

THIRD EDITION

LEADERSHIP FOR HEALTH PROFESSIONALS

Theory, Skills, and Applications

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

Professor and Chair, Department of Healthcare Policy,
Economics and Management

School of Community and Rural Health

UTHEALTH Northeast

University of Texas Health Science Center

Tyler, Texas

James H. Stephens, DHA, MHA, FACHE

Associate Professor and Distinguished Fellow in
Healthcare Leadership

Department of Health Policy and Management

Jiann-Ping Hsu College of Public Health

Georgia Southern University

Statesboro, Georgia



JONES & BARTLETT
LEARNING

World Headquarters
Jones & Bartlett Learning
5 Wall Street
Burlington, MA 01803
978-443-5000
info@jblearning.com
www.jblearning.com

Jones & Bartlett Learning books and products are available through most bookstores and online booksellers. To contact Jones & Bartlett Learning directly, call 800-832-0034, fax 978-443-8000, or visit our website, www.jblearning.com.

Substantial discounts on bulk quantities of Jones & Bartlett Learning publications are available to corporations, professional associations, and other qualified organizations. For details and specific discount information, contact the special sales department at Jones & Bartlett Learning via the above contact information or send an email to specialsales@jblearning.com.

Copyright © 2018 by Jones & Bartlett Learning, LLC, an Ascend Learning Company

All rights reserved. No part of the material protected by this copyright may be reproduced or utilized in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the copyright owner.

The content, statements, views, and opinions herein are the sole expression of the respective authors and not that of Jones & Bartlett Learning, LLC. Reference herein to any specific commercial product, process, or service by trade name, trademark, manufacturer, or otherwise does not constitute or imply its endorsement or recommendation by Jones & Bartlett Learning, LLC and such reference shall not be used for advertising or product endorsement purposes. All trademarks displayed are the trademarks of the parties noted herein. *Leadership for Health Professionals: Theory, Skills, and Applications, Third Edition* is an independent publication and has not been authorized, sponsored, or otherwise approved by the owners of the trademarks or service marks referenced in this product.

There may be images in this book that feature models; these models do not necessarily endorse, represent, or participate in the activities represented in the images. Any screenshots in this product are for educational and instructive purposes only. Any individuals and scenarios featured in the case studies throughout this product may be real or fictitious, but are used for instructional purposes only.

Production Credits

VP, Executive Publisher: David D. Cella
Publisher: Cathy L. Esperti
Editorial Assistant: Carter McAlister
Director of Production: Jenny L. Corriveau
Production Editor: Lori Mortimer
Production Services Manager: Colleen Lamy
Associate Marketing Manager: Alianna Ortu
VP, Manufacturing and Inventory Control: Therese Connell

Composition: Cenveo® Publisher Services
Cover Design: Kristin E. Parker
Director of Rights & Media: Joanna Gallant
Rights & Media Specialist: Jamey O'Quinn
Media Development Editor: Troy Liston
Cover Image: © Murat Inan / EyeEm/ Getty Images
Printing and Binding: Edwards Brothers Malloy
Cover Printing: Edwards Brothers Malloy

Library of Congress Cataloging-in-Publication Data

Names: Ledlow, Gerald R., author. | Stephens, James H., author.
Title: Leadership for health professionals : theory, skills, and applications
/ Gerald (Jerry) R. Ledlow, PhD, MHA, FACHE, Professor and Chair,
Department of Healthcare Policy, Economics and Management, School of
Community and Rural Health, UTHEALTH Northeast, University of Texas Health
Science Center, 11937 U.S. Highway 271, Tyler, Texas 75708, James H.
Stephens, DHA, MHA, FACHE, Associate Professor and Distinguished Fellow in
Healthcare Leadership, Department of Health Policy and Management,
Jiann-Ping Hsu College of Public Health, Georgia Southern University, 501
Forest Dr., Building 303, Statesboro, GA 30460.

Description: Third edition. | Burlington, MA : Jones & Bartlett Learning,
[2018] | Includes bibliographical references and index.

Identifiers: LCCN 2016052531 | ISBN 9781284109412

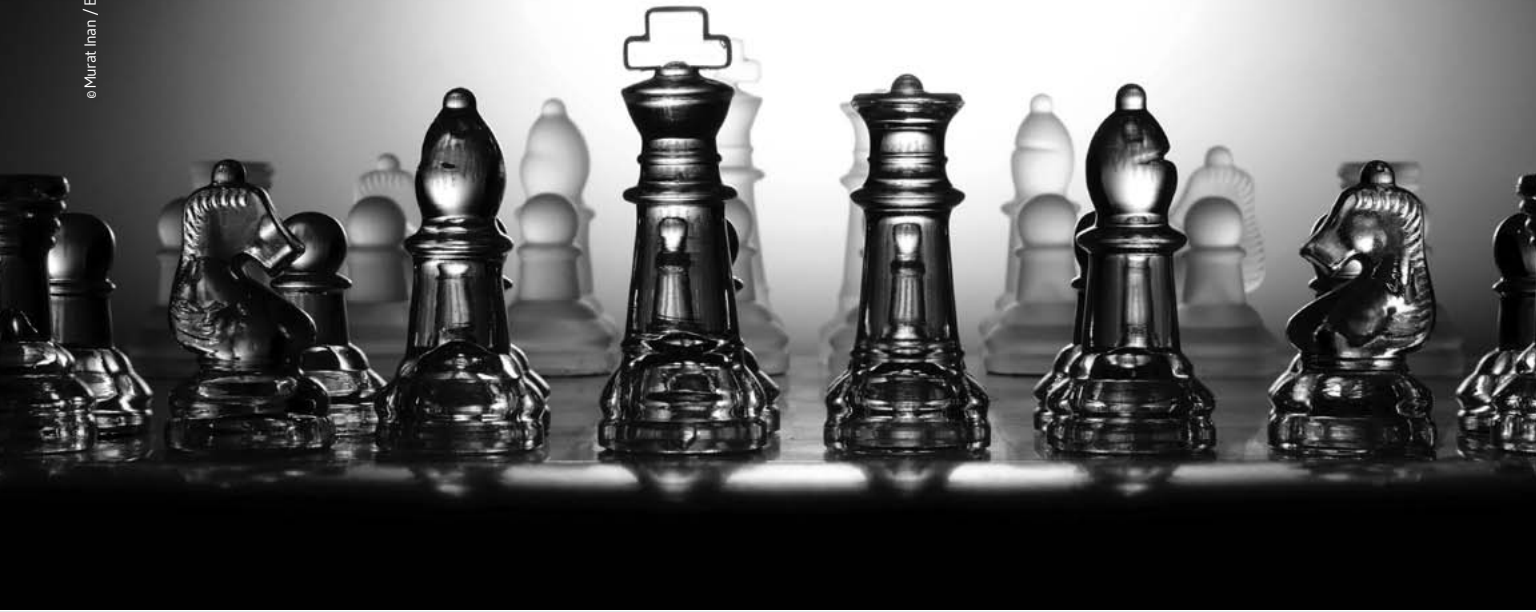
Subjects: LCSH: Health services administration. | Leadership.

Classification: LCC RA971 .L365 2018 | DDC 362.1068—dc23

LC record available at <https://lcn.loc.gov/2016052531>

6048

Printed in the United States of America
21 20 19 18 17 10 9 8 7 6 5 4 3 2 1



IN MEMORIUM

M. NICHOLAS COPPOLA, PHD



Courtesy of Dr. M. Nicholas Coppola.

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

Dr. Jerry Ledlow



CONTENTS

New to the Third Edition	xi
Foreword	xiv
A Note from the Authors	xvi
Preface: The Purpose of This Leadership Text	xviii
In This Text	xx
Acknowledgments	xxiii
Author Biographies	xxv
Contributors	xxvii
Part 1 Leadership Foundations	1
Chapter 1 Leadership Thought	3
Introduction	4
Why Study Leadership?	5
Introduction to Leadership in Academics and Practice	8

	Leaders and Systems: Individual, Group, Organization, and Industry Success	17
	Descriptive and Prescriptive Theories	17
	The Study of Leadership: What's in It for Me?	18
	Summary	19
	Discussion Questions	19
	Exercises	19
	References	20
Chapter 2	Determining Your Own Leadership Style	23
	Introduction	24
	Know Thyself: What Kind of Leader Are You?	25
	Leadership and Personality Assessments	27
	The Relationship Between Personality Archetype and Leadership	33
	Strategies to Maximize Your Nature-Versus-Nurture Leadership State of Being	34
	Using What You Learn About Yourself	34
	Summary	35
	Discussion Questions	36
	Exercises	36
	References	36
Chapter 3	Today's Health Leadership Challenges	39
	Introduction	40
	Political Influence	40
	Legislation and Statutes	40
	The Iron Triangle of Health Care	41
	The Donabedian Model	42
	Disruptive Innovation	42
	Public Health	43
	Healthcare Delivery	44
	Resources, Reimbursement, and Funding	44
	Reimbursement	44
	Funding	45
	Sociodemographic Factors	45
	The 4 Ps of Health Analytics	46
	Technology and Advancements	47
	Efficacy and Value of the System	47
	System Feedback	47
	Structures, Process, and Outcomes	48
	Complexity and Change	48
	Population and Community Health Needs	49
	Systems Knowledge and Thinking	49
	Finance	50
	Human Resources	50
	Healthcare Supply Chain	50
	Project Management	53
	Goal-Setting Theory	53
	Communication and Cultural Competence	54
	Interpersonal Relationship Ability	55
	Change and Organizational Culture Competence	55

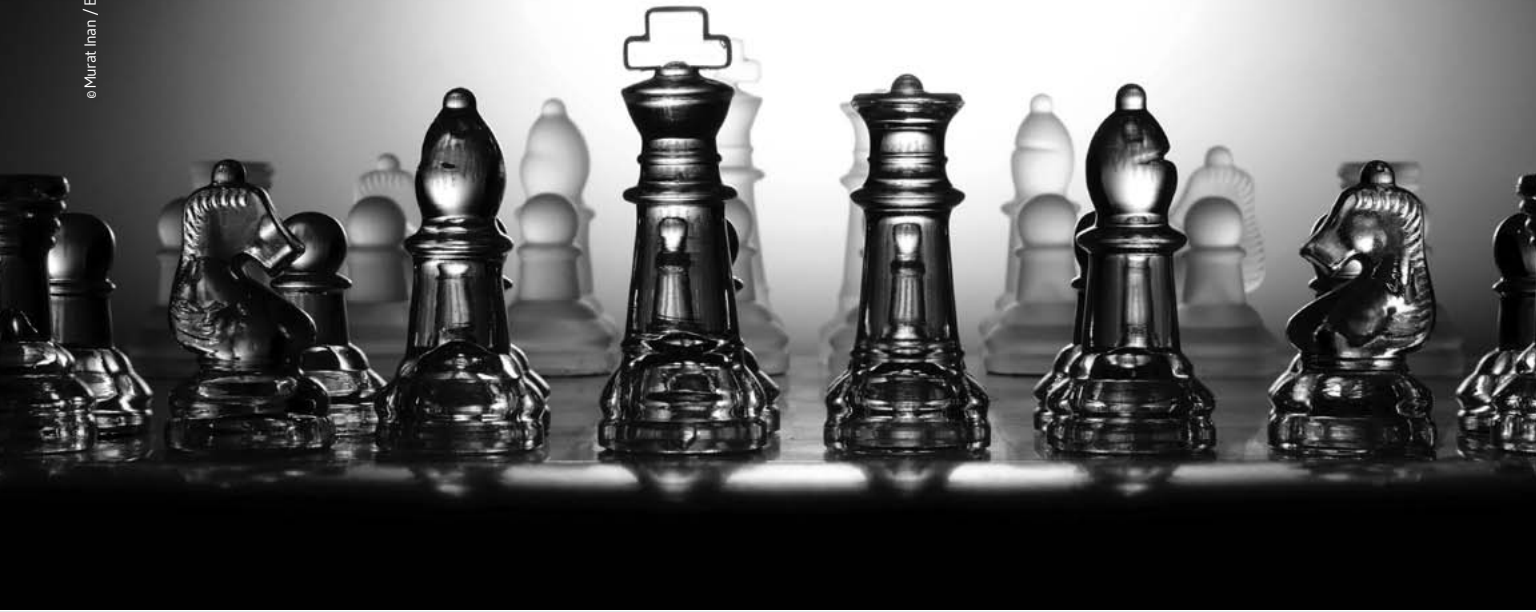
	The Dynamic Culture Leadership Model	56
	Team Building	56
	Summary	56
	Discussion Questions	56
	Exercises	56
	References	57
Chapter 4	Chronology of Leadership Study and Practice	61
	Introduction	62
	Great Man and Trait Leadership Phase	63
	Behavioral Leadership Phase	66
	Situational or Contingency Leadership Phase	70
	Leadership as Managing Organizational Culture	84
	Summary	85
	Discussion Questions	89
	Exercises	89
	References	90
Part 2	Leadership in Practice	95
Chapter 5	Leadership Competence I: Professional Competencies and Personal Skills and Responsibilities	97
	Competencies in the Health Profession	98
	Competency Assessment Tools	100
	The Complex and Dynamic Health Environment	102
	The Complex and Highly Educated World of the Health Workforce	102
	Leadership Knowledge, Comprehension, Skills, and Abilities	108
	Motivation and Inspiration	111
	Power, Influence, and the Basis of Power	115
	Forming Relationships, Networks, and Alliances	117
	Communication and Culture	121
	Summary	131
	Discussion Questions	131
	Exercises	131
	References	132
Chapter 6	Leadership Competence II: Application of Skills, Tools, and Abilities	137
	Planning	138
	Situational Assessment and Environmental Scanning	141
	Decision Making and Decision Alignment	142
	Training	151
	Continuing Health Education: Competency Attainment	153
	Summary	155
	Discussion Questions	155
	Exercises	156
	References	156

Chapter 7	Leadership Assessment and Research: Individual, Team, and Organization	159
	Cycles of Leadership Development	160
	The Crawl–Walk–Run Metaphor	161
	The Crawl: Strategies for Managing Individuals	162
	The Walk: Strategies for Managing Groups and Teams	165
	The Run: Strategies for Leading Organizations	174
	Effectiveness and Leadership Development	175
	Summary	176
	Discussion Questions	177
	Exercises	177
	References	177
Chapter 8	Leadership Models in Practice	179
	Introduction	180
	Inter-Professional Team Model: PAARP	180
	The Dynamic Culture Leadership Model	186
	DCL and Organizational Culture	195
	Bolman and Deal’s Reframing Leadership and Management in Organizations Model	197
	Lynn’s Leadership Art and Science in Public Leadership and Management Model	200
	Yukl’s Multiple Linkage Model	200
	Hargrove and Glidewell’s Impossible Leadership Model	201
	Analysis and Comparison of Four Models	201
	Leadership Measurement Tools	203
	Summary	205
	Discussion Questions	205
	Exercises	205
	References	206
Part 3	Leadership in Health Organizations	209
Chapter 9	Leadership and the Complex Health Organization: Strategically Managing the Organizational Environment Before It Manages You	211
	Mission, Vision, Values, Strategies, Goals, Objectives, and Action Steps	212
	Understanding the Internal Environment	214
	Understanding the External Environment	221
	Organizational Culture	224
	Challenges of Change	229
	Strategic Relationships as a System for Leadership Concern	230
	Relating CAAVE to Strategic Relationships	235
	Summary	241
	Discussion Questions	241
	Exercises	241
	References	242
Chapter 10	Ethics in Health Leadership	247
	Introduction	248
	What Is Ethics?	249
	The Ethics of Policy Making and Treatment in the United States	254
	Ethical Codes Adopted by the Health Industry	256

	The Difference Between Medical Ethics, Clinical Ethics, and Bioethics	260
	A Health Leader's Challenge: Where to Start?	261
	Regulatory Compliance	262
	Ethics of Promise Keeping and Leadership Bankruptcy	275
	Social Media and Moral Considerations	276
	Summary	277
	Discussion Questions	277
	Exercises	278
	References	279
Chapter 11	Measuring the Outcomes of Leadership Initiatives	281
	Introduction	282
	Early Efforts of the U.S. Health System in Measurement	282
	Constructs, Variables, and Tools to Measure Health Leaders and Their Organizations	283
	Health Leader Competency Model Revisited	287
	Tools to Measure Leadership Outcomes and Competencies	287
	Models for Leadership Assessment and Evaluation	289
	Baldrige National Quality Award	300
	Summary	302
	Discussion Questions	303
	Exercises	303
	References	304
Chapter 12	Understanding the Executive Roles of Health Leadership	307
	Leadership for Physicians, Nurses, Administrators, and Medical Function Directors	308
	Parity of Health Care	317
	Summary	320
	Discussion Questions	321
	Exercises	321
	References	321
Part 4	Leading People and Managing Resources into the Future	325
Chapter 13	Complexity, Speed, and Change: Leadership Challenges for the Next Decade	327
	Cultural Differences in Leadership	328
	Globe Leadership Study	329
	Cultural Competence	331
	Leveraging Technology	333
	Leaders as Followers	334
	Power, Influence, and the Basis of Power	334
	Enduring Organizational Values and Beliefs	336
	Knowledge Management and a Learning Organization	341
	What Kind of Leader Do You Want to Be?	343
	Maintaining Relevancy and Credibility	345
	Development of Systems to Lead People and Manage Resources	347
	Integrity	349
	Relationship Building and Communication	350
	Have Fun	351
	Summary	351
	Discussion Questions	351

	Exercises	351
	References	352
Chapter 14	Leadership: A Critical Factor for the Future Success of the Industry	355
	Health Systems and Leadership	356
	Healthcare Supply Chain	357
	The Supply Chain and Supply Chain Management	357
	Overview of Revenue Management	365
	Leading Evaluation of Systems	366
	Meaning for Leaders	371
	Summary	372
	Discussion Questions	372
	Exercises	372
	References	373
Chapter 15	Leading Nonperforming Employees: Leadership Responsibility	375
	Introduction	376
	Strategies for Coaching, Mentoring, Peer Mentoring, and Educating Nonperformers	380
	Recognizing That Employee Failure Can Be a Failure of Leadership	384
	Options for Discipline	385
	Disruptive Physician Behavior: Another Aspect of Nonperformance	388
	Learning from Leaders Who Fail Us	389
	Summary	391
	Discussion Questions	392
	Exercises	392
	References	392
Chapter 16	The Health Leader, Information, Decisions, and Creating a Knowledge Culture: The 4 Ps of Health Analytics Adoption	395
	Introduction	396
	Situational Analysis: Catalyst to Integrated Information Necessity	397
	American Hospital Association Perspectives	398
	Paths to Transformational Change	398
	Health Equity: AHA Equity Care Report	398
	The Joint Commission Perspectives	399
	Governmental Imperatives	401
	Integrated Information Required: Need for Technology and Informatics Solutions	402
	HIMSS Analytics Delta Powered Maturity Model	407
	Integration of 4 Ps, HIMSS Analytics DELTA, and EMRAM Models	408
	4 Ps of Health Analytics Adoption	410
	Summary	414
	Discussion Questions	414
	Exercises	415
	Additional Resources	415
	References	415
Chapter 17	Responsibilities of Mentorship and Succession Planning	419
	History of Mentoring	420
	The Differences Among Leading, Coaching, and Mentoring	421

	Starting a Mentoring Program	424
	Mentoring and Organizational Change	425
	Responsibilities of the Mentor and the Mentee	426
	Succession Planning	428
	Leadership Decisions for Your Leadership Model	429
	One of Many Challenges in Health Leadership to Ponder	432
	Summary	432
	Epilogue	433
	Discussion Questions	433
	Exercises	434
	References	434
Appendix A	Leadership in Practice: Cases and Insights	437
	Introduction	437
	Introducing the Health Leader: James H. Stephens	437
	Introducing the Health Leader: Donald M. Bradshaw	441
	Introducing the Health Leader: Michael Sack	445
	Introducing the Health Leader: Susan Reisinger Smith	448
	Introducing the Health Leader: Crystal A. Riley	453
	Introducing the Health Leaders: Paul E. Detty and Phil Meadows	455
	References	458
Appendix B	Understanding Leadership as a Theory	461
	Why Study Theory?	461
	What Is a Theory?	462
	Overview of Theory	463
	Theories, Models, Constructs, Variables, and Measurements	464
	A Model of Health	471
	Key Relationships: Leadership Models to Theories to Accepted Theories	472
	Descriptive and Prescriptive Leadership Models Revisited:	
	A Conceptual Model of a Leadership Theory on Motivation	472
	Summary	475
	Discussion Questions	475
	Exercises	475
	References	476
Appendix C	The Omnibus Leadership Model by Dr. M. Nicholas Coppola	479
	The Omnibus Leadership Model	479
	References	487
Index		491



NEW TO THE THIRD EDITION

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

CHAPTER 1

Chapter 1 includes minor updates and additional references.

CHAPTER 2

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

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

CHAPTER 3

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

CHAPTER 4

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

CHAPTER 5

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

CHAPTER 6

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

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

- Environment scanning
- Competency attainment through continuing health education

CHAPTER 7

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

CHAPTER 8

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

CHAPTER 9

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

CHAPTER 10

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

CHAPTERS 11 AND 12

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

CHAPTER 13

A minor update of references was completed for this chapter.

CHAPTER 14

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

CHAPTER 15

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

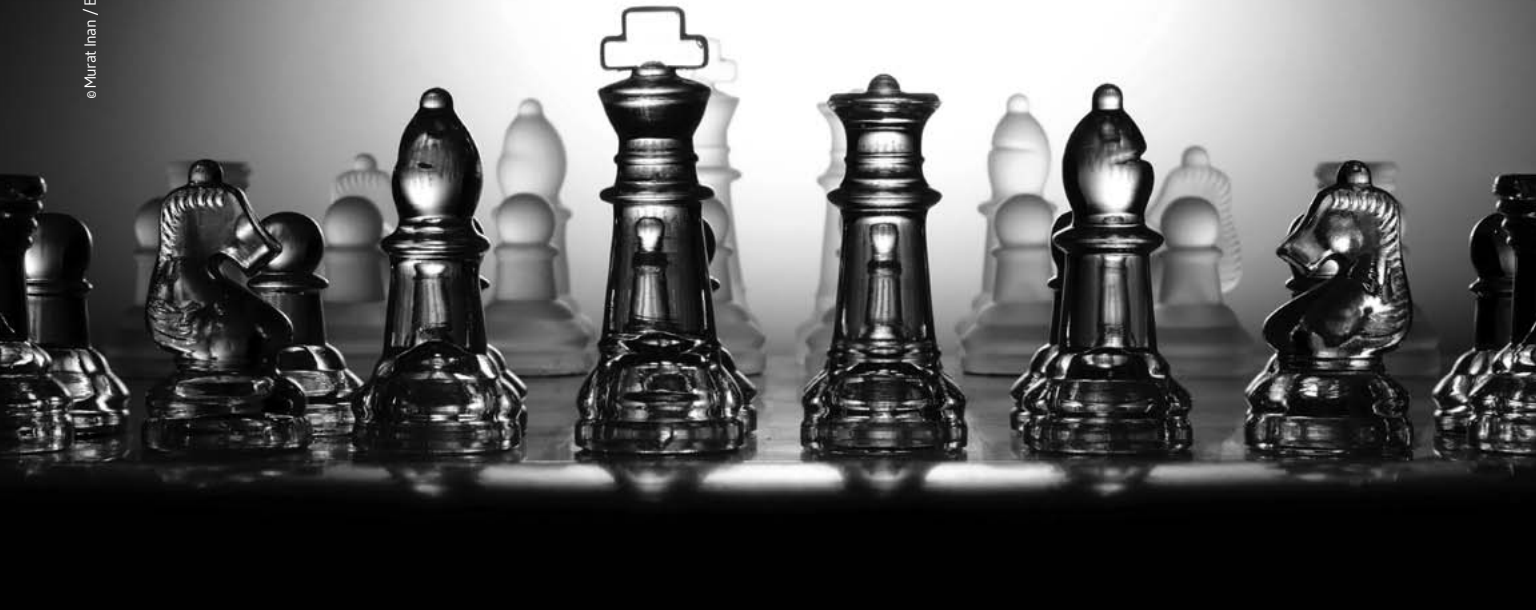
assist in developing policy for documentation and action. An update of references was completed for this edition.

CHAPTER 16

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

CHAPTER 17

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



FOREWORD



Courtesy of General David Rubenstein.

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

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

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

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

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

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

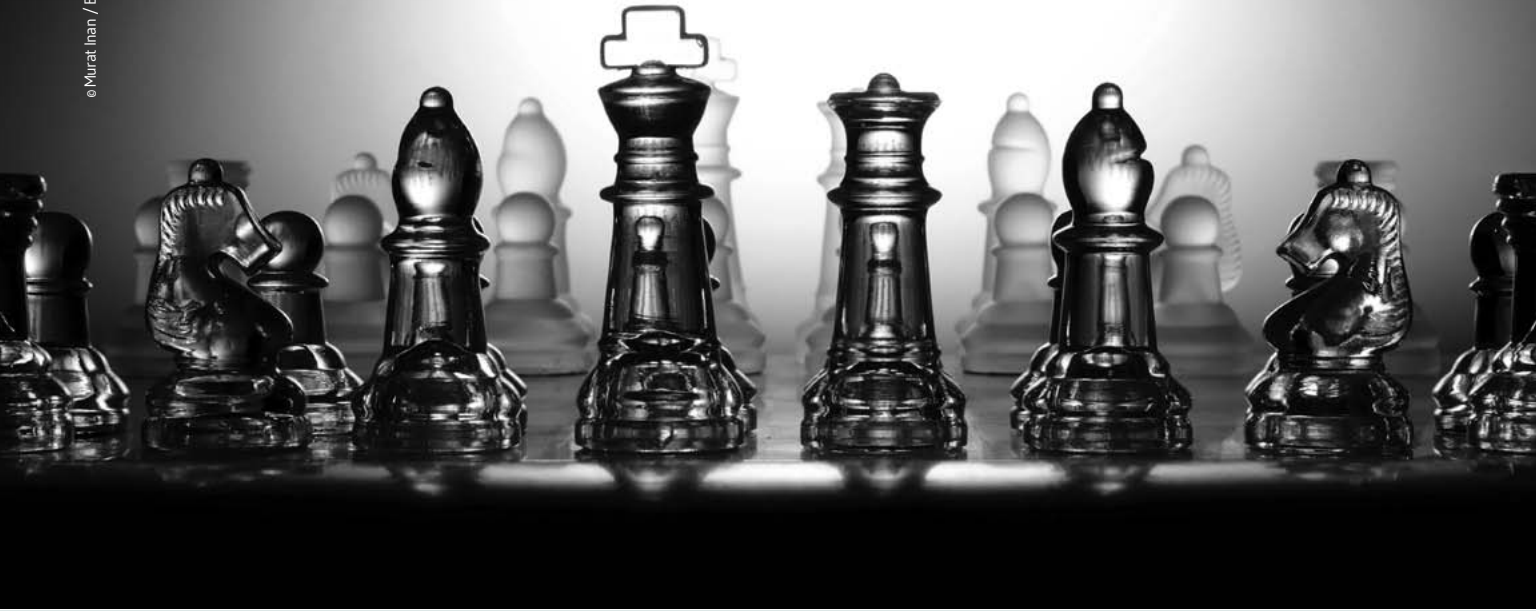
the title you want to read? This text addresses the needs of health leaders at various career stages: those in training, young leaders in the field, and more seasoned leaders who bear the scars of experience. The authors, contributors, and reviewers have fine-tuned their successful previous edition with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

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

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

REFERENCE

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



A NOTE FROM THE AUTHORS

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

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

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

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

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

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

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

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

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



PREFACE: THE PURPOSE OF THIS LEADERSHIP TEXT

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

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

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

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

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

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

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

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

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

REFERENCES

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



IN THIS TEXT

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

PART 1: LEADERSHIP FOUNDATIONS

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

PART 2: LEADERSHIP IN PRACTICE

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

PART 3: LEADERSHIP IN HEALTH ORGANIZATIONS

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

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

PART 4: LEADING PEOPLE AND MANAGING RESOURCES INTO THE FUTURE

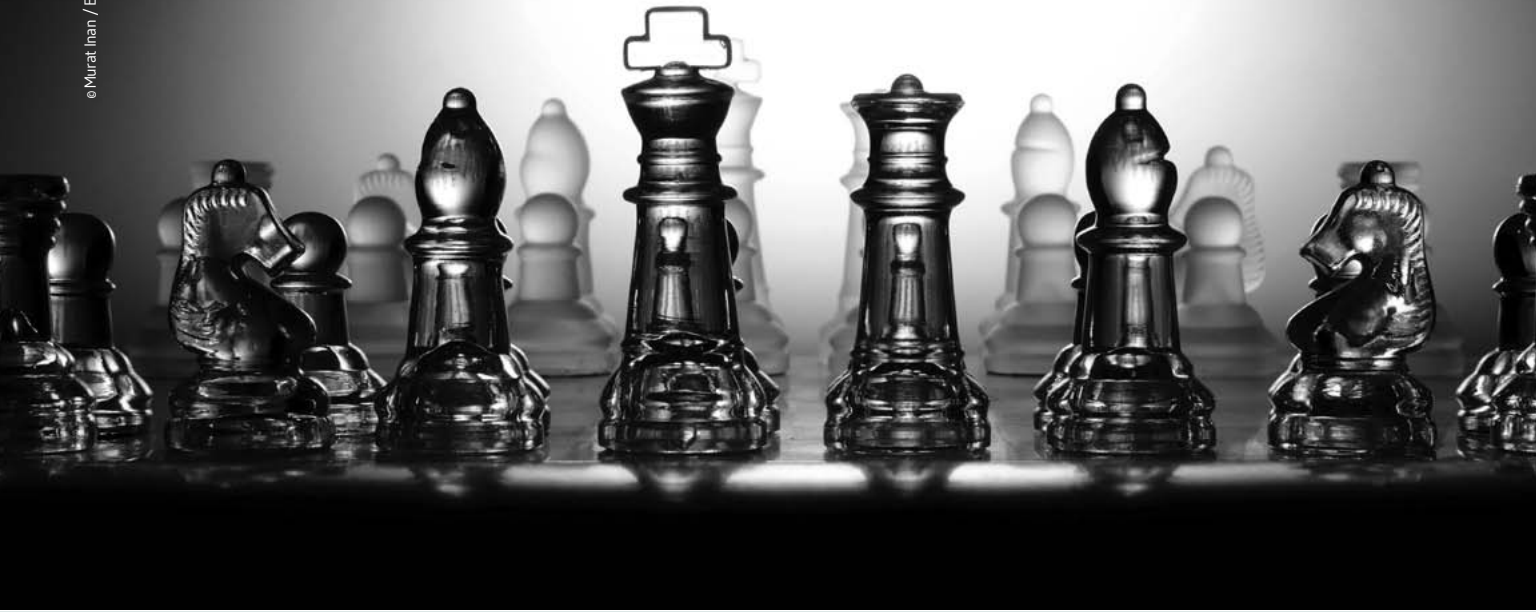
Part 4 contains five (5) chapters. Chapter 13 offers suggestions for leaders in the next decade, with a specific emphasis on globalization and an understanding that many discussions in this book focus on Western philosophies of leadership; other worldviews of leadership are presented. Next, Chapter 14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

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

MINI-CASES

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

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



ACKNOWLEDGMENTS

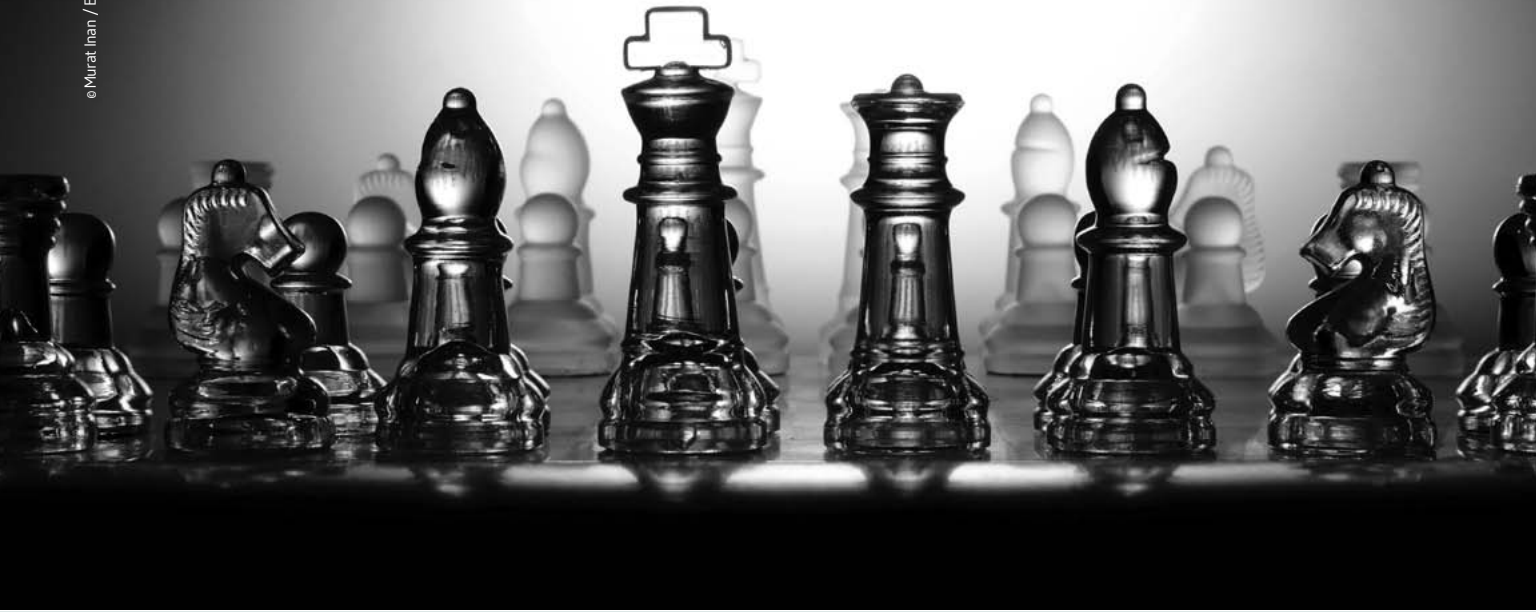
As in any major project, when writing a book teamwork, collaboration, compromise, and dedication are required for a successful outcome. Our Triune God, first and foremost, has nurtured, loved, and cared for me and my family to enable all that I am, with all my flaws paid for by Christ. My beautiful wife, Silke, and my wonderful daughters, Sarah, Rebecca, and Miriam, supported and encouraged my work for this textbook: Thank you, and I love you all very much. Dr. James Stephens, my partner in this third edition, provided a value-added collegial environment while working intelligently and diligently on the many aspects of this textbook and supporting materials: Thank you for your collaborative spirit and dedication. Lastly, I greatly appreciate and empathize with the myriad health leaders—those now on the stage and those waiting in the wings—who provide the organizational nourishment, direction, and moral fiber for the health industry on a daily basis. I am greatly encouraged by those health leaders who “lead people and manage resources” in our dynamic world.

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

I would like to acknowledge Dr. Ledlow for asking me to join him as coauthor on the third edition of *Leadership for Health Professionals*. It has been a very interesting and informative process. Dr. Ledlow and I have worked together on many academic projects in our careers, and I know we will have new ventures in the future. I would also like to thank Dr. Dave Schott for his assistance. Dave has been one of my doctoral students, and I was chair of his dissertation committee. Also, I want to express my appreciation to Ms. Jennifer Dewey, who is my graduate assistant in

the Master of Healthcare Administrative Program, as well as an MHA student herself, for her involvement with this edition. Finally, I wish to thank my wife, Mary Linda, for a wonderful marriage and for her support of my careers both in academics and as CEO of large healthcare systems, for being a wonderful mother to Robert, Craig and Eric, and a grandmother to Emily and Julian. I love her very much.

James H. Stephens, DHA, MHA, FACHE



AUTHOR BIOGRAPHIES

GERALD (JERRY) R. LEDLOW, PHD, MHA, FACHE



Courtesy of Silke Ledlow.

Dr. Gerald (Jerry) R. Ledlow, as a board-certified healthcare executive and fellow in the American College of Healthcare Executives, has led team members and managed resources in health organizations for more than 30 years, including 15 years as a practitioner and more than 14 years as an academically based teacher-scholar. He has successfully held a variety of positions: (1) executive-level positions in corporate and military health systems in the areas of clinical operations, managed care, supply chain and logistics, information systems, and facility management; (2) management positions in health services, medical materials, and the supply chain; and (3) various academic leadership positions as the director of doctoral programs at two universities, director of academic affairs, director of student services, and director of the center for survey research and health information, as well as holding tenured faculty positions at three doctoral research universities. Dr. Ledlow earned his PhD in organizational leadership from the University of Oklahoma, a master of health administration degree from Baylor University, and a bachelor of arts degree in economics from the Virginia Military Institute. He has held tenured

graduate faculty positions at Central Michigan University and at Georgia Southern University. Currently, Dr. Ledlow is a tenured Professor and Chair of the Department of Healthcare Policy, Economics and Management in the School of Community and Rural Health at the University of Texas Health Science Center Northeast in Tyler, Texas.

Dr. Ledlow has taught 25 different graduate-level courses, including teaching doctoral- and master's-level students in the topic of health leadership. "Dr. Jerry" (as his students call him) has made presentations on health-related topics and health leadership models and applications across the globe; he has presented to myriad audiences internationally, nationally, and locally. He has published in many venues (e.g., journals, book chapters) and has been author, contributing author, editor, and reviewer for several books.

Dr. Ledlow is married to his beautiful wife, Silke, and has three fantastic daughters, Sarah, Rebecca, and Miriam. He is

JAMES H. STEPHENS, DHA, MHA, FACHE



Courtesy of Dr. James Stephens.

Dr. James Stephens earned a doctorate of health administration degree at the Central Michigan University School of Health Sciences, a master of health administration degree at the Indiana University School of Medicine, and a bachelor of science in business administration at the Indiana University School of Business. He is a fellow in the American College of Healthcare Executives (ACHE) and is board certified.

Dr. Stephens has held senior executive positions in large medical centers and health systems for 25 years, with 18 years at the president and CEO level. Before joining the Georgia Southern University faculty, he held faculty/staff positions at University of Kentucky, Ohio University, University of Indianapolis, and Butler University.

Dr. Stephens has served on many healthcare and civic organizational governing boards, including the Kentucky and Indiana Hospital Associations, Chamber of Commerce,

a regional editor for the *Journal of Global Business and Technology*, is on several publication review teams, and participates as a member of various task forces and committees internationally, nationally, and at the state level. Years ago, Dr. Jerry was a National Registry-certified emergency management technician as a volunteer and was deployed to combat zones as a commissioned officer in the U.S. Army Medical Service Corps.

He received the Federal Sector Managed Care Executive of the Year Award in 1998 and the American College of Healthcare Executives' Regent's Award in 1997 and in 2003. His interests are health industry oriented and focus on the areas of leadership, management, decision sciences, supply chain and logistics, community preparedness for terrorism and disasters, socioeconomic constructs of health and community health status, and any project that has the potential to improve the health of communities through moral, effective, efficient, and efficacious health leadership and management practices.

United Way, Boy Scouts, and the International Rotary Club.

He has been awarded Excellence in Teaching at Georgia Southern University, Excellence in Service Award at Ohio University, Sagamore of the Wabash (highest award from the Governor of Indiana), Kentucky Colonel (highest award from the Governor of Kentucky), Indiana Governor's Award for Volunteerism, Indiana University Alumni Association President's Award, Lincoln Trail Red Cross Award, and Equal Opportunity Award of Merit by the Urban League. He is also a Paul Harris Fellow in International Rotary. He and his wife have been recognized as Special Donations by International Rotary for their contribution to the Polio-Plus Program.

Dr. Stephens' interests include healthcare systems, disparity issues in urban/rural communities, CEO leadership development and succession planning, healthcare governance, strategic planning, and new healthcare delivery models.

Currently, Dr. Stephens is an associate professor and distinguished fellow in healthcare leadership and the director for the master of healthcare administration program within the Jiann-Ping Hsu College of Public Health at Georgia Southern University. He teaches doctoral- and master's-level courses, including healthcare finance, healthcare economics, leadership and strategic planning, and communication in healthcare organizations.

Dr. Stephens has published many articles, book chapters, and case studies, in addition to delivering national and international academic presentations.



CONTRIBUTORS

Donald M. Bradshaw, MD, MPH, FAAFP, FACHE, FACPE
Senior Vice President, Defense Health Operations Manager, Health Solutions Business Unit
Science Applications International Corporation (SAIC)
Falls Church, Virginia

Jameson Tyler Croft, MHA
Surgical Services Senior Materials Coordinator
Southeast Georgia Health System
Brunswick, Georgia

Paul E. Detty, MD, MHA
Six Sigma Green Belt
Midwest Medical Center
Lancaster, Ohio

Karl Manrodt, PhD
Professor and Chair, College of Business Administration
Georgia College and State University
Milledgeville, Georgia

William Mase
Assistant Professor, Department of Health Policy and
Management
Jiann-Ping Hsu College of Public Health
Georgia Southern University
Statesboro, Georgia

Phil Meadows, MBA
Senior Data Analyst, Six Sigma Black Belt
Midwest Medical Center
Lancaster, Ohio

Crystal A. Riley, PharmD, RPh, MSHCA, CPHQ
Associate Director, Federal Relations
The Joint Commission
Washington, D.C.

David Schott, DPH, MBA, MPH
Assistant Administrator of Strategy and Business Analytics
South Georgia Medical Center
Valdosta, Georgia

Michael Sack
President and CEO
Hallmark Health
Melrose, Massachusetts

Susan Reisinger Smith, DHA, MSN, RN
Vice President, Clinical Practice, Research, and Education
Gentiva Home Health
Macon, Georgia