

Case analysis

by Ashwini Krishna

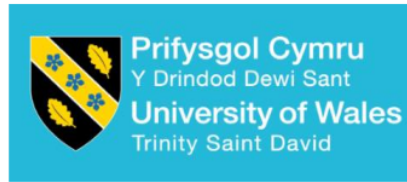
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Introduction

The case of Lewis Blackman presents the significance of implementing effective leadership mechanisms in the healthcare sector. The 15-year-old boy Lewis was sent to the ³⁸teaching hospital for a minimally invasive operation to treat a defect in his chest wall, pectus excavatum. While the boy received a full course of adult medication of IV painkillers after the operation, the doctors and nurses showed no significant efforts to monitor and evaluate the side effects of the medications. The boy had died due to a duodenal ulcer, which is a significant side effect of the Toradol medication that he was given in the hospital (Eidinejad *et al.*, 2021).

Leadership definition

Leadership is of critical importance in the case of Lewis Blackman in terms of facilitating safety and quality of care for the patient. Leadership aids in different aspects of healthcare provision, including the development of a culture of trust and accountability, transparency in communication, and patient monitoring. Effective leadership mechanisms would have contributed to the adequate training and supervision of the healthcare personnel (King *et al.* 2021). In the case of Lewis Blackman, effective leadership would have identified the significant side effects of the medications and taken appropriate measures to improve the deterioration of the health of the boy. As well as effective leadership would have fostered utmost patient control and care practices in the hospital to prevent the tragic outcome of Lewis.

Why this study is important

The case of Lewis Blackman presents the outcomes of ineffective leadership in the health industry. The tragic incident of the 15-year-old boy who was admitted to the hospital for minimal surgery died due to the wrong medications and ineffective supervision as well as the lack of equipment and support from experienced doctors. This case study was chosen to showcase the severe consequences of inadequate leadership in hospitals. However, purpose-driven leadership, in the case study, could have aided in assuring that the healthcare workers are genuinely invested in providing the utmost patient care and well-being. Leaders would have facilitated regulations for timely evaluation of concerns, assured the training of the nurses, and improved collaboration and communication among the healthcare workers (Machon *et al.*, 2020). Also, purpose-driven leadership could have developed appropriate measures to implement proper pain management and the involvement of experienced doctors.

How this study focus on improving leadership

This case study has presented the ineffectiveness of leadership in hospitals regarding patient care and monitoring of vital signs and the need for more infrastructure and collaboration between healthcare workers. This case study will be further detailed in this research with the help of connecting various leadership frameworks and theories to identify the most appropriate leadership mechanism for the healthcare sector, which will be able to mitigate the risk of further fatal occurrences like Lewis Blackman. This research will present the effectiveness of behavioural leadership theory in relation to the case study, along with presenting the ineffectiveness of ⁵²great man theory and trait theory in regard to the case study. Also, the research will present the significance of the TANNENBAUM and SCHMIDT leadership MODEL linking with the behaviour theory, Great Man theory, and Trait theory. Also, the research will facilitate the democratic and autocratic leadership styles to detail the case study analysis further.

Main body

4 p's

Purpose

The purpose of the case is to highlight the fatal occurrence of Lewis Blackman and critical leadership. The purpose of hospitals, emphasising the system failures and inadequate supervision within the healthcare system that has potentially led to the unfortunate mishap (Bolden, 2005). The case also aims to highlight the requirement of enhancing care and monitoring facilities for patients in the healthcare systems, along with facilitating appropriate and required training facilities for the healthcare professionals to enhance their skills related to prescribing appropriate medications, conducting a proper diagnosis, and developing their skills of collaboration and cooperation with fellow workers (Eagly *et al.* 2001).

Priority

Lewis Blackman's well-being and safety should have been the utmost priority for the healthcare department in this case. However, it is evident that the healthcare facilitators all need to provide the required care and support to the patient in this case (Sanford *et al.*, 2021). The health workers seemed to prioritise the management of pain rather than identifying the cause and criticality of the deteriorating health condition of the boy. In order to prevent the

occurrence, there should have been facilitation and prioritisation of adequate monitoring, effective intervention, and adequate communication and exchange of information among the experienced doctors in this case (Gandolfi and Stone, 2018).

Potential

In this case, the potential involved the opportunity of allowing quality healthcare and adequate monitoring facilities for the case study patient Lewis Blackman to prevent the tragic death effectively (Kempster *et al.*, 2011) (Sonnino, 2016). Lewis had a bright future as he was a young and talented kid with a lot of prospects and opportunities in his life. Healthcare providers had the potential chance to identify the critical signs and symptoms of the health issue faced by the patient, adequately evaluate and diagnose the cause of his suffering, and provide the necessary treatment and care opportunities to save his life (Siegel *et al.* 2019) potentially.

Progress

The progress, in this case, needs to be improved. The progress to ensure the safety of patients and mitigate medical defects was found to be ineffective, in spite of the significant medical advancements and developments (Kathuria *et al.*, 2010) (Leithwood, 2005) The tragic incidence of Lewis occurred due to the result of a lack of communication, inadequate training of healthcare workers, and a lack of recognising vital signs and symptoms of patients (Altmiller, 2022) (Megheirkouni, and Mejheirkouni 2020). There should have been progressing made in terms of enabling quality care and supervision that was lessened due to the avoidance of patient well-being by the health workers.

Henry Mintzberg lens



Figure 1: Henry Mintzberg's model of managing

(Source: ResearchGate, 2023)

The Mintzberg model of managing describes ten significant roles in the organisation that managers or leaders perform, including figurehead, leader, liaison, monitor, disseminator, spokesperson, entrepreneur, disturbance handler, resource allocator, and negotiator (Tropschuh and Beck, 2022).

In the case of Lewis Blackman, the Henry Mintzberg lens focuses on the significant responsibility of the healthcare managers or authorities to adequately monitor and supervise the health condition of the patients and also facilitate adequate resources and equipment to aid in the process of treating the patient. Also, the ineffective collaboration between the health workers also needed to be monitored by the managers. As well as managers needed to implement adequate training and development programs for the health workers to develop their skills in providing appropriate health support and preventing fatal events.



Figure 2: Rich picture related to the case.

(Source: Self-created)

The rich picture demonstrated the situation of the case of Lewis Blackman, who had an operation to treat a defect in his chest wall, pectus excavatum, and had received inappropriate pain management medication afterwards the surgery, which led to the death of the patient due to significant side effects of the medications. First of all, the medical staff of the hospital has shown ignorance of the asthma problem that the patient had before prescribing him medications which are significant negligence, and it has shown the improper training of the hospital staff regarding the provision of care and services to patients in their health needs (Golan *et al.*, 2022). Furthermore, in terms of pain management, the medications provided by the healthcare providers were wrong, and due to this, the fatal case happened. The patient was given significantly high doses of opioid pain medications and Toradol, which severely impacted their breathing and levels of oxygen saturation levels (Golan *et al.*, 2022). Furthermore, the hospital staff did not take the signs of deterioration seriously, and they misdiagnosed his symptoms as constipation. The isolation of the patient and his parents has been highlighted by the absence of experienced doctors and health supervisors in the time of need, which led to improper management of the health needs of the patient. Also, the lack of communication between the health workers and insufficient training provided to the resident doctors and nurses have all led to tragic consequences.

Fishbone analysis

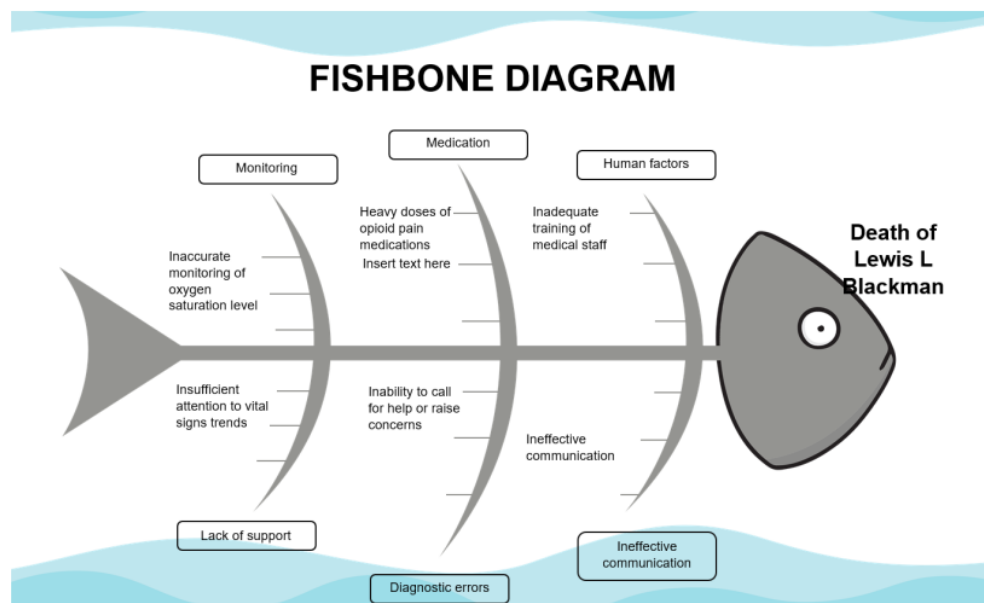


Figure 3: Fishbone analysis

(Source: Self-created)

The fishbone diagram, also known as the cause and effect diagram, has aided in evaluating the underlying reasons for the significant consequence of the tragic incident of Lewis Blackman (Saja *et al.* 2021). The diagram has highlighted various associated reasons that have potentially led to the unfortunate occurrence in the case of Lewis Blackman.

"Human Factors" is one of the significant categories of causes. A significant role has been played by insufficient training of the medical staff and the lack of experience of resident doctors in this category. The ability of the health facilitators has been demised due to the factor of insufficient training provision in terms of the effective identification and addressing of the deteriorating condition of the patient Lewis Blackman. Furthermore, the situation has become more intricate due to the lack of communication and cooperation among the healthcare professionals, as the important health information of the patient may have yet to reach pertinent professionals.

"Medication management" is another critical factor in the fishbone analysis of the case. Adverse effects have been inflicted on the breathing and oxygen saturation levels of the patient due to the administration of high doses of opioid pain medicines and the use of Toradol, which is not suitable for young kids. The significant respiratory issues may have deteriorated significantly due to the use of the combination of medicines on the patient, which were not effectively addressed by the medical professionals. As well as the factors of Diagnostic error, health professionals have disregarded the signs of Lewis with the signs of constipation. Also,

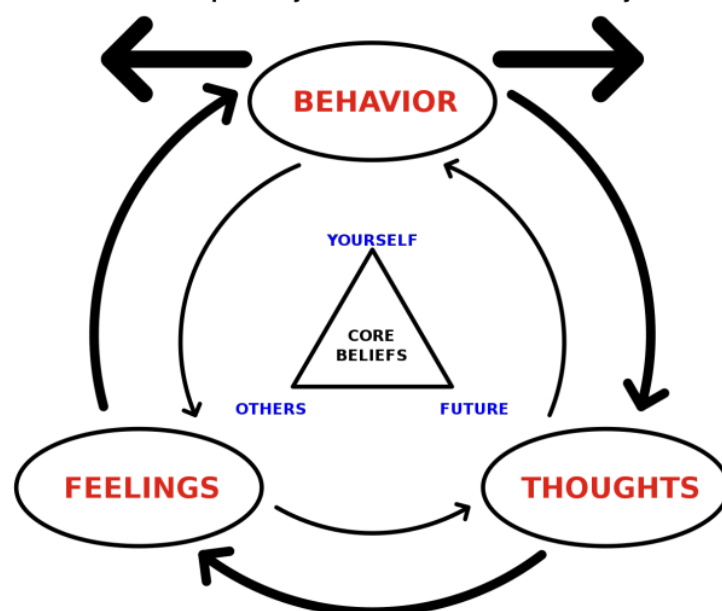
the factors of lack of support and advocacy further added to the causes of the significant and tragic effect of the death of Lewis Blackman (Wu *et al.*, 2020).

Why and how fish bone analysis help to understand the case

The case of Lewis Wardlaw Blackman highlights the importance of proper medical assessment, timely intervention, effective communication with different parties, and a culture of patient safety. This case's tragic outcome caused several critical issues and led to allegations of medical malpractice. One of the main issues that can be observed in the first place is the nurses who were involved in Lewis's care, maybe inexperienced residents, who failed to recognise and avoid the acute symptoms, which delayed the overall response. They critically avoided the severity of Lewis's symptoms which included a lack of urine production, a drop in temperature, pale skin, a distended belly, and extreme pain in the body (Golan *et al.*, 2022). Their symptoms of Lewis required concern and prompted immediate action from the medical professionals, whereas the medical staff neglected the call for a more experienced doctor. They should have investigated further, which ultimately delayed appropriate medical intervention. On the other hand, in Lewis' case, it has been observed an inadequate monetary assessment from the medical professional which was another critical issue. Particularly the symptoms of lack of urination production should trigger further investigation and monetary. However, experienced medical professionals or experienced doctors would have recognised the need for additional tests, which were not considered by the medical professionals who were handling Lewis. The additional medical test that the professional should have considered is a routine blood test to assess his condition accurately (Wu *et al.*, 2020). Furthermore, these critical steps were overlooked by the inexperienced medical staff of the South Carolina medical hospital, which caused the deprivation of Lewis's medical attention timely. Similarly, the South Carolina medical hospital failed to diagnose internal bleeding of Lewis. It has been observed that the medical team who was handling Lewis' case did not know to order a simple and relatively inexpensive blood test costing just \$30 to check if the patient is internal bleeding or not. However, if the medical staff or the professional doctor of the South Carolina medical hospital did consider the blood test, they could have revealed the life-threatening complication that the patient was facing. Therefore, by not considering the blood test, the medical professional missed the critical opportunity to identify the critical problem and to take appropriate action in time. However, it has also been observed that there was a lack of communication and collaboration between the medical team and professionals, which contributed to the delayed response in Lewis's case. These communication breakdowns and lack of collaboration among the medical team in such a situation where a patient's condition deteriorates pose extreme complications (Salik and Ashurst, 2019). It is very important for healthcare providers to effectively communicate and collaborate to ensure that they are

providing appropriate interventions. Moreover, the last critical issue that has been observed in the case was the settlement. The patient's family settled out of court with the hospital for \$950,000 before filing a lawsuit. However, the settlement can provide some financial support to the family and contribute to the patient's safety initiatives, but it can also raise questions about accountability and the potential impact of addressing the underlying issues within the healthcare system of South Carolina Hospital. This assessment of the Lewis Wardlaw Blackman case seeks to underscore the need for robust mechanisms to hold healthcare providers accountable for their actions, ensuring that similar incidents are prevented in the future.

Using Behavioural Leadership theory instead of Great Man Theory and Traits Theory



(Figure 3: Behavioural Theory)

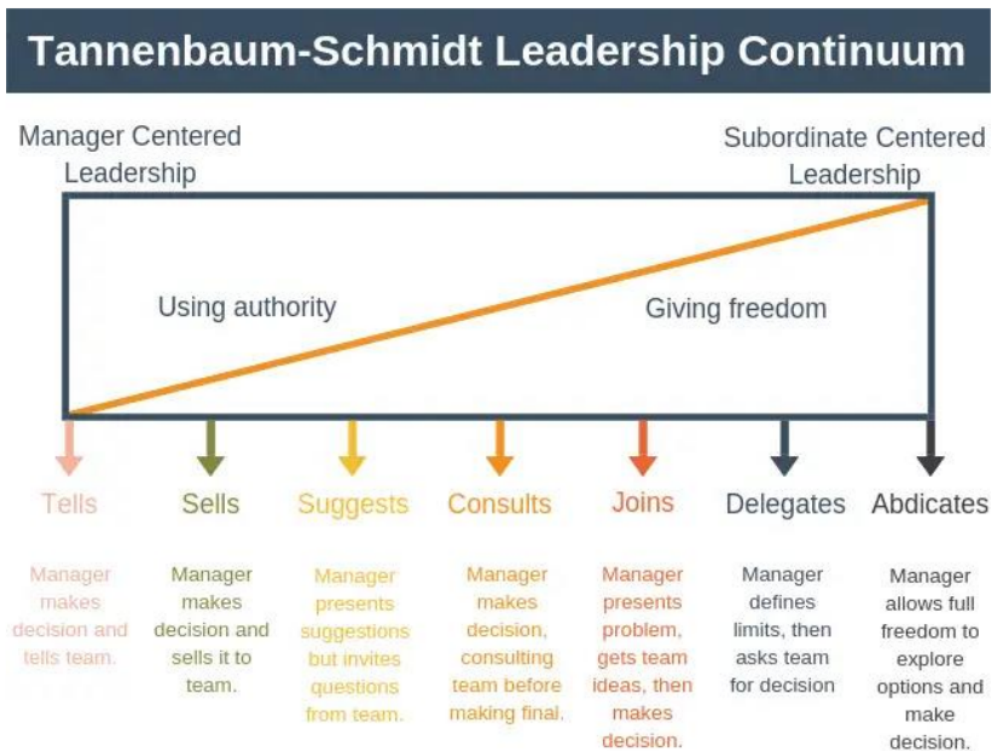
(Source: Wikipedia, 2023)

In the case of Lewis Wardlaw Blackman, after assessing critically, it has been observed that the healthcare leaders who were in charge of that case could have utilised behavioural theory to improve the quality of care and to prevent the tragic outcome experienced by the patient. Behavioural critically focuses on understanding human behaviour and the factors that influence human behaviour significantly, which might have helped the leaders to understand the case more appropriately (Bavel *et al.*, 2020). The healthcare leaders could have applied the behaviour theory principles by training and educating the healthcare professionals about recognising and responding to the acute symptoms of the patient. This initiative could have helped the healthcare professionals to identify the symptoms more effectively, which may

emphasise the importance of prompt action, and maybe the healthcare providers would be better prepared to identify and address such situations. On the other hand, the behavioural theory may help healthcare professionals to create a culture of safety that emphasises the role of the environment in shaping behaviour. Creating a culture of safety within the hospital is very important, and this culture of safety can be created by considering open communication, collaboration, and reporting potential issues or mistakes (Paradiso and Sweeney, 2019). The culture of safety creates a safe environment in the hospital which encourages comfortable speaking up, seeking help, and taking appropriate action when faced with critical situations. Therefore, implementing reminders and checklists is a critical factor that took place under the behavioural theory as it recognises the influence of cues and reminders on behaviour. In the case of Lewis, it was important for healthcare leaders to consider the reminders and checklist for the blood tests and other tests for analysing the severity of Lewis's symptoms. Healthcare leaders should critically implement standardised checklists and reminders within the hospital protocols. These standardised checklists and reminders will help the professionals to ensure that the crucial steps like ordering necessary tests and involving experienced doctors are not overlooked by any Health professionals (Radhakrishnan *et al.*, 2021). Furthermore, behaviour theory suggests that providing regular performance feedback can positively impact behaviour. Healthcare leaders should have implemented systems for monitoring and providing feedback on the quality of care delivery by healthcare providers.

However, in this particular case, the healthcare leaders should have considered the behaviour theory rather than the Great Man Theory or Trait Theory because the behaviour theory focuses on behaviours and actions, which is very important for the healthcare days to control the healthcare team's behaviour (Hunt, and Fedynich, 2019). Furthermore, behavioural theory helps healthcare leaders to understand the impact of the system on behaviour and guide them in making systematic changes to promote safe practices in the hospital. At the same time, the Great Man Theory and Trait Theory focus on individual characteristics and qualities of leaders, which may not provide the comprehensive framework that is needed in the particular case of Lewis Wardlaw Blackman. However, in this particular case, it was required to address the complex behaviour and systematic issues involved in medical Malpractice, where behaviour theory can offer a more suitable approach for the healthcare leaders to analyse and understand the needed improvement areas in the practice system.

Tannenbaum-Schmidt Continuum Leadership model



(Figure 4: Tannenbaum-Schmidt Leadership Continuum)

(Source: Team, Dublin and Hailing, 2022)

The Tannenbaum-Schmidt Continuum is a leadership Continuum that focuses on the range of leadership styles from authoritarian to participative. It also focuses on the level of decision-making authority delegated to subordinates. However, this model is not specifically designed for analysing medical male practice cases like Lewis, but it can be applied to the leadership and decision-making practice within the healthcare setting. In the Tannenbaum-Schmidt Continuum Authoritarian leadership style is essential, which refers to where decision-making authority rests primarily with the leaders or experienced doctors. In this particular case, if the healthcare providers or leaders followed an authoritarian approach, they may have made decisions without considering input from other (Turyahebwa *et al.*, 2022) healthcare professionals, including nurses or in experience residents. The top-down decision-making approach of Authoritarian leadership could have limited the ability of the frontline staff to voice concerns or contribute their expertise which may lead to a critical overview or negligence. On the other hand, these Tannenbaum-Schmidt Continuum includes a participating leadership style in which the decision-making authority is shared and decentralised. However, in the case of Lewis, a more participative leadership approach could have been considered by the health

leaders, which may and courage open communication and collaboration among the health professionals (Mboya, 2019). These open communication and collaborations would have created an environment where the nurse staff of the inexperienced residence may feel empowered to speak up about their concerns or contribute to their observation regarding Lewis's deteriorating condition. Moreover, the Tannenbaum-Schmidt Continuum can also be applied to a broader concept of patient safety with a more participative leadership style where the decision-making authority is shared and aligned with the patient-centred approach to care. These approaches can contribute to a safe environment where the acute symptoms are being recognised, appropriate actions are taken please, and potential errors overseas and minimised (Abanis *et al.*, 2022). While the Tannenbaum-Schmidt Continuum can provide insights into how leadership approach may influence outcomes in medical malpractice cases, it should be considered alongside other factors and models to gain a comprehensive understanding of the complex issues that were involved in the particular case of Lewis Wardlaw Blackman. However, it can also be observed that the Tannenbaum-Schmidt Continuum is linked with the behaviour theory (Myronova, 2019). The Tannenbaum-Schmidt Continuum provides a framework that helps to understand different leadership styles and delegation of decision-making authority. These leadership styles and decision-making authority understanding acknowledges that leadership behaviour can be along a spectrum from authoritarian to participative. Similarly, Tannenbaum-Schmidt's Continuum suggests that leadership can be developed and adjusted based on the context, and Great Man Theory implies that leadership is more fixed and determined by individual characteristics. From this perspective, it can be understood that these theories provide different views from their perspective on the source and nature of leadership. Lastly, the Tannenbaum-Schmidt Continuum provides a broader framework for understanding leadership behaviour in various contexts, whereas the Traits theory explores the idea that characteristics or traits are associated with effective leadership.

X,Y,Z theory

Theory X emphasises the belief of the managers that workers are lazy, theory Y emphasises that managers believe employees are naturally motivated to work. Theory Z emphasises that a set of factors can motivate employees including social needs, rewards, and sense of belonging (Mahmoud *et al.* 2021). In the case of Lewis Blackman the theory XYZ can significantly aid in the development of an effective healthcare system to facilitate the health delivery to patients and avoid catastrophic events.

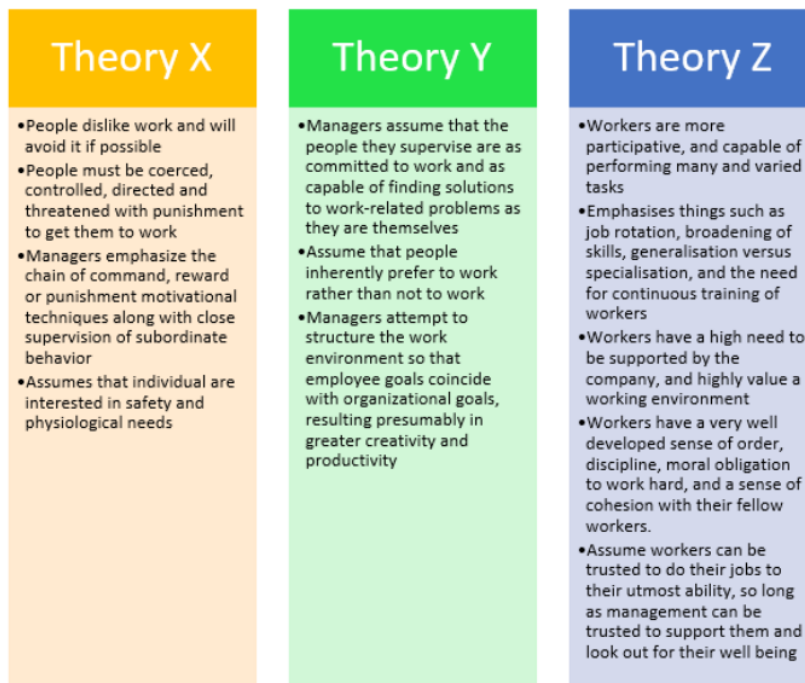


Figure 5 : X, Y, Z Theory , source(Aydin 2012 and Mullins 2013)

Leadership style

The different styles of leadership include the methods, behaviours and characteristics of a leader in the direction, motivation and management of teams. As such, factors like personality, skills, experiences and values significantly affect the effectiveness of leadership in the healthcare sector. Democratic leadership is also known as participative management, where people who are led play an active role (Mansaray, 2019). The leaders in the democratic leadership style seek input and feedback from their subordinates. This is especially useful in its implementation in the healthcare sector, where the doctors, surgeons and physicians can consider the feedback of the nurses and ward personnel who monitor patients round-the-clock. Therefore, democratic leadership also encourages the continuation of conversation with subordinate units and considers their influence in the decision-making process.

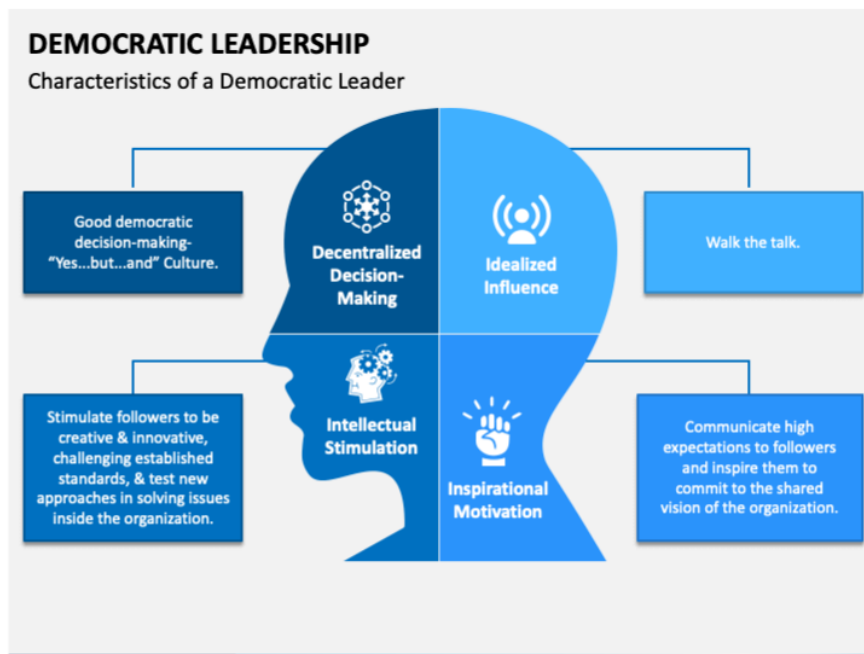


Figure 6: Properties of Democratic leadership style

Source: (Sketchbubble, 2023)

The existence of democratic leadership could have been an ideal situation for the Blackman case study as it would have ensured the consideration of the side effects of his medication in making decisions. Additionally, the democratic leadership style is considered to be the best because it promotes decentralised decision-making, intellectual stimulation and inspirational motivation. Therefore, the application of democratic leadership in the healthcare sector can help to foster innovation, creativity and collaboration.

By contrast, autocratic leadership is a type of management style where all executive and decision-making authority is vested in a single person or entity, which seldom considers the inputs of subordinates (Briker, Walter and Cole, 2021). In this case, autocratic leaders make decisions and make choices based on their perceptions, experiences and beliefs only. Therefore, the use of autocratic leadership in the healthcare sector implies that doctors and medical authorities need to consider the opinions and feedback of nurses and other subordinate healthcare staff while devising medication for patients. This is primarily the situation of the case study where the lack of monitoring of the patient named Blackman resulted in his death. Autocratic leadership has limited scope for implementation in the

healthcare sector because the sole dependence on the apex authority without considering feedback prevents making informed decisions.

Furthermore, the laissez-faire leadership style opposes micromanaging and empowers subordinate units in a hierarchy to have autonomy in making decisions and implementing measures (Ahmed Iqbal *et al.*, 2021). As such, the laissez-faire leadership style uses the expertise of subordinate units and boosts their morale in various operations. However, the laissez-faire system is not applicable in the healthcare sector. This is because although subordinate healthcare workers like nurses monitor patients' health, they need more expertise on the most useful medication for individual patients. The uniqueness of the health ailments of different patients increases the importance of consulting surgeons, physicians, cardiologists, neurologists and other doctors with specific skills. Therefore, the laissez-faire leadership style cannot be implemented in healthcare settings as it can lead to undesirable consequences and side effects for patients.

Leadership Grid

The leadership grid is a behavioural model of leadership which helps to measure the concern for production in comparison to the concern for people (Muff, Liechti and Dyllick, 2020). As a result, the leadership grid helps to identify five different types of leaders based on their qualities. These include the impoverished, middle of the road, team, produce or perish and country club. The purpose of using the leadership grid is to help managers to analyse their own leadership capabilities, styles and qualities. This is made possible with the help of a technique which is commonly known as grid training. The procedure of grid training under the leadership grid is possible through the consideration of a questionnaire. Therefore, the questionnaire helps managers in the identification of the manner in which they stand compared to the concerns for people and production.

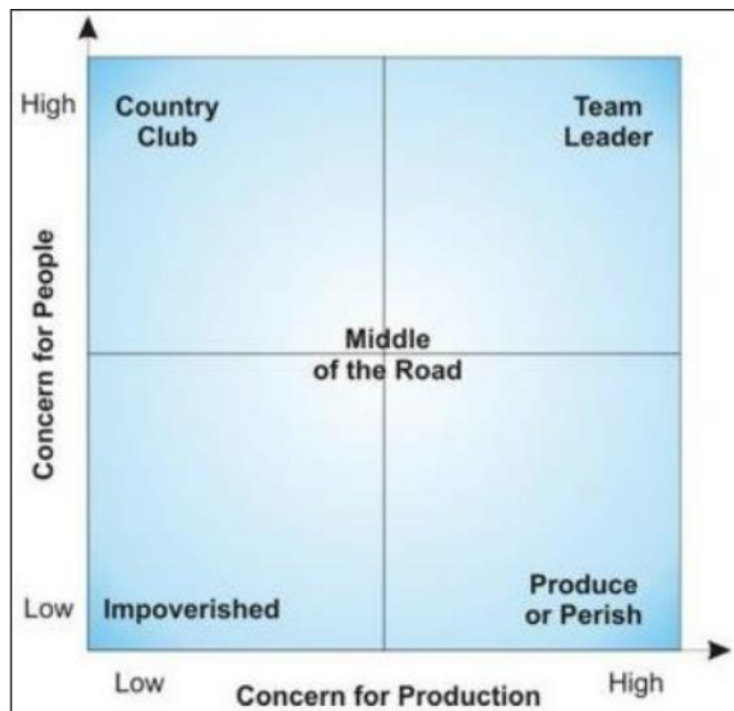


Figure 7: Leadership Grid

Source: Researchgate (2019)

Next, the leadership grid involves a total of four quadrants, where each quadrant represents a different focus level for the two behavioural dimensions. In the above figure, the concern for people has two dimensions: high and low. Again, concern for production also has two dimensions, namely low and high. In this regard, the country club management has a high concern for people but a low concern for production. By contrast, Task management has a high concern for production but a low concern for people. The team management quadrant in the top left is considered to be the most ideal, which shows that a leader has a deep concern for both people and production.

The purpose of using the leadership grid is to ensure that people can develop a fine balance between work obligations and personal life (Cai, Fink and Walker, 2019). As such, managers using the leadership grid develop the necessary discipline to organise themselves and their affairs in a manner which is compatible with their personal situations, thereby helping them serve their needs. The concept of a leadership grid is vital in the present case study concerning the healthcare sector because healthcare workers and professionals can better organise their affairs, thereby ensuring efficiency.

CATWOE

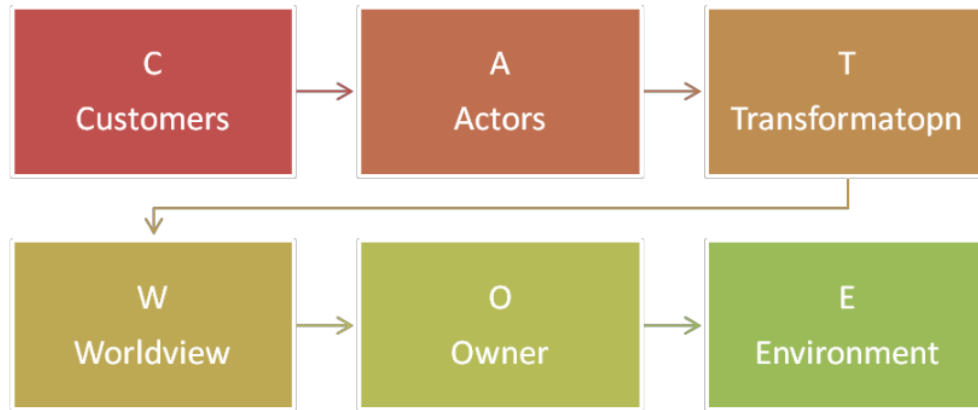


Figure 8: CATWOE Model

(Source: Self-made)

CATWOE technique provides the elementary framework for a clear definition and analysis of different perspectives of stakeholders (Rohajawati *et al.* 2021). As such, the interests of stakeholders can be efficiently perceived with the help of the model that considers customers, actors, transformation, worldview, ownership and environment. In the present case study, CATWOE can be implemented to evaluate the leadership style and its effects on the different stakeholders in the healthcare sector.

C

The customers in the case of Lewis Blackman is the parents of Lewis who had to go through adverse treatment of their child in the healthcare facilities. The use of democratic leadership can help benefit final customers and stakeholders like patients with improved monitoring and medical care.

A

The actors involved in the democratic leadership process involve the active participation of healthcare workers who provide relevant feedback.

T

Again, the transformation involves the consideration of the perceptions and feedback of healthcare workers to devise appropriate medication for patients considering their side effects.

W

wider impact of the issue is the effective provision of quality healthcare.

O

Furthermore, the medical authority in such facilities owns the power to investigate poor delivery of medication and treatment

E

Lastly, the effective development of healthcare systems can help develop an ideal environment for the health industry.

Recommendations

Leadership Style:

- **Facilitation of democratic leadership:** A democratic leadership style should be adopted by the leaders of the healthcare sector that allows open communication, cooperation, and effective decision-making (Berjaoui and Karami-Akkary, 2020). This leadership style will aid all healthcare practitioners of all levels to significantly facilitate and utilise their skills and talents, state concerns and challenges, and take part in the decision-making process for the healthcare of patients. A culture of trust, association, and teamwork can be developed with the aid of this leadership style, which will lead to enhanced patient outcomes.
- **Facilitation leadership Training:** The leaders of the healthcare sector should be offered leadership development programs and training sessions to significantly improve their leadership abilities and foster a more patient-focused approach in hospitals (Flaig *et al.* 2020). In order to empower and strengthen the leaders and develop a positive work culture and facilitate initiative for quality enhancement, the training programs need to emphasise efficient communications, resolution of conflicts, team development, and decision-making abilities of the leader

Team

- **Enabling interdisciplinary collaboration:** Healthcare professionals should be encouraged to collaborate, and there should be interdisciplinary teamwork between the healthcare professionals, such as doctors, nurses, pharmacists, and support workers (De Brún *et al.*, 2020). There should be the promotion of shared responsibility for the provision of effective care for patients, efficient channels for communications, and showcasing of mutual respect and appreciation for the skills and efforts of every team member. Better coordination, minimisation of errors, and enhancement in patient safety can all be resulted from this collaboration.
- **Facilitation of team-based care models:** There should be the implementation of team-based care models in healthcare organisations, where healthcare professionals can collaboratively work to deliver the most effective and personalised care to the patient to aid their health condition (Will *et al.* 2019). The health needs of the patients and the effective fulfilment of patient care are ensured by the approach, which necessitates all team members to contribute to the wellness of the patients, improving the effectiveness and satisfaction of the patients.

System thinking

- **Facilitating systems approach to resolve problems:** Healthcare leaders and professionals should be motivated to adopt a system-thinking mindset when highlighting safety and quality care for patients (McNab *et al.*, 2020). The effective evaluation of the overall healthcare system, including policies, processes, and communications between various variables, is involved in this process to figure out the core implications and hazards and incorporate appropriate solutions.
- **Implementation of initiatives for quality enhancement:** There should be the facilitation of development and implementation of quality improvement initiatives and concentrate on the changes at system levels to facilitate the safety and health outcome of patients (Pandhi *et al.* 2020). This may involve process standardisation, effective implementation of electronic health records, incorporation of checklists and reminders, and enhancing a culture of rapid learning and enhancement.
- **Facilitation of data gathering and evaluation:** Healthcare organisations should consider investing in comprehensive data gathering and evaluation systems to collect information on patient results, negative impacts, and errors in treatment facilities (McNab *et al.* 2020). The data can be evaluated to identify the patterns, trends, and areas of improvement to offer the patient more improved healthcare services.

Conclusion

The above study has presented the assessment of the tragic case of Lewis Blackman, who died due to the prescription of the wrong medication and the inadequate infrastructure of a training hospital. The avoidance of senior doctors and supervisors to oversee and monitor the criticality of the health issue also has led to catastrophic incidents. This case has highlighted the need to develop a comprehensive and effective leadership mechanism within the healthcare sector to mitigate the risk of further fatal incidences. However, in this study, the various leadership theories and styles have been evaluated, including democratic and aristocratic leadership styles and a behavioural leadership theory which is expected to deliver better results in the health sector in terms of providing quality care for patients. Also, the research has presented the effectiveness and functions of a leadership grid within the healthcare sector in promoting the work-life balance. Also, the implications of several stakeholders associated with the healthcare sector have been analysed by the CATWOE model. Also, pertinent recommendations have been provided to enhance the leadership, team management, and system thinking aspect of healthcare sectors.

Reflection

What did I learn?

I have accumulated various information and perspectives on the different leadership styles, components, theories, and their effective utilisation in the healthcare sector to enhance the outcomes of the patients significantly. Also, I have recognised the significant consequences of not implementing an effective leadership mechanism within healthcare organisations by analysing the case of Lewis Blackman. The case has presented the critical issues of the health sector, which I was unaware of before this project. Also, I have learned suitable recommendations to effectively address the concerns within the health sector.

Have I been able to stitch the various learning outcomes?

The first learning outcome of the module is to Understand key concepts in health leadership. I have evaluated this LO through the leadership definition and identification of various leadership theories and concepts throughout the research. The second learning outcome is to Demonstrate knowledge of how leadership influences the planning, functioning, and structuring of local and global health systems. I have evaluated this LO by analysing the Tannenbaum-Schmidt leadership model, which emphasises the range of leadership styles

from authoritative to participative. It also highlights the decision-making abilities that leaders delegate to their subordinates. Furthermore, the third LO is to show an application of systems thinking and analysis which can improve health and social care outcomes. I have been able to stitch the learning outcome by providing relevant recommendations on the effective use and enhancement of systems thinking within healthcare organisations to improve efficacy.

What went well, and what needs addressing?

I have effectively analysed the case with pertinent frameworks and theories, and also I have showcased the requirement of effective leadership within the health sector by analysing the case. I have also presented the leadership theories and mechanisms that are most suitable to address the leadership concerns within the healthcare sector, such as the use of the behavioural theory of leadership and a democratic leadership style. Also, I have evaluated the leadership grid, which helps to recognise the five types of leaders by their qualities. However, I feel that there needed to be more evaluation of other leadership theories, such as transformational leadership or situational leadership theory, which could have been more beneficial than democratic leadership in this case.

Issues to apply in personal or professional life

I have identified several implications and knowledge ⁴⁴ from this module that I will be able to apply in my personal and professional life. Firstly, I have comprehended the impact of effective leadership within organisations, which will inspire me to lead my team members more effectively and address any concerns that they might face. Also, I have comprehended the benefits and drawbacks of several leadership theories and concepts from this module, which will allow me to choose the right theory for myself to enhance my leadership skills.

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GENERAL COMMENTS

Engagement with Literature Skills (10/15)

The gross structure (sections, subsections) of the work is suitable and informative. Think of revising these issues and of developing a 'story' where flow of ideas is a major driver. Presentation elements (figures) have been included in the submission and labelled appropriately. UWTSD standard for Harvard referencing been applied appropriately. The list of references alphabetized and complete. SID number been included.

Knowledge and Understanding Skills (17/25)

The problem has been formulated with appropriate evidence extracted from international org., publications and statistics. The problem causes and implications for health/social care have been discussed. The role of leadership in the creation/magnifying the problem has been discussed. Good to see that you used a number of theories (e.g. Rich Picture).

Cognitive and Intellectual Skills (19/25)

The case study (i.e. organisation) has been identified. The implications on the organisation been identified and strengthened with the application of theoretical concepts and/or techniques. The problem has been evidenced appropriately using adequate theoretical concepts (Root Cause analysis) and statistics, literature, etc. The leadership and its implications on the magnifying the problem been investigated.

Practical Application Skills(14/20)

The strategy is good. Leadership styles have been presented and discussed. Team development and performance discussed and made the strategy stronger by taking into account the complexity of the problem. A CATWOE and Rich Picture analysis has been developed to identify threats and risks. These risks were used to develop a risk mitigation strategy. it is important to consider a variety of theories and lenses. In addition, some other theories/lenses i.e. Kotter's Change etc. can be useful in understanding the complexities of the situation.

Transferable Skills for Life and Professional Practice (10/15)

The submission includes a conclusion section.

Excellent reflection. I am glad to see a lot of engagement and learning and most importantly connection with personal experience. I hope this will be a start in the development of a life changing plan to progress your career.

For future

Always proofread your work to avoid any typographical/grammatical and missing words.

Some spaces are not necessary in the body of your work, learn to format your work properly before submission

Please use the numbering system with sections and sub sections when organizing this document.

Overall, this is an excellent submission. The above comments should help better future submissions.

Marked by F Khan

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