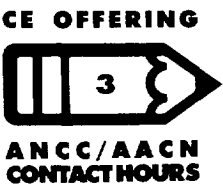


Transformational Leadership in Health Care

BY JOAN TROFINO



ABSTRACT: *One of the most important evolutionary forces in transforming health care is the shift from management to leadership in nursing. The transformational leader will be the catalyst for expanding a holistic perspective, empowering nursing personnel at all levels and maximizing use of technology in the movement beyond even patient-centered health care to patient-directed health outcomes.*

In their book, *Reinventing Government*, Gaebler & Osborne describe a new type of “entrepreneurial public organization” that differs from the traditional bureaucratic models in that it:

- steers more than it rows
- empowers communities rather than simply delivering services
- encourages competition rather than monopoly
- is driven by its mission, not its rules
- funds outcomes rather than inputs
- meets the needs of the customer, not the bureaucracy
- concentrates on earning, not just spending
- invests in prevention rather than cure
- decentralizes authority
- solves problems by leveraging the marketplace, rather than simply creating public programs.¹

Many of these ideas apply equally to health care, whether in its internal reorganization or in its relationship to government. Unfortunately, most people do not see themselves as sufficiently empowered and competent to become

the necessary change agents to bring these new visions for health care to reality. The great debate that grew out of efforts by the Clinton Administration to influence national health policy helped most of us who do not have that kind of access to recognize that we can still contribute through our organizations to the reinvention of health care in America.²

The driving forces of change that impact the present health systems environment are economic, demographic, environmental, social, political and technological. Together, they comprise the three major elements of globalization, empowerment and technology.³

1. *Globalization* refers to a holistic perspective, the ability to bridge cultural gaps and become global in our learning and problem solving approaches. Development of a shared vision with consumers, competitors and providers will be the critical factor for success. Thus, individuals and organizations will focus more on serving the public and community good, with greater emphasis on long-term financial gains and less on short-term profits. Health promotion, prevention and holistic, patient-centered care will be the overarching health-care trends. Mastering change will be essential for

success and systems thinking will surpass linear thinking and learning, leading to an integrated understanding of problems and their solutions. Leaders/managers will lead a diverse workforce. Consumers and competitors will become more important to organizations, business boundaries will diminish and a true global economy will emerge.

2. Accelerated change and increasing complexity require an empowered workforce. *Empowerment* may be defined as self-direction, allowing people to take responsibility and authority for decisions that affect them. Empowerment permits speed in decision-making, allows people to collaborate freely and promotes the cultivation of creativity, quality and a true liberation of the human spirit. Empowerment will support a new leadership paradigm for the 21st century. Emphasis will be directed toward continuous quality improvement (CQI), team learning, cross training, intra- and inter-disciplinary problem solving to reduce conflicts and a collaborative “we” approach.⁴

3. *Technology* will offer the advantages of access, speed and flexibility and will serve as a major mode of accelerating learning and building information capacity. User-friendly applications will be of primary importance to ensure easy access to information for the general population. By developing infrastructures for a continuum of care, which establishes linkages between the patient’s home, hospital and physician’s office, using expert integrated technological systems, interactive learning is enhanced and the opportunity for quality outcomes increased.

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Impact of future trends

Health care for the 21st century will require new visions and empowered professional models of nursing practice. The catalyst for this transformation will be leadership.⁵ The familiar and dominant theme of quality service at a reasonable cost will carry into the new century, combined with an increasing demand for leadership competence in achieving healthy outcomes for society.

Over the next decade, states will recertify health-care providers on the basis of patient care outcomes. Buyers of health care and consumer markets will become smarter, seeking out only those providers that establish and maintain high standards and effective outcomes. Elimination of total physician control of health care would provide the public with choices of provider, allowing nurses and others to practice more independently. An outcomes-driven health-care system would facilitate a comparison of outcomes and providers. The benefits of therapy and treatments, as well as individual providers, would be evaluated in response to the benefits achieved over time. In the future, home information systems will inform consumers regarding provider outcomes and enable consumers to manage their own non-acute conditions. Individuals and families would be rewarded for good health through annual rebates or reduction of out-of-pocket expenses for health-care insurance.

Increased public awareness through programs committed to health promotion and wellness in schools, churches, libraries and the workplace would promote a more sophisticated health conscious individual. According to Bezold, a more sophisticated society would also find death more acceptable, thus reducing the treatments that create the greatest use of health resources in the days and months prior to death.⁶

Alternative therapies accepted

Alternative therapists, including nutritionists, exercise physiologists, massage therapists, chiropractors, acupuncturists, stress managers and leaders of support groups for alcohol and drug

management, will be recognized and rewarded. Cancer and food addictions will be taken more seriously by both patients and payors. Increasingly the focus will be on "healing" the body, mind and spirit, and non-Western techniques like acupuncture will be utilized and reimbursed by insurance providers.⁷

The elderly will place severe demands on the health-care system. By 2020, 21% of the population will be 65 or older.⁸ Complex medical and social needs of this population will require a broad increase in geriatric health professionals. Nurses, physicians, home health aides, social workers and adult day care personnel will come together to develop a web of care for the elderly. Ethical questions relating to euthanasia and right to die will persist and raise many debates among professionals and society. Primary care gerontology also will flourish, and many "healthy" elderly will seek care and counseling towards the goal of a long and fulfilling life.⁹

Future trends shape the labor force

According to Sherer, five major trends will probably impact a future labor force.¹⁰

1. *The Multi-skilled Worker:* 21st-century hospitals will be the intensive care units of the health-care system. Highly technical, they will respond to critically ill and dying patients and serve as centers for transplant surgery and genetic therapy. Already, the emerging models of differentiated nursing practice have begun to identify the cadre of expert nurses needed to operate in these future acute care hospitals.

These empowered "knowledge specialists" will be self-directed and versatile, able to link the home care component with episodes of acute care and therapy to create a continuum of care for patients and their families. Multi-skilled and flexible nursing assistants/technicians will assist expert nurses in providing technical components of care.

Like hotels, hospitals will seek to delight their consumers with many new amenities, choices and options. Hospitals will trim the size of their current staff, often forcing health-care

providers to seek part-time employment among multiple agencies. Monetary rewards will link individual gains to organizational profits and outcomes of care. More employers will choose to "salary" their entire workforce, finally freeing employees from the industrial era of management, eliminating the time clock mentality. This should lead to increased productivity through empowerment and motivation.

2. *New Roles for Nurses—Advanced Practice Nurses:* The September 18, 1994, issue of *The New York Times* carried an interesting advertisement:

*Nurse Practitioner licensed in New York needed for Fortune 500 Media Company....The individual we seek will have experience in primary care, and will be responsible for seeing a variety of patients in an ambulatory care clinic, with special emphasis on musculoskeletal injuries. Other duties will include periodic physicals and ability to perform routine para-clinical studies. Experience in occupational health a big plus. CPR required, ACLS recommended.*¹¹

Advanced Practiced Nurses (APNs) will begin to fill the gap in primary care created by too few primary physicians and the increased societal need, resulting from aging and from underserved rural and urban populations. In time, medical opposition will decrease as physicians increasingly practice in groups that will include advanced practice nurses. Additionally, increased political and professional visibility will be achieved by individual nurses who win political office in local, state and federal elections. Professional nursing organizations will continue to promote the profession on national and international levels, thus raising nursing prestige and presence and eventually eliminating the medical/legal restrictions to independent nursing practice.¹²

3. *Case Management:* In the United States, case management is evolving into an accepted framework of practice within nursing, its use based on the assumption that people need assistance in effectively using the health-care system. Case management is an attempt to decrease service frag-

mentation and improve the quality of care for people who require frequent and long-term health care.¹³

Over time, a blurring of roles will occur, as expert primary nurses develop case management skills and follow patients home. Currently, a hospital in Pennsylvania has introduced "The Connection Delivery System." This program cross-trains staff nurses to do home care visits for patients they cared for in the hospital. Enormous benefits have been reported. Nurses get increased job security, home care visits increase; the hospital uses staff more efficiently, saving money; payors see short lengths of stay; patients receive continuity of care. According to the creator of the program, "Production hours are up. Expenses are down. Hours per patient that were way over budget are more in line with budget. This has saved money because, in fact, we put resources in the areas where they are truly needed."¹⁴

4. The Health Information Specialist: The shift from an illness to wellness focus will create a need for increased outpatient education. Nurses are uniquely prepared to provide continuity of care as they manage episodes of illness and promote wellness for early hospital discharges, maintain outpatients, and serve as health educators in business, schools or homes. The consumer will become the central focus of the health-care partnership, with providers acting as interpreters of data, facilitators and coaches. Over time, the care components will move from a "patient focused" theme to one that is "patient directed" and care will be driven by complex technological data that are simplified and made patient accessible.¹⁵

5. Increased Family and Patient Involvement: Currently, the Scripps Health System in La Jolla, California, has pushed beyond the expected norm in patient education by involving patients and families at the outset in designing critical pathways. This provides an educational exposure to the community that is much wider, broader and more profound. Each clinical "Care Trac" consists of a document for clinicians and one in non-

technical language, which provides a detailed guide of how care will be delivered. Both the medical team and the patient check off clinical procedures as they are accomplished and specific outcomes are achieved. Patients and families report decreased anxiety and physicians state that the tool has demonstrated increased patient knowledge and compliance as well as a reduction of repetitive questions. The hospital uses focus groups to gain patient feedback and to solicit input for new procedures. Since implementation, length of stay has decreased 25% and costs have fallen 15% for "Care Trac" patients.¹⁶

A current view of health care from nurses

A recent survey of 228 nurses conducted by *Hospitals and Health Care Networks* and Premier Hospitals Alliance of Westchester, Illinois, indicates that the delivery, management and economics of patient care will become increasingly important over the next five years. Survey respondents predict that nurses will become more proficient case managers, becoming more involved in quality and cost issues and more accountable for patient outcomes.

Furthermore, they will become more active in development and implementation of tools like critical pathways and patient centered care.¹⁷ Patient centered care attempts to replace the traditional highly compartmentalized vertical hospital organization with one that is horizontal and integrated, reflective of the way patients move through the organization.¹⁸ Critical pathways or patient care "road-maps" guide nurses, physicians and patients through the most direct course of treatment and will continue their rapid increase indefinitely.

Approximately 25% of the nurse respondents indicated that they now provide total care to a group of patients and about 16% report that they work in partnership with a licensed practical nurse or aide. One third of the nurses work in nursing teams, while 15% work in multidisciplinary teams. As hospitals continue to re-

structure around patient-centered care with emphasis on staff empowerment or Total Quality Management (TQM), self-directed, multidisciplinary teams will become increasingly the norm rather than the exception. As staffing becomes more team-oriented, more hospital departments probably will fall under nursing's domain: home care infection control, social services, utilization review, case management, physical and occupational therapy, pharmacy, laboratory, house-keeping and dietary.

More than half (54%) of the nurses surveyed indicated that patients look favorably upon new hospital initiatives. Given the opportunity to help plan their own care, they tend to buy into the plan and are more willing to accept and comply with treatment. Additionally, patients love to see the same nurse every day, as direct caregiver or case manager, as they feel that care is more personal and individualized. Nurse satisfaction also was high.

However, as we move toward the end of the 20th century, nurses will be asked not only to assume new roles and participate in new initiatives, but also to lead them, becoming an integral part of decision-making and increasingly accountable for their practice outcomes.

Leadership vs. management

Hersey and Blanchard defined leadership as "the process of influencing the activities of an individual or a group in efforts toward goal achievement in a given situation." Management is defined as "working with and through individuals and groups to accomplish organizational goals."¹⁹ Although leadership and management are both important, Bennis and Nanus identified a profound difference between the two: "Managers are people who do things right and leaders are people who do the right things."²⁰

The present health-care situation requires leaders who develop people committed to action, convert followers into an empowered workforce and transform leaders into change agents. Naisbett and Aburdene observed that "the dominant principle of organiza-

tion has shifted from management, in order to control an enterprise, to leadership, in order to bring out the best in people and to respond quickly to change."²¹

The short-term, control-oriented, report-oriented management model from the industrial era has been replaced by a largely mental model driven by an information dominated society. Mental tasks have replaced mechanical ones, and "work" goes on inside people's heads. Drucker indicated that leaders are now managing people paid for their *knowledge*; they have never done that and don't know how to do it.²²

According to Drucker, information based organizations require only a few clear, simple, common objectives that drive particular actions. The "players" within information-based organizations are self-controlled knowledge specialists and cannot be told how to perform their work. Organizational goals clearly state performance objectives for the enterprise and the knowledge specialist. Organized feedback from colleagues and consumers that compares performance expectations with results is easily available to the knowledge specialist for self-evaluation.

In the information-based health-care organization, knowledge will be primarily at the level of care delivery, in the minds of the expert nurses, the knowledge specialists. Work will take place largely in task focused teams. Greater self-discipline and emphasis on individual responsibility for communications and relationships will be clearly evident in the information-driven organization.

Drucker envisioned future organizations, including health care, with little middle management. He believed that like a large symphony orchestra with a few hundred musicians playing together with only one conductor, each knowledge specialist will be performing independently, yet in concert, with his colleagues.

The information-driven organization will require new leadership concepts that do not focus on managing the knowledge specialist, but rather on engaging them and their creative

energies in the management of the total organization.

Transformational leaders will emerge

Burns described two forms of leadership:

1. Transactional leadership, in which relationships with followers are based upon an exchange for some resource valued by the follower. Interaction between leaders and followers is usually episodic, short-lived and limited to the exchange transaction (e.g., "A day's work for a day's pay").²³

2. Transformational leadership is more potent and complex, and occurs "when one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality." Through the transforming process, the motives of the leader and followers become identical. This relationship transforms both parties by raising the "level of human conduct and ethical aspiration of both leader and led."²⁴

The work of Mahatma Gandhi in his effort to free India from oppressive British colonialism illustrates this process. Through the use of non-violent methods he was able to direct public opinion toward a common desire for national independence. Through this process, Gandhi was transformed into a national leader and India into an independent country. Such transformational leaders are social architects who move followers to transcend their own self-interests to reach for higher goals.

Transformational leaders have the ability to articulate clearly a vision of the future. The picture they describe and the values they emulate are so exciting and meaningful that they cause strong commitment by others, as their vision often reflects the aspirations of their followers. "They are the myth-makers, and, like storytellers, they capture our imagination with vivid descriptions of the wonderful future we will build together."²⁵ This kind of leadership has been called "elevating, mobilizing, inspiring, exalting, uplifting, preaching, exhorting, evangelizing."²⁶

Barely practiced today, transformational values and competencies will

become critically important by the year 2001 if we are to achieve a system that fosters community well-being and basic care for all, financed through a combined public-private partnership that is cost effective and uses treatments that unite body, mind and spirit. A national survey of 2,500 health-care opinion leaders identified the top six transformational competencies and values required for leading the 21st-century health-care organization: "Mastering change, systems thinking, shared vision, continuous quality improvement, redefining health care, and serving the public/community."²⁷

Leaders as designers, teachers, stewards

Senge offered a vision of the future that he described as the "learning organization."²⁸ He identified systems thinking, personal mastery, mental models, building shared vision and team learning as essential disciplines in the learning organization. He also described leaders as "designers," "teachers" and "stewards." As a "designer," the leader is committed to designing the governing ideas, which include vision, purpose and the core values by which people live. The "teacher" helps everyone in the organization to become more insightful and to focus on current reality. Finally, the "steward" aspect of the leader's role relates to a desire to serve others. It is a natural feeling that one wants to serve, and is a conscious choice that brings one to lead.

In his book, *Servant Leadership*, Greenleaf described the steward role by saying that "the servant-leader is servant first.... It begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. That person is sharply different from one who is leader first.... For such it will be a later choice to serve—after leadership is established."²⁹

Preparing transformational nurse leaders for the future

In these demanding times, it will require a combined effort between formal educational programs and employment agencies to prepare nurses

who are both strategic and critical thinkers. These nurses must be able to anticipate the rapid changes in health care and participate in making discriminating decisions regarding nursing practice and patient care based upon the impact of anticipated local and global changes. Despite the impressive number of nurses in the United States (2.2 million), they have remained largely a silent majority. Just beginning to be represented on key political task forces, they do not yet wield political power proportional to their numbers.

The traditional health-care hierarchy has made it difficult for nurses to gain confidence in decision-making, experience in communication and skill in assertiveness and negotiation. If we are to strengthen our position as patient advocates, managers of patient care, builders of quality and coalition builders, a cadre of strong, confident nurses who are risk takers and proactive leaders is needed. Such nurses must participate as activists in the shaping of health-care policy, and in the political and organizational decisions surrounding its implementation, outcomes and rewards. Nursing must become a higher profile profession. Consumers and politicians need to learn of nursing's abilities and contributions. The public recognition and value of nursing as an *independent* health-care profession is critical to successful health-care reform in the United States and around the world.

Transformational nursing leaders must be encouraged to emerge in the organization to educate and develop novice nurses and to serve as their preceptors, mentors and coaches. Shaping future nurse leaders will take the combined efforts of the schools of nursing, employing agencies, state and national nursing organizations and each individual nurse. Many innovative organizations have already converted supervisory positions to education, since an empowered workforce seeks increased knowledge and becomes more self-directed.

Achieving teamwork within the discipline of nursing will support the development of synergistic relationships within the nursing unit and among

other departments and disciplines. Synergy comes from the Greek word that means "working together."³⁰ As an increasingly complex and specialized profession, nursing must guard against becoming isolated in education and employment experiences. Integration of nursing students with other disciplines and graduate nurses with other employees can create new and improved levels of creativity and innovation.

Robbins stated that we have moved from the product age through the market age into the relationship age. The leader's ability to develop creative relationships among various groups of people will propel us into a future where levels of quality and productivity can be achieved far beyond our present imagination.³¹

Professional practice models for the 21st century

Professional practice models will evolve rapidly in this changing health systems environment. Expert advanced practice nurses will function between acute and home care settings, with other nurses primarily hospital-based. Cross-trained pairs of experts, empowered nurses and nursing assistants/technicians supported by computer technology will respond to professional, clinical and environmental needs of patients on "user-friendly" clinical units.

Computers programmed with theory-based software will provide a conceptual nursing framework for easy documentation. Voice-activated computers will be preprogrammed with a nursing vocabulary and, in less than five minutes, record a complete, virtually flawless, nursing operative report. Laptop computers will assist in networking nursing case managers, the hospital, physician's office and the patient's home, providing an easy and efficient medium for information exchange and a continuum of care.³² Health-care technology will demonstrate dramatic advancements as diagnostics, information systems, biotechnology treatments and bionics will become commonly available to most people. Additionally, the system will be increasingly focused on en-

hancing individuals' ability to heal body, mind and spirit. Home health information systems will deal effectively with the unique health needs of individual family members. Voice input-output chips will speak with each family member using the appropriate voice and dialect matching specific knowledge and level of interest.³³

Empowered nurses will contribute their talents to the creation of patient-directed hospital/home care models combining in synergistic relationships, with other health-care providers to design care that is cost conscious and of a high quality, yet satisfying to even the most discriminating consumer.

Leadership values, which promote both monetary and non-monetary reward and recognition of staff, are elements critical to the success of empowered organizations. Frequent and appropriate positive comments from colleagues and managers do much to promote a culture of caring. Before nurses can be expected to care for others with commitment and excellence, they must feel cared about themselves, both by co-workers and employers. "Nurse empowerment is never completed. It is evolutionary and incremental, at times bold and demanding, initially difficult to achieve and finally, so easy to accomplish. If properly nurtured, it becomes an integral part of the organizational culture. Empowerment is fired by a belief system that acknowledges the depth of human potential, if properly motivated, and by leadership values that celebrate universal achievement."³⁴

Leader-employee relationships will change in the empowered organization. Senior hospital and nursing leadership will mingle freely with nursing/non-nursing leaders at all levels in the organization and will acknowledge a basic belief in human abilities by recognizing staff expertise, trusting them and sharing power with them. The primary role of leaders in the changing health systems environment will be to empower others to be their own leaders. The transformational leaders will be persuasive, creative and intuitive, so as to enhance these skills in others and to

nurture nursing leaders for the future.³⁵

Kantor believed that innovative organizations "aid power circulation and power access."³⁶ Critical to the power of a transformational leader is the need to promote and support purpose that is always in the best interest of both leaders and followers. All too often, power involves coercion or control; leadership does not.³⁷

Clearly, the purpose of leadership development for the next century will be to: "Devise institutions that would draw from the best in human nature to subdue the worst: to alter the social context of people's lives so that the impulses of rationality and tolerance and generosity could overcome the thrust of unreason, cruelty and selfishness...."³⁸

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