we bring to a job and to our other life activities. These values are also a guide to how we view our actions. The denominator of the formula on page 24 adds the way organizational values and our personal strengths filter the way we practice leadership and action. Our leadership style grows out of many of the factors listed in the formula, which affects the actions we take in problem solving and decision making. Experiment with the concepts in this section by doing Exercise 2-3.

SUMMARY

Traditional theories of leadership have tended to ignore situational factors that can influence which leadership style is best for a given set of circumstances. In addition, most of the leadership literature concerns leadership in the business sector, yet public and not-for-profit agencies seem to work differently than for-profit companies.

TABLE 2-3 Talent Categories of People

Relating Themes	Impacting Themes	Striving Themes	Thinking Themes
Communication	Command	Achiever	Analytical
Empathy	Competition	Activator	Arranger
Harmony	Developer	Adaptability	Connectedness
Includer*	Maximizer	Belief	Consistency†
Individualization	Positivity	Discipline	Context
Relator	Woo	Focus	Deliberative
Responsibility		Restorative	Futuristic
		Self-assurance	Ideation
		Significance	Input
			Intellection
			Learner
			Strategic

* Previously "inclusiveness"
† Previously "fairness"
Source: From *Follow This Path* by Curt Coffman and Gabriel Gonzalez-Molina PhD. Copyright © 2002 by The Gallup Organization. By permission of Grand Central Publishing. All Rights Reserved.

William Foege, a former director of the Centers for Disease Control and Prevention, has said on numerous occasions that social justice is the value that most motivates leaders in public health. Another way of saying this is that concern for people's well-being is primary. Case Study 2-A reviews some of the concerns and motivations of public health leaders.

Given this fact of a people rather than a product orientation, the most balanced type of leadership in public health should probably be called not organization man management (as it is designated in the Leadership Grid), but something like community collaboration leadership. A public health leader's concern for people encompasses many constituencies other than his or her work associates. Furthermore, production, in a public health setting, includes all sorts of programs and activities, from community assessment to the development of effective community interventions.

Case Study 2-A

Inner World to the Future: Leaders' Perspective on the Future

Louis Rowitz

We are at a crossroads. Public health agencies appear to be under attack from multiple sources, including government entities, government superagencies, managed care organizations, the mass media, community groups, and disgruntled citizens. There is confusion about what the thing called "public health" is. There is concern about the involvement of public health agencies in direct medical service activities. Perhaps, some say, it is time for government to get out of the public health service business and spin off public health agency activities to the private sector.

To these concerns must be added a strong belief that leaders make a difference. Leaders bring hope and vision and have an ability to find solutions for the challenges that face the field of public health. It is to the training of public health professionals that the public health community looks as a possible way to strengthen the infrastructure of public health in this country and to clarify the vision of public health for the 21st century. There is a strong belief in the public health community that leadership skills can be taught. There is also a strong belief that a commitment to lifelong learning is critical. For the past several years, national, regional, and state public health leadership programs have been developed. These programs have helped public health leaders increase their leadership skills and learn the latest techniques for improving and strengthening organizations. These programs have also trained public health leaders to work with communities to help define the role of public health at the community level. These programs have also stressed the importance of promoting the public health paradigm of core functions and essential public health services and of urging leaders to use their skills to build the public health system. These programs have developed unique approaches to training that promote an experiential application of all training materials back to the workplace and the community. The greatest challenge for these programs, other than the obvious one of financial sustainability, is the measurement of their long-term effect on the infrastructure of public health.

The combination of public health's challenges and the present-tense quality of our public health leadership programs, even when we talk about the future, raises an important series of issues related to where public health needs to go over the next several decades. The perspective is partly one of vision, but it is also one that goes to the very soul of the beliefs of public health leaders around the world. The experience of public health work changes us as professionals. Our inner world processes all our experiences and creates what the experimental psychologist Edward Tolman called a cognitive map. Each experience changes the topography of our lives. This includes our personal experiences and our community living experiences as well as our professional experiences.

Interviews with Public Health Leaders

During 1996, I began a personal odyssey to find out what public health leaders think about public health today and what they perceive will be public health's future. I traveled throughout the United States, England, Scotland, and Ireland conversing with public health leaders about the future of public health. I talked to more than 130 leaders in conversations that lasted about an hour. These conversations changed my cognitive map and my inner world by showing me the field of public health in ways that I had never perceived it. I talked to leaders at all levels of government. I talked to public health professionals at the federal, state, and local levels in the United States as well as to academics. I talked to foundation professionals as well as professional trainers. I also talked to public health leaders who moved to the private sector. These leaders have given me insights about ways to strengthen our training

programs in the future so that we can make public health more responsive to the needs of the public. They have also taught me what we do wrong and the importance of blending our strengths in solutions of our problems.

Lessons Learned

Public health leaders live the reality of their chosen profession on a daily basis. They struggle with the crises of the day as well as with the concerns that public health faces as it progresses into the 21st century. Leaders in the United States face concerns with the impact of managed care on the public health field. Leaders in the United Kingdom and Ireland see public health within the context of a nationalized health service where managed care is a reality rather than a specter on the horizon. As I talked to U.S. leaders at the federal, state, and local levels as well as in both the public and private sectors, I found that all the leaders struggle with what that elusive field called public health is. The confusion extends to the issue of whether public health as a profession is different from public health as an organizational entity. U.S. public health is multidisciplinary as well as multisectorial in perspective. This means that we speak with many voices and do not always convey a unified message. Despite this multidisciplinary orientation, public health has a strong medical perspective and an increasingly economic one as well. One result is that the primary prevention goal of public health is sometimes lost as we pursue treatment and rehabilitation programs for underserved or unserved populations. Many leaders argue that the local public health agency must be a provider of last resort when there are limited medical services available for the people in local communities. As local public health agencies continue to act as direct service providers, leaders argue that managed care organizations' move into the local area of service is a threat to local health agencies that rely heavily on the service dollars received for direct service. However, public health needs to be seen as a partner in a total integrated health program in the community. Some leaders see public health agencies as playing the leading role in a comprehensive community-based healthcare system.

There is increasing acceptance of the core functions paradigm of assessment, policy development, and assurance, along with a lesser degree of acceptance of the essential public health services perspective. There is a concern that the core functions terminology is too abstract and confusing to people outside the public health field. U.S. leaders feel that we perform assessment activities fairly well, although we tend not to be conversant with the latest technology advances in informatics. Leaders at all government levels feel that they have a critical role in policy development but do not always exercise the policy opportunities that they have. Several leaders pointed out that public health leaders need to be students of the democratic process and understand how our political process works. The leaders are concerned that politicians and local board of health members or county board members have most of the control of the budget that drives the public health machine. They also believe that the relationship between the local health agency and its boards is often adversarial. Leaders argue that boards could become more of a voice for public health in the community than they currently are. In addition, these issues point to the question of how public health leaders can affect the decision-making process.

Most questions were raised about the assurance function and the difficulties in specifying completely our assurance role, because this is the role that underwent the most change during the last decade of the 20th century. There is agreement that public health needs to support a lifelong learning perspective and encourage and support continued educational and training opportunities for the public health workforce. However, training dollars are currently scarce.

Many leaders express concern about the future of public health in the United States and the increasing split between national public health concerns and state and local concerns. The agenda of each level of government is different and often not integrated with the issues of concern at other levels. In addition, we have not explored the possibilities of regional collaboration as a viable way to share programs across counties and other local entities and across states in different geographic areas. An added challenge concerns the absorption of public health into state human services umbrella agencies. However, some leaders feel that the umbrella agency model may increase the importance of public health agencies and leadership at the local level. Public health practice is really a local concern and needs to be protected. It must not become too parochial, because public health has a global perspective. State and local public health leaders need to think globally but act locally.

There are several other issues of concern to public health leaders. First, our assessment activities tend to ignore the important perspective of epidemiology, which provides methods for interpretation of data. Leaders often do not know how to use data for effective decision making. Second, public health needs to reclaim its primary prevention perspective and its key role in health promotion. Educational models should predominate in health promotion

(*Continues*)

activities. Third, public health is developing academic and practice linkages, but not too many successful ones. Next, public health needs to do a better job in the areas of social marketing and health communications, because the public still does not know what public health is. Finally, public health needs to do a better job building community coalitions to address community public health needs. However, there is much to learn about the development of coalitions and how to keep up the interest of these coalitions over time.

In England, Scotland, and the Republic of Ireland, I saw national health systems in which public health often played a secondary role. In all three countries, public health is dominated by physicians. All other public health–related groups are in secondary support roles. Only physicians can head a public health program in a district. If other professionals want to move into a leadership role, they are often limited to roles in academic teaching settings. However, all public health physicians have received training in public health and have passed national credential examinations.

Purchasing of services becomes the primary role of the health service public health physicians. Primary prevention programs may exist in some areas, like immunization, but these programs are contracted out to local physicians or hospitals and clinics. A common complaint of the district physicians was their inability to use their public health knowledge in the health districts. They felt that a large amount of their professional energies was expended on conflicts with local managers, who are often not health trained. In England, public health physicians felt that public health is losing its foothold and becoming less visible. In the Republic of Ireland, public health offices were abolished for 20 years under the mistaken belief that all of the public health concerns of Irish society had been solved. Only in the past few years has public health been re-established in the districts. However, it is taking time for these offices to re-create public health programs. Scotland is an interesting case, in that community-based programs are being developed and supported within the Scottish office of the national health service.

The major lesson to be learned is that public health often has trouble surviving in a system in which all the citizens have access to services. However, primary prevention programs do not flourish in this environment without a vigorous struggle. Time pressure resulting from calendar overload becomes a problem. Bureaucracy and an overabundance of meetings at the local and national levels are the rule rather than the exception. In addition, each public health profession has its own organization, the agendas of these organizations conflict, and there is a consequent lack of agreement between these groups as to how to pursue a common public health agenda. However, these European countries are small, and most public health people know each other. This does offer opportunities for collaboration that are not often pursued.

The Future

Public health concerns never go away. Although it is possible to see variations in the ways public health is practiced, there will continue to be crises and issues of concern to the public health profession. There is growing anxiety about emerging infections and increasing resistance to the effects of antibiotics. Money available for health services is shrinking. Managed care and primary care organizations do not seem to hold all the answers for the healthcare needs of the American public.

The changing demographics of our population require public health interventions. The need for primary prevention activities and the development of health promotion and disease prevention initiatives remains critical. Ebbs and flows in the support for government-based public health programs will continue.

Public health leaders remain hopeful. They see growing support for leadership programs for the public health workforce. They project a growing influence of public health activities undertaken by local health departments. They are ambivalent about the movement to create superagencies at the state level, although they recognize that public health agencies need to work closely with other human services agencies. Our technology knowledge will increase significantly over the next several decades. The Centers for Disease Control and Prevention will continue to be a major public health voice in this country. Public health will work more closely with its healthcare partners to develop more integrated systems of care. Some leaders see this collaboration as occurring from within an integrated healthcare system. Other leaders believe that public health agencies will remain part of the government system, because their oversight function must not be compromised. Closer linkages will evolve between academic institutions and public health agencies. Finally, public health's emphasis on core functions and essential services will lead to increased infrastructure strength in the future.

In summary, public health leaders bring a message of hope for the future. Public health will survive.

Source: Reproduced from L. Rowitz (1997). "Inner World to the Future: Leaders' Perspective on the Future," *Journal of Public Health Management and Practice*, 3, 4, 68–71, July 1997.

DISCUSSION QUESTIONS

1. What are the differences between the Theory X and Theory Y leadership styles?
2. What are the five leadership styles defined in the Leadership Grid?
3. What is an example of high-task, low-relationship leadership behavior?
4. How would you describe your dominant leadership style?
5. How flexible are you in modifying your dominant leadership style in situations that require a different style?
6. What are two examples of how you practice leadership?
7. What are five of the most cited traits of admired leaders?
8. What do you think are the most important traits a leader needs to possess?
9. Why do leaders of public organizations need entrepreneurial ability?
10. What are the similarities and differences between traits and talents?

EXERCISE 2-1: Authoritarian and Democratic Leadership Styles

***Purpose*:** to explore alternative approaches to decision making and to investigate how alternative leadership styles can influence program outcomes

***Key concepts*:** authoritarian leadership style, democratic leadership style, decision making

***Procedure*:** The class or training group should divide into two or more groups. Each group has the assignment to create a plan for developing a community's public health infrastructure using a given set of resources. The plan should address core infrastructure elements, including the local public health workforce, public health facilities and services, public health surveillance and information systems, and relationships with medical, social, community, government, and business organizations. To develop this plan, each team chooses a leader, who is given an envelope containing a note designating the leader as a supporter of the Theory X or the Theory Y leadership style. The leader guides the group through a planning process according to the characteristics of the leadership style assigned but does not inform the other team members which leadership style he or she is using. After half an hour, each team reports back to the class or training group as a whole, describing the exercise process, evaluating the leader, and describing the infrastructure plan chosen by the team and what its ramifications are.

EXERCISE 2-2: An Exercise in Creativity

***Purpose*:** to generate solutions to a public health problem from several leadership perspectives and to learn how to use creativity to discover the best solution for a problem

***Key concepts*:** community coalition, creativity, problem solving, team

***Procedure*:** The class or training group should divide into small teams of five to eight people. Each member of each team should select a public health problem that concerns the particular member. The team then chooses one of the problems and tries to solve it from a personal perspective, a public health agency perspective, and a community coalition perspective. The exercise is repeated using the supposition that the mayor of the town or the governor of the state does not want public funds expended on the problem. The entire team should explore the advantages and limitations of the alternative solutions and the role that creativity plays in developing the solutions.

EXERCISE 2-3: Talent and Strength

***Purpose*:** to become aware of when we make strong decisions and explore the underlying talents we have as leaders

***Key concepts*:** talent, personal strengths, decision making

***Procedure*:** Jot down in your journal or on a sheet of paper the last three decisions you made that demonstrate your effectiveness as a leader. Break down the class or training group into small teams of five to eight and discuss one example with your team where you showed your strength in making a decision. Looking at the list of talents in Table 2-3, determine what talents you displayed in your decision-making style.

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