

# Leadership development in health information management (HIM): literature review

Leadership  
development

569

Sarah Low and Kerry Butler-Henderson

*College of Health and Medicine, University of Tasmania, Hobart, Australia*

Rosie Nash

*School of Medicine, University of Tasmania, Hobart, Australia, and*

Kelly Abrams

*Computer Science, University of Regina, Regina, Canada*

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## Abstract

**Purpose** – The health information management (HIM) profession lacks clarity around leadership and leadership development. To date, little empirical research exists on this topic, and it is unclear if broader approaches for healthcare leadership are suitable. This paper aims to explore which the leadership styles are relevant to the HIM profession. The findings were also used to inform a discussion on how HIM professionals could develop these leadership styles.

**Design/methodology/approach** – Through a systematic scoping literature review, deductive thematic analysis was undertaken to extrapolate common themes around this style of leadership based on transversal competency domains that reflect twenty-first century skills (i.e. critical thinking and innovation, interpersonal, intrapersonal and global citizenship) (Bernard, Watch and Ryan, 2016; UNESCO, 2015). This approach enabled the findings to be discussed from a leadership development perspective.

**Findings** – Analysis of the literature revealed that a relational leadership style through a team-based approach is required. Literature studies on how to develop leadership competencies were not found.

**Research limitations/implications** – Future policy and research implications include the need for research on transversal competencies to determine if they can shape HIM leadership development.

**Practical implications** – This leadership style and competencies proposed are relevant across many occupations and may have broader applications for leadership research, education and development.

**Originality/value** – This paper defines the style of leadership required in the HIM profession and identifies a succinct set of contemporary competencies to inform the development of this type of leadership.

**Keywords** Health leadership competencies, Leadership development, Relational leadership, Health information management, Transversal competencies

**Paper type** Literature review

## 1. Introduction

In health care, leadership underpins health system performance (Musinguzi *et al.*, 2018). Undoubtedly, the type of leadership required in this sector is changing. No longer sourced from positional power, leadership in health can now be shared among those proficient at transformational leadership (Dougall *et al.*, 2018). This type of leader is adept at building collaborative relationships across hierarchical boundaries and influencing others towards performance improvement (Dougall *et al.*, 2018). One such profession that has moved towards the frontline in terms of leadership and change management in health care, is health information management (HIM). HIMs are skilled in data and information management,



traditionally providing support to organisations around the creation, access, use and maintain health information according to legislative and best practice standards around privacy, confidentiality and security (HIMAA, 2017; Al Kiyumi *et al.*, 2017). Today, they are called upon to lead digitisation and performance initiatives across the health system (Butler-Henderson, 2017).

### *1.1 The health information management profession lacks leadership skills*

HIM is not a homogenous group, but a diverse discipline. As with many professions, the backgrounds and position titles in HIM can vary due to specialisation. Those qualified and associated with HIM roles and functions, are increasingly faced with digital and technological disruption related to managing data and information critical for clinical care and the functioning of health systems (Negash *et al.*, 2018). Beyond managing the medical records department or coding clinical diagnoses, HIM professionals now guide the implementation and management of health information systems, technology and business processes (AHIMA, 2005; Butler-Henderson, 2010). As a result, HIMs interact with many users and stakeholders of health information (Al Kiyumi *et al.*, 2017; Watzlaf *et al.*, 2009). Cutting across clinical, strategic and management areas, HIMs require a leadership style that fosters engagement and collaboration with the various people and organisations with whom they work (Jackson *et al.*, 2016). In this paper, the term leadership style is used to refer to the social influence process that the leader uses to attain shared goals, separate to management that is operationally focused (Northouse, 2018). Essentially, effective leaders have social and emotional intelligence, essential in areas where they might not have positional authority to lead change, motivate and influence others (Yukl and Mahsud, 2010). Of greatest concern, is the fact that HIM graduates continue to enter the workforce without the skills necessary to lead and communicate in the workplace (Jackson *et al.*, 2016).

The scope of practice associated with the HIM profession today, ranges from managing health information departments in a hospital or health system, to project managing organisational-wide, national and/or international information systems, technologies and business processes (AHIMA, 2005; Butler-Henderson, 2010). To perform in this role, HIMs require both technical and professional skills that allow them to achieve collaboration and foster engagement with and between the organisations and people they work with Jackson *et al.* (2016). The ability to collect, analyse and manage data and information is different to managing oneself and others through change to achieve collaborative outcomes and different again to having sound business acumen.

The standard qualifications that HIM professionals undertake currently provide them with technical and cognitive knowledge, however, as in many industries, the development of generic competencies is critical for them to “transition into the workplace and adapt to evolving policies, technologies and work practices” (Robinson and Williamson, 2016). Leadership is commonly cited by HIM industry leaders as a means for HIM professionals to bridge the gap between theoretical knowledge and handle unfamiliar challenges in their professional practice (Sheridan and Smith, 2009). What is still unclear in the literature is the type of leadership required for HIM professionals with clearly defined, measurable skills that would provide the foundation for leadership education and training.

The demand for HIM education and professionals continues to grow with the American Health Information Management Association (AHIMA) promoting the advancement of HIM qualifications to Master’s degree level and convening a global taskforce to develop an international curriculum published in 2014 (Sandefer *et al.*, 2015). Interestingly, HIMs in many countries do not require credentialing; however, competencies to measure workplace performance have been developed by some HIM industry associations (Al Kiyumi *et al.*, 2017;

Sandefur *et al.*, 2015; HIMAA, 2017; CHIMA, 2015). Although recognised as a value, leadership is not stated as a competency for HIM profession by their industry associations in Australia and Canada (CHIMA, 2013; HIMAA, 2017). The American Health Information Management Association (AHIMA) incorporates a leadership domain incorporating management concepts to guide university accreditation requirements and facilitate self-assessments (Sheridan *et al.*, 2016). Professional development, credentialing and competencies are intrinsic criteria on which the quality of more established professional streams such as doctors, nurses, allied health are assessed. Accordingly, studies identifying specific clinical leadership competencies can easily be found (Hargett *et al.*, 2017; Citaku *et al.*, 2012). Measurable competencies for the HIM profession, particularly to guide the ongoing development of leadership in HIM professionals at undergraduate university to ongoing professional development are not as readily available in the literature.

In a survey of HIM leaders, educators and professionals in the USA, Rudman *et al.* found a disconnect between academic curricula and employer requirements around leadership (Rudman *et al.*, 2015). The study emphasised the need for further research to better understand this gap to inform leadership education and training requirements for HIMs. Therefore, the findings from this literature review are discussed from these perspectives, around what leadership is appropriate for the HIM profession, and how this leadership capability can be developed (Pendleton and Furnham, 2016).

### 1.2 Existing literature on leadership for health information management

With the scope of leadership being so diverse, that most relevant to health care should be explored for HIM. Health-care leadership studies can be readily found around clinical medical, nursing and public health roles. With little published on leadership in the HIM profession, further exploration is required (Sheridan and Smith, 2009; Czabanowska *et al.*, 2013).

Encompassing relevant, seminal leadership literature, the Harvard Business Review (HBR) recently published a collection of core work to support leaders improve performance health care (Harvard Business Review *et al.*, 2018). It was highlighted that health-care leaders are experiencing a shift from traditionally autocratic sources of power to more transformational, shared leadership styles (Harvard Business Review *et al.*, 2018; Jambawo, 2018). The literature identified that in an environment of change, effective leaders are adaptable and have a holistic view of the organisation, encompassing people and systems. They use a distributed leadership style, highly emotionally intelligent and able to build relationships and teams to achieve well-articulated goals that they themselves are committed to (Table I) (Harvard Business Review *et al.*, 2018).

Existing health-care leadership frameworks also reflect similar key priority areas that have been identified as leadership gaps in health care: self-awareness, adaptability and flexibility, participative management and relationship building, and the ability to work across boundaries (Center for Creative Leadership, 2016) (Table II). Health-care leadership competency frameworks are valuable to identify leadership competencies and evaluate leader effectiveness, however, have not been found to “enable leaders to improve their effectiveness” (West and West, 2015).

A critical need for leadership in the HIM profession has been identified. What is unclear is the current state of leadership in HIM and what education and training is required to develop this leadership. Therefore, it is the aim of this systematic scoping literature review to explore the existing leadership styles and associated competencies employed in HIM.

	Traits and concepts	Summary	Author/s
	Emotional Intelligence (EI)	Effective leaders have a high degree of emotional intelligence (self-awareness, self-regulation, motivation, empathy, social skills)	Goleman, D.
	Systems focused Action oriented Organisational wide influence Leadership (relational) Management (operational)	Effective leaders can convert knowledge into effective action and ensure organisational wide responsibility and accountability In the context of change management, leadership and management are different but complementary systems of action. Leadership has a relational focus while, management involves operational activities	Drucker, P. Kotter, J.P.
	Level 5 hierarchy leadership capabilities (individual capabilities, team member, manager, leader, executive)	Level 5 leaders combine personal and professional abilities for organisational change	Collins, J.
	Distributed leadership Adaptive EI	In an environment of change, leaders use team member skills through adaptive leadership	Heifetz, R.A. and Laurie, D.L.
	Team leadership	It is important for leaders to facilitate ad hoc "teaming" to achieve personal and organisational outcomes	Edmondson, A.C.
	RAPID Decision Model	The RAPID (Recommend, Agree, Perform, Input, Decide) Decision Model can be used to assign roles and responsibilities to resolve bottlenecks	Rogers, P. and Blenko, M.
	Leadership capabilities (sensemaking, relating, visioning, inventing) Distributed leadership	There is no one "perfect" leader, rather, distributed leadership can be used to achieve leadership capabilities	Ancona, D. <i>et al.</i>
	Balanced scorecard to measure performance	The balanced scorecard measures performance from financial, customer, internal business processes, and learning growth perspectives	Kaplan, R.S. and Norton, D.P.
	Patient-centred care	Leading patient-centred care in health-care organisations and embedding change through patient and staff engagement (Cleveland Clinic cast study)	Merlino, J.I. and Raman, A.
<b>Table I.</b> Leadership traits and concepts for the healthcare setting	Motivating engagement through tools adapted from Weber's typology of social action	Doctors can be motivated to engage in organisational change through a shared purpose, satisfying self-interest (reward), comparing performance (respect), culture	Lee, T.H. and Cosgrove, T.

**Table II.**  
Global healthcare leadership frameworks

Country	Leadership framework
Australia	Health LEADS Framework (Health Workforce Australia, 2013)
Canada	LEADS in a Caring Environment Framework (Canadian College of Health Leaders, 2013)
Europe	Public health leadership competency framework (Czabanowska <i>et al.</i> , 2013)
UK	The Leadership Framework (NHS Leadership Academy, 2011)
USA	2018 Competencies Assessment Tool (Healthcare Leadership Alliance and the American College of Healthcare Executives, 2018)

## 2. Methods

This systematic, scoping literature review adopts the Joanna Briggs Institute (JBI) Scoping Reviews method (Joanna Briggs Institute, 2015). Scoping reviews are a favoured method for emergent areas of research as they unearth a broad range of literature to reveal fundamental concepts and identify sources of evidence within a study area (Colquhoun *et al.*, 2014). An explorative approach through a scoping literature review was employed. Therefore, a broad research question, “What leadership styles are used in the HIM profession?” was used to guide this research. To obtain quality, evidence-based literature, only peer-reviewed, full-text journal articles were included (Winchester and Salji, 2016). No limit was placed on the date range or geographical area, given the specialised topic area. To promote robustness and validity, a systematic literature review process was employed incorporating both qualitative and quantitative methods (Livoreil *et al.*, 2017).

The literature search and data analysis were conducted in four phases informed by the JBI method (Joanna Briggs Institute, 2015).

### 2.1 Defining search terms

An initial search on two databases related to the leadership and health fields (CINAHL and PsychINFO) was conducted using the draft search term “leadership in HIM”. A large number of irrelevant results were identified. The search terms were refined, and databases identified in consultation with university librarians and HIM industry experts. A title and abstract search on the CINAHL, EBSCO, ProQuest, Sage and ScienceDirect databases was performed using the search terms (“leadership styles” OR “leadership theories” AND “health information manager” OR “health information management profession” OR “health records manager” OR “medical records administrator” OR “registered record librarian” OR “health record administrator” OR “health information administrator” OR “medical records administrator”).

### 2.2 Screening results

The findings were reviewed systematically through three levels of screening based on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) system (refer to Appendix 1) (Liberati *et al.*, 2009). To ensure objectivity and reliability, the results were undertaken by two reviewers (the primary and secondary authors). Covidence systematic review software was used to facilitate screening by title, abstract, then full-text (Covidence). Matching search logs and standardised data capture field headings and definitions were maintained for all results screened through this software.

### 2.3 Data saturation

Due to the limited number of results identified, the snowballing technique was used to seek additional, relevant literature from the reference lists of the initial results. Data saturation was reached when no new information could be found on this topic (Livoreil *et al.*, 2017, Wohlin, 2014).

### 2.4 Data analysis and quality assessment of results

The Authority, Accuracy, Coverage, Objectivity, Date, Significance (AACODS) checklist was applied as the most suitable quality assessment tool for appraising the grey literature found as most findings did not involve qualitative or quantitative studies (Karlsson and Takahashi, 2017). Deductive, thematic analysis was conducted, classifying skills mentioned in the literature against the four transversal competency domains of critical and innovative

thinking; interpersonal skills; intrapersonal skills; and global citizenship (UNESCO, 2015). According to UNESCO, transversal competency domains are essential for future-proofing educational curriculum (Sa and Serpa, 2018; Whittemore, 2018; UNESCO, 2015). Using these domains to structure the analysis was useful to reduce bias and organise the various terms used by the authors in the identified publications (Winchester and Salji, 2016). Bibliometric factors were also included in the table of results (Appendix 2) to indicate journal quality (Zatorski and Fichna, 2017).

### 3. Results

#### *3.1 A rapidly changing work environment affecting the role and function of the health information management professional*

The terms “rapid” and “changing” were used multiple times across the literature to describe the HIM environment (Forrestal, 2013; Hagland, 2005; Hunt, 2014; P. T. Sheridan and L. B. Smith, 2009; Strachan, 2009). The rapid changes were attributed to the effects of technological advances in health information such as the Electronic Health Record (EHR) (Hagland, 2005; Strachan, 2009; Wilkins, 2009). The role and function of the HIM has expanded from traditional administrative medical recordkeeping to strategic involvement in cross-operational leadership activities in health organisations including analytical thinking, change management and problem solving (Watzlaf *et al.*, 2009).

#### *3.2 Relational type leadership styles are applicable to health information management*

The results showed a positive interest for leadership and leadership development in the HIM industry. Leadership was identified as the skill of highest demand for HIMs in the twenty-first century (Strachan, 2009; Watzlaf *et al.*, 2009). Four types of leadership styles (transformational, relational, shared and team) were identified as relevant to HIM professionals in the literature (Appendix 2 Results). Transformational leadership is linked to improved performance in the health-care system and is where others are inspired and influenced towards achieving shared goals through well-developed relationships (Sfantou *et al.*, 2017). Relational leadership has also been found to improve health system performance where collaborative practices are used to achieve a common purpose (Cleary *et al.*, 2018). Effective team leadership involves both relational and task-oriented functions to facilitate team performance and development (Northouse, 2018). All the styles mentioned focus on leadership occurring through “interactive influence” through collaborative relationships that have been attributed to performance improvement in healthcare (Clarke, 2018; Marshall and Marion, 2016). In addition to the style of leadership discussed, two leadership frameworks were identified in the literature, systems-based leadership and the Leader-Member Exchange (LMX) (Hunt, 2014; Sheridan and Smith, 2009). These frameworks proposed leadership techniques such (i.e. eight-step strategic change process, project management process, psychological process of transition and relationship phases, leadership questionnaire) (Hunt, 2014; Sheridan and Smith, 2009). The first model incorporated systems, project and change management techniques, whilst LMX involved undertaking a leadership assessment to identify areas for improvement. Specific competencies to enable leadership in HIM were not discussed in the literature.

#### *3.3 Competencies to inform leadership development in health information management*

Although workplace skills for HIMs were highlighted, none provided specific competencies or models on which leadership could be developed. The authors emphasised the importance of interpersonal skills (e.g. communication, active listening) to facilitate inclusive conversations that fostered collaborative relationships across organisational divisions and

with multiple stakeholders (e.g. Chief Information Officers, Information Technologists, staff) (Hagland, 2005; Sheridan and Smith, 2009; Watzlaf *et al.*, 2009). Intrapersonal factors identified for HIMs as leaders in mid-level positions included the ability to learn from experiences and be flexible during times of change (Hagland, 2005; Leggat, 2009). Awareness of operational strategies, taking responsibility to facilitate change and resolving conflict with others within and external to the organisation, were global citizenship competencies pertinent to the workplace of the HIM (Hagland, 2005; Leggat, 2009) (Table III).

### 3.4 Limited empirical research around leadership in health information management

Only eight non-empirical articles were relevant, published in non-peer-reviewed industry related journals with low to no impact factors. Although no date range was specified for the search, to facilitate as wide and contemporary a search as possible, only two were recently published (2013, 2014). No geographical limitations were specified in the search; however all the literature found came from only two countries, the USA and Australia. Across the publications, the authors had varying publication and citation scores and all except two with PhD, Master level credentials; one lead author was a healthcare journalist and the other had a bachelor's degree.

## 4. Discussion

The findings indicate that leadership is seen as an enabler for HIM professionals to achieve outcomes and manage the ongoing changes in their workplace. The literature calls for HIMs to embrace their emerging roles as leaders in health care today. Although leadership styles and required skills were discussed in the literature, none of the articles focused on how these could be developed in HIMs. The recurring themes identified in this systematic scoping literature review help to clarify the leadership style for HIM and highlight the need for

Transversal competency domains	Critical HIM skills
Critical thinking	Critical thinking, analytical problem solving (Hagland, 2005) Analytical thinking, strategic and operational problem solving (Watzlaf <i>et al.</i> , 2009) Critical decision making and collaborative problem solving (Sheridan and Smith, 2009)
Interpersonal skills and Global Citizenship	Conflict resolution (Forrestal, 2013b; Leggat, 2009) Collaboration (Forrestal, 2013b; Hagland, 2005; Leggat, 2009) Strong communication skills (listening, verbal, written) for business analysis and "to understand the requirements for health information systems" (Hagland, 2005; Strachan, 2009) Relationship development and dealing with multiple parties (Sheridan and Smith, 2009) Cross-operational management, leadership, working across divisions in an organisation, educating health providers and administrators (Watzlaf <i>et al.</i> , 2009) Interpersonal relationship (communication, empathy, support, recognition) (Hunt, 2014)
Intrapersonal skills	Stewardship (Forrestal, 2013) Accountable (Hagland, 2005) Representation (Leggat, 2009)

**Table III.**  
Transversal competencies and critical HIM skills identified by authors in the scoping review

further investigation into the specific competencies required to develop leadership capacity in HIM professionals.

#### *4.1 Transversal competencies as the foundation for health information management leadership development*

In terms of leadership capacity in HIM, the industry need for graduates with leadership ability is not being met (Rudman *et al.*, 2015). Rudman *et al.* (2015) highlight that HIMs possess basic technical abilities but lack workplace skills such as interpersonal, critical thinking, decision-making and problem-solving skills. Competencies in these areas reflect an ability to lead (Citaku *et al.*, 2012).

On review of the wider literature around healthcare leadership and frameworks, competencies were not identified leadership development. Rather, the literature described leadership styles and approaches (Table I; Harvard Business Review *et al.*, 2018). Healthcare leadership frameworks provide standards for ascertaining leadership levels and are not intended to inform leaders on what is required to improve their leadership (West and West, 2015).

Questions remain as to what skills enable a HIM to engage and collaborate with others, motivate and influence them towards shared goals and analyse and solve complex problems that affect the entire organisation. This review highlights the need for an operationalised model of leadership and describes a variety of skills that could be used to inform leadership development for HIMs based on current health-care leadership models. Critical skills required by HIMs in a changing workplace were suggested in the literature. The transversal competency domains provided a framework on which to categorise the different terms used (Table III). Given the lack of leadership specific competencies in existing literature, and that the transversal competencies used to analyse the results for this review reflect common leadership associated skills for HIM in the literature, transversal competencies could be used to inform HIM leadership training and development.

Using transversal competencies to define HIM leadership skillsets can be a starting point towards informing capacity building. This method links the specific skills identified for HIMs in a framework that supports the leadership definition proposed in response to the findings from this review.

#### *4.2 Defining leadership in health information management*

Of the leadership styles identified for HIM in the literature (relational, shared, transformational and team), relational and team leadership were the same as that relevant to contemporary healthcare leadership (see Appendix 2 Results) (Harvard Business Review *et al.*, 2018). Shared and distributed leadership, relevant to healthcare, but not discussed in the results of this review, reflect that leadership today is more democratic in nature and can be distributed to those without positional authority (Goksoy, 2016). Relationships and teamwork were the two common factors identified in both the literature on healthcare leadership and results from this review. Therefore, a contemporary definition of leadership for HIMs relevant to the healthcare environment, that draws on these findings is, *a relational process, using a team-based approach rather than positional authority, to facilitate collaboration towards shared goals.*

#### *4.3 A need for empirical research to confirm a leadership style for health information management*

None of the publications that discussed leadership in HIM were supported by research studies. The low impact factors of the journals also indicate a need for further scholarly



based publications to support the call for leadership in HIM (refer to [Appendix 2](#)). This would inform an evidenced-based knowledge gap on the effectiveness of leadership application and implementation in the profession. Scholarly research is fundamental to assuring accountability and legitimacy in the HIM profession, informing and determining professional competencies ([Al Kiyumi et al., 2017](#)). In line with the impetus for leadership in HIM, further research is required to support the development of this capability in the profession.

#### *4.4 Significance and limitations*

This review has identified a gap between the industry demand for leadership in HIM and empirical support and assessment of its effectiveness. Neither leadership style nor competencies to inform this gap and support capacity development were definitively articulated in the literature. The definition of the leadership style for the HIM profession was therefore derived from those proposed in the identified literature and frameworks. Core workplace competencies for HIMs from the publications reviewed were consolidated into transversal competency domains ([UNESCO, 2015](#)). The type of articles identified in this scoping review reveals a need for scholarly research to investigate and assess the implications of relationship-based leadership in HIM.

An understanding of the competencies required to equip the HIM profession with this type of leadership is also required. HIM professionals are unique in their role, function and environment. Although many studies can be found in relation to the field of leadership, a limited number of results were relevant to the HIM field. Further research specific to leadership training and education in HIM can be guided by these findings. Importantly, the proposed leadership definition is one that reflects industry perspectives (i.e. practice real-world application) and contemporary leadership theory and could be applied to any field of practice and adopted at any level in an organisation. HIM is experiencing rapid change and role expansion, the identification of the most appropriate competencies and leadership framework now can support its members to proactively advance the profession moving forward.

Confidence in our findings was established through a systematic process involving cross-validation and multiple reviews for reflexivity and reliability. The articles identified were published in English from the USA and Australia. There may be scope for further searches to be conducted in different languages to identify literature from non-English countries; however, this would require multi-lingual researchers.

## **5. Conclusions**

Leadership is essential in HIM and further research to guide the process of capacity building is urgently required. The aim of this systematic scoping review was to explore the existing literature on leadership in HIM. The findings indicate that, although there is a critical need for leadership to support HIMs in a changing health landscape, there is a lack of evidence-based research in this area. Reflective of the cross-functional nature of the HIM's work, there was agreement that a relational, team-based leadership style, would effectively enable HIMs to achieve collaborative outcomes in the challenging healthcare environment. Transversal competency domains provided a contemporary and succinct way to consolidate the various leadership skills relevant to leadership development in HIM and health care. As predominantly non-empirical literature was found, further research is required to inform the development and assessment of transversal competencies for leadership in HIM. Contemporary leadership theory reflects a move towards relationship-based interaction and

the findings from this review and future related research are of value to the HIM industry and potentially, other professions.

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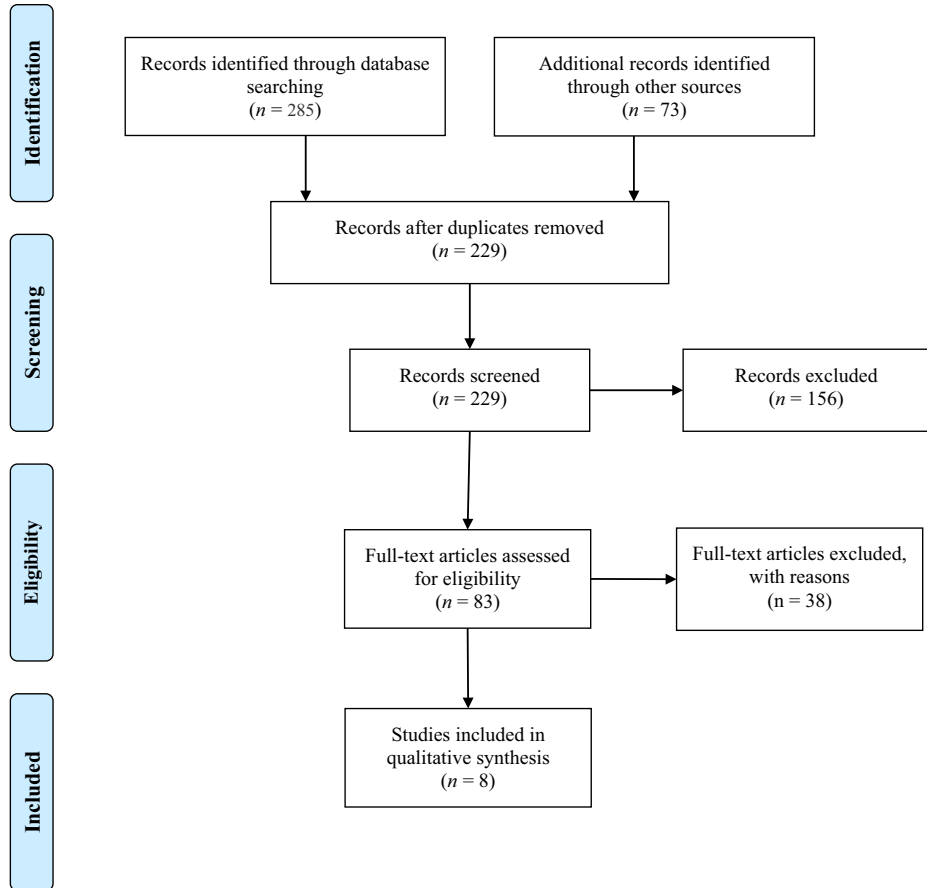


Figure A1.  
PRISMA

Author/s	Journal	Year	Country	Article/Study type	Impact factor	QAS -AACODS Rating (%)
Forrestal E.	<i>Perspectives in HIM</i>	2013	USA	Commentary	Not indexed	100
Hagland M.	<i>Journal of AHIMA</i>	2005	USA	Commentary	Not indexed	91
Thierry Sheridan, P., Blanding Smith L.	<i>Perspectives in HIM</i>	2009	USA	Commentary	Not indexed	96
Watzlat V. J., M. Rudman W., J. Hart-Hester S., Ren P.	<i>Perspectives in HIM</i>	2009	USA	Commentary	Not indexed	96
Leggat, S. Hunt, T.J.	<i>HIM Journal Perspectives in HIM</i>	2009 2014	Australia USA	Commentary Literature review	1.393 Not indexed	96 86
Strachan Wilkins, M. A.	<i>HIM Journal Perspectives in HIM</i>	2009 2009	Australia USA	Commentary Qualitative study (survey)	1.393 Not indexed	83 82

(continued)

Table AI.

Author/s	Summary	Leadership type proposed	Transformational competencies identified as required by HIMs			
			Critical thinking	Interpersonal skills	Intrapersonal skills	Global citizenship
Forrestal E.	Leadership modelling in HIM through job redesign	Shared				
Hagland M.	HIM skills required to lead from middle management positions	Shared				
Thierry Sheridan, P., Blanding Smith L.	Leadership as a relationship process in HIM	Relational				
Watzlaf V. J. M., Rudman W. J., Hart-Hester S., Ren P.	The progression of HIM roles and functions (including skills for the future)	Team				
Leggat, S.	Performance management guidance for HIMs	Transformational				
Hunt, T. J.	Leader-Member-Exchange (LMX) theory of leadership to help relationship building in HIM	Relational				
Strachan	Managing change (and competencies required) for HIMs	Transformational				
Wilkins, M. A.	Factors influencing the acceptance of Electronic Health Records (EHRs) in hospitals (survey of HIMs)	Not specified				

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**About the authors**

Sarah Low (MHM, BHSc) is a PhD Candidate in Management and Commerce at the University of Tasmania (Australia), studying Transversal Leadership in Health Information Management. She has extensive international work experience in Health Information Management, management in health organisations and quality management. Sarah Low is the corresponding author and can be contacted at: [S.Low@utas.edu.au](mailto:S.Low@utas.edu.au)

Kerryn Butler-Henderson (PhD, FHIMAA, FACHI, CHIA) is the Course Coordinator of the Master of Health Information Management at the University of Tasmania. She is known for her passion and dedication to the promotion and advocacy of the HIM profession in Australian and internationally. Her research specialisation is in workforce analysis, health data and the use of technologies in health, and she supervises several PhD candidates.

Rosie Nash (PhD, Hons, MPS) is the Research Pathway Coordinator for Public Health and Health Systems at the University of Tasmania. Rosie's research interests include Health Literacy, Competency Based Education, SoTL, Health Workforce Development, Inter-Professional Learning, Assurance of Learning, Representations of Learning (e-Portfolio, Blogs) and Pharmacy Practice. She is a pharmacist, early career researcher and has managed research projects of national significance.

Kelly Abrams (PhD, CHIM), is the Privacy and Data Governance Consultant for the Royal Canadian Mounted Police Longitudinal Post-Traumatic Stress Disorder Project at the University of Regina, Saskatchewan, Canada. Her research specialisation is in health informatics and information management workforce transformation, leadership, and knowledge translation.

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