LEADERSHIP IN HOSPITALS

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Abstract

Leadership in hospitals is important to explore due to its impact on employee performance, job satisfaction, teamwork, and patient care. The purpose of this paper is to explore the various theories on effective leadership styles as they pertain to healthcare leaders in the administrative, physician, nurse team leader, and team member roles. These leadership styles include the participative, authoritative, transactional, and transformational leadership styles, the Theory X versus Theory Y approach to leadership, and its correlation with Quinn's Competing Values Framework. Organizational culture also has an impact on leadership style, and leaders choose a style that best fits this culture as well as the organization's mission, values, and goals. Human capital is an organization's most valuable asset, therefore the style of leadership that is utilized will have an impact on nurse behaviors, nursing teams, and nurse retention, all which have an impact on providing the highest quality of patient care.

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EFFECTIVE LEADERSHIP AND TEAMWORK

Introduction

The purpose of this thesis is to research and analyze the theories of effective leadership and management and their impact on teamwork. This paper will first discuss the differences between the traits and behaviors of managers and leaders and the effectiveness of these behaviors in the workplace. The theories to be utilized in making this comparison include the Competing Values Framework, Theory X versus Theory Y (the humanistic versus rationalistic approaches), and the participative and authoritative leadership styles. Lastly, this paper will utilize the research conducted on this comparison and apply it specifically to the participative and authoritative leadership styles to show the impact that managers and leaders have on team members as well as their productivity. This topic is important due to the volatile and increasingly competitive business environment. Since one of the biggest assets an organization has is its human capital, it is in the organization's best interest to make sure that teams are producing at maximum efficiency and providing a competitive advantage. This paper will close with concluding remarks that summarize the findings of this research.

Leadership vs. Management Theories and Effective Leadership

In order to discuss the impact that effective or ineffective leadership can have on teamwork, it is important to first discuss the various theories of leadership and how they differ from management. These theories include both the traits and styles adopted by leaders and managers.

James Kotterman (2006) researched the differences and similarities in the traits of leaders and managers. While his research shows that the differences between the roles of a leader and a manager tend to be blurred due to some similarities in behaviors, they do exist. It is generally

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accepted that the functions of managers and leaders differ, but there really is no consensus on what those functional differences are. However, Kotterman (2006) does provide a comparison of management and leadership processes that shows how a manager's focus differs from that of a leader (p. 15).

For example, managers concentrate on budgets, display impersonal attitudes about an organization's vision and goals, delegate responsibility and authority, display low emotion, control processes, and limit employee choices. Leaders, on the other hand, are very passionate about an organization's visions and goals. They set the direction, communicate the organization's vision, and strategically plan how to achieve it (Kotterman, p. 15). Leaders influence and encourage team building, display driven and high emotions, and increase employee choices. They also motivate, inspire, and encourage employee involvement in daily processes (Kotterman, p. 15). Kotterman (2006) concludes his research by stating that in reality, most managers are not in a position to lead. Managers can lead by example, or lead a project, but in the end they still perform the functions of management. It is unusual for one individual to have the skills to serve as both an inspiring leader (e.g., supportive behaviors) and professional manager (e.g., directive behaviors) (p.16).

In agreement with Kotterman, Hunter (2006) believes that personality traits impact the effectiveness of leaders. Extroverted leaders are described as active, assertive, energetic, optimistic, and open to communication. They have a higher tolerance for ambiguity in crisis situations due to their positive ambition combined with their ability to demonstrate inspirational leadership in the face of conflict (Hunter, p, 48). Emotional stability in leaders refers to the tendency to remain calm and secure under stressful conditions. In crisis situations, leaders who have emotional stability will have a positive perspective on the situation and will instill

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confidence, self-esteem, and self-efficacy in team members (Hunter, p. 49). Agreeableness in leaders refers to the ability to be cooperative, gentle, kind, and trusting. This trait is demonstrated through the leader's high degree of cooperation and collaboration with others. Accordingly, leaders that show agreeableness will demonstrate a strong concern for the well-being of others during a crisis situation (Hunter, p. 49). Leaders that have a high level of conscientiousness have a strong sense of direction and work hard to achieve goals. They too, have optimistic attitudes and seek the assistance and support of team members to reach these goals. In a crisis situation, leaders who are conscientious demonstrate persistence in overcoming adversity or challenges that arise during the situation (Hunter, p. 49). Lastly, leaders that are open to experience are creative, resourceful, imaginative, introspective, and insightful. They have flexible attitudes and engage in diverse thinking. In a crisis situation where there may be no precedent to follow, the leader relies on their own intuitiveness and creativity to solve the dilemma. This involves the ability to think outside the box and find solutions to problems that otherwise might be unsolvable (Hunter, p. 49). Thus, leaders that have these five personality traits are shown to be resilient, demonstrate a higher tolerance for ambiguity, and have charismatic personalities which in turn influence the performance of team members and patient care (Hunter, p. 49).

In contrast to Kotterman's research regarding the blurred lines between leadership and personality traits, Kirkpatrick and Locke (1991) claim that there is evidence that proves that the characteristics and traits of leaders are different from managers (in Pierce and Newstrom, p. 76). According to the authors, the core traits held by leaders include drive, leadership motivation, honesty and integrity, self-confidence, cognitive ability, and knowledge of the business (Kirkpatrick and Locke in Pierce and Newstrom, p. 76-80).

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The drive of leadership includes the high desire for achievement as well as attaining standards of excellence and improving processes in the workplace (Kirkpatrick and Locke in Pierce and Newstrom, p. 76). Effective leaders are more ambitious than managers as they embrace challenges and set high goals for themselves as well as their teams and organizations. These traits of drive and ambition call for a high level of energy which is non-existent in managers. Energy and stamina are required in order to maintain this relentless drive and ambition. Leaders also show tenacity through their ability to overcome obstacles better than managers due to their persistence and perseverance in obtaining their goals. Effective leaders take initiative and are proactive, unlike managers who are reactive, in terms of making choices that lead to change instead of waiting for change to happen. Leaders show a strong desire to lead and motivate others, and do not see power as something that is competed for but something that can be distributed to followers in order to motivate them to become empowered themselves (Kirkpatrick and Locke in Pierce and Newstrom, p. 77)

Honesty and integrity have a special meaning for leaders as it assists in building a foundation of trust in followers. Effective leaders are credible in the eyes of followers making honesty essential to leadership (Kirkpatrick and Locke in Pierce and Newstrom, p. 78). Leaders also possess a high degree of confidence. It is this confidence that plays an important role in the decision making and implementation processes as well as gaining the trust of followers. It is important that followers perceive their leader as confident, and that they are able to be assertive and decisive in the decision making process. This perception is important because a leader needs their followers to believe in their visions and goals (Kirkpatrick and Locke in Pierce and Newstrom, p. 79).

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Cognitive ability refers to the leader's ability to gather, integrate, and interpret a great deal of information, including the intellectual capability to create strategies, solve problems, and make decisions based on this information. This ability, along with intelligence are traits that followers look for in a leader. Effective leadership is based on the leader's strong analytical ability, good judgment, and the ability to think strategically as perceived by followers. Lastly, effective leaders have in-depth knowledge of the organization and the industry in which it operates. This allows leaders to make informed decisions and understand the consequences of those decisions. Effective leaders are proactive in researching the organization and industry in order to create the vision for the organization and convey this vision to followers (Kirkpatrick and Lock in Pierce and Newstrom, p. 80).

One of the topics explored by Kirkpatrick and Locke (1991) is whether or not leaders are born or made. They conclude that it is clear that leaders are not like other people and that the core traits discussed above are not present in all individuals. Leaders are not ordinary people due to their ability to master the challenges, and be flexible and adaptable during these challenges, that are brought on by the opportunities that constantly present themselves in an ever changing business environment. Hence, the ability to be an effective leader does involve the individual and the traits that they possess (p. 81)

John Kotter's (1990) research also discusses that leadership and management are two distinctive systems of action. He writes that that these two systems are complimentary and that both are necessary for success in a changing and complex business environment (p. 103). However, there is still a difference between the two roles. Kotter (1990), states that management is about coping with complexity and concentrating on controlling and problem solving, whereas leadership is about coping with change and developing and communicating a vision. Similar to

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the research conducted by Kirkpatrick and Locke (1991), Kotter (1990), states that managers are focused on planning, budgeting, setting short term goals, and locating resources to obtain these goals. By contrast, leaders lead an organization to change by developing a vision of the future along with strategies that will produce the changes that are needed for that vision. For leaders, achieving their vision requires motivating and inspiring their teams by appealing to each individual member's needs, values, and emotions. This keeps the team moving in the right direction even when challenges in obtaining the vision are presented (p. 104).

Managers exert control when obtaining their goals by comparing employee behaviors to their plans and taking action when any deviations occur. Leaders are different in the sense that through their motivation and inspiration, an increase in employee sense of achievement, self-esteem, and a sense of belonging occur, providing team members with the energy to assist the leader in achieving their goals. This is quite different than the utilization of control mechanisms by managers (Kotter, p. 107). Kotter (1990), states that most U.S. organizations are "overmanaged and underled", and that each role should be used to balance the other (p. 103).

Kirkpatrick and Locke's (1991) perceptions on management versus leadership coincide with those of Dr. Alan Belasen (2006), which is that high-performance leaders are faced with the challenge of being proactive in a business environment that is constantly changing. Leaders must develop a vision of success and secure the resources and support in order to implement their vision (p. 2). High-performance leaders foster teamwork and self-management, and appeal to employees' self-concepts, values, and personal identities in order to generate the energy to form a culture of commitment to carry out the vision (p. 2-3).

The CVF View of Leadership

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The central theme in Alan Dr. Belasen's (2000) work is the Competing Values Framework (CVF), which emerged from a series of empirical studies by Quinn (1988) on the notion of organizational effectiveness. The four models within the Competing Values Framework are the Human Relations Model (roles of facilitator and mentor), the Open Systems Model (the roles of innovator and broker), the Internal Process model (the roles of monitor and coordinator), and the Rational Goal Model (the roles of director and producer). These models and their corresponding roles coincide with different types of leadership styles/roles to be used in different organizational contexts. This can be referred to as situational leadership (p. 32). However, multiple roles can be performed at the same time depending on the situation and the goal to be obtained.

In the Human Relations Model, leaders perform the roles of facilitator and mentor. As facilitators, leaders build cohesion and teamwork among employees and use group problem solving and conflict management. As mentors, leaders are sensitive to the needs of employees and assist employees in their growth and development. Thus, the concern for human needs is the core component of this role (Belasen, p. 31).

In the Open Systems Model, leaders perform the roles of innovator and broker. As innovators, leaders are creative and find ways to deal with risk and uncertainty in a changing business environment. As brokers, leaders link the organization externally with other organizations and focus on networking and building partnerships (Belasen, p. 33).

In the Internal Process Model, leaders perform the roles of monitor and coordinator, and keep track of activities within the organization. As monitors, leaders are concerned with the facts, details, reports, rules, and regulations. As coordinators, leaders maintain workflow, analyze task requirements, and organize staff efforts (Belasen, p. 31)

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Lastly, in the Rational Goal Model, leaders perform the roles of producer and director. As producers, leaders are self-motivated and motivate others, and focus on the tasks and work to be accomplished with high energy. As directors, leaders provide direction to others and clarify and pursue goals (Belasen, p. 31).

Dr. Belasen's (2000), work details the Competing Values Framework and its corresponding models and roles, and their impact on effective leadership, building cohesive teams, improving productivity, job satisfaction, employee morale, employee empowerment, learning and development, and high-performance leadership. The conclusion is that for leaders to be effective, they must learn to balance these roles in order to achieve their vision and gain the support of their followers.

The Competing Values Framework emphasizes leadership first and foremost in order to make connections within the organization (e.g., cross-functional teams) more effective. The underlying theory is that effective leadership has a positive impact on the way employees and teams perform, and that an effective leader requires the ability to be flexible and adaptable to changes in the organizational environment whether they are internal or external (Belasen, p. 29). Another theory that addresses the difference between leadership and management is McGregor's Theory X and Theory Y (Mendenhall and Oddou, p. 83). Theory X, or the rationalistic approach, is based on bureaucratic control, or management, versus Theory Y which is based on the humanistic approach (human needs) or leadership (Belasen, 2000, p. 12).

Theory X and Theory Y

McGregor (1960), the original researcher of Theories X and Y, states that according to his research there is no direct correlation between employee satisfaction and productivity when a leader adopts the Theory Y assumption (p. 46). He believes that participation can only lead to the

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undermining of management prerogatives and will most certainly lead to control being lost, resulting in soft management. He also states that the participative leadership style is inaccurately perceived as a magic formula which will eliminate conflict and disagreement and will have no impact on team performance (McGregor, pp. 124-125). Current research has been able to dispute his theories time and time again

The humanistic approach centers on individual well-being, employee's work conditions, job satisfaction, and communication. This approach gives employees greater opportunities in the decision making and work processes, and can lead to high morale and job satisfaction versus the rationalistic approach which can lead to job dissatisfaction due to feelings of being over controlled in a rigid, vertical organizational environment (Belasen, 2000 p. 12). The rationalistic approach is based on the principles of management or bureaucratic control. It is driven by efficiency, centralization of decision making, clear policies and procedures, and unambiguous roles and responsibilities (Belasen,2000 p. 22). In other words, this approach is controlling and inflexible. To explore further the difference between leadership and management, it is important to define what high performance leadership is.

High-Performance Leadership

To complement Dr. Belasen's CVF theory, McGregor's Theory X versus Theory Y approach, and others is an article by Guttman (2006) who states that organizations are in need of high-performance leaders (Guttman, p. 11). The high-performance leadership model is radically different from the old leader-follower paradigm. The model is based on the notion of the leader as the first among equals. High-performance leaders serve as architects, talent managers, and mentors. They bring out the best in their followers by leading through example and being a part of the team, instead of being in charge of the team (Guttman, pp. 11-13). High-performance

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leaders are creative and energetic, inspiring and motivating employees while at the same time having the flexibility to adapt to a changing business environment (Belasen, p. 384). The high-performance leader pulls team members together, and captures their hearts and minds through their positive energy (Belasen, p. 385). Thus, high- performance leaders do not lead through coercion and power such as managers do, but through their core values (Belasen, p. 386).

Leadership and Team Behavior

Expanding further on the topic of leadership versus management, Kumle and Kelly (2006) also analyze these two opposing styles and concluded in their analysis how these styles are applied in a team based work environment. The authors' argument coincides with that of Kirkpatrick and Locke (1991), which is that leadership and management are two opposing styles of employee supervision actively used within today's business world, but are indeed separate entities. According to Kumle and Kelly (2006), teamwork is something all modern leaders strive to accomplish and labor to achieve. Therefore, the style of leadership chosen will be indicative of the team's behaviors. Becoming a team means showing a high level of trust most achievers in the workplace are unwilling to give (p. 11). These authors also emphasize the difference between leadership and management, and their views continue to strengthen the above research regarding this difference.

Kumble and Kelly (2006), state that leadership is defined as creating a trust based environment, perceiving team members as a priority, communicating openly and honestly with employees, and a providing a vision and setting goals to obtain this vision. In order to create trust based environment, employees should be empowered and given the freedom to perform their duties. Team members are perceived as a priority by leaders through their support, whether there are failures or successes, and compassion and empathy. Leaders must be able to

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communicate with employees openly whether they are conveying good news or bad news. Leaders are also open with team members and do not keep secrets. This eliminates worry and tension, and builds trust in the leader. Lastly, leaders have passion for their vision and an interest in the team's well being. This passion is reflected with emotion and makes the vision more personal for team members (pp. 11-12).

In addition, according to Kumle and Kelly (2006), management traits and styles are very different. For example, managers seek to control by fear, replace employees instead of focusing on training them for improvement, do not engage in open communication, are surprise oriented, and prefer to carry out processes and procedures their own way. When roles are rigidly defined in an organization, managers control all processes through their power over teams. Managers are critical of failures and accept only successes. They do not empathize with, or trust, anyone, and have a have a desire for personal success, not passion for the team's success. Management adopts a need-to-know communication style, and only communicates with team members through dictating initiatives and directives. Management doesn't reveal goals, and are secretive and elusive regarding agendas and processes. Lastly, managers take the "my way or the highway" approach (Kumle and Kelly, p. 12). They move forward towards their own goals without regard to employees or team members. While the authors admit that this is a crude way to define managers, they also state that the traits and style of management is a crude way to run a successful business (pp. 12-13). Given their viewpoints, the style of leadership is imperative to maintaining a cohesive work unit. Lastly, there are two other styles of leadership that coincide with the management versus leadership theory. These two styles are participative and authoritative leadership.

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These styles prove to be similar to those behaviors and styles previously discussed regarding leaders versus managers. Participative leadership is characterized by a friendly and approachable leader who openly communicates with employees, welcomes suggestions regarding work processes and takes them seriously when making decisions (House & Mitchell in Pierce and Newstrom, p. 202). In this style, leaders motivate employees by granting them autonomy in making decisions in work processes which leads to increased effort and improved job performance. By making employees feel as though they have an important role in obtaining the goals of the leader, they are more committed and dedicated to their responsibilities. Participative behaviors shown by leaders play an important role in providing employees with intrinsic motivation, feelings of self-worth, a sense of self-determination, self-efficacy and control, and reduce their feelings of powerlessness. This leadership style is associated with increased work outcomes and an improvement in work attitudes and performance due to the intrinsic motivation and psychological empowerment experienced by employees (Huang, Joyce, Liy & Gong, p. 124). This is in contrast to the authoritative leadership style.

Authoritative leaders issue orders and expect them to be followed without question. This is very similar to the behaviors of managers. The authoritative leader dominates and maintains a servant-master relationship with followers (Awan and Mahmood, p. 256). Unlike the participative style, there is no "leader" in the authoritative style, nor are there distinguishable roles (e.g., mentor, facilitator from the Competing Values Framework). Instead, leaders are termed managers, supervisors, and bosses who influence employees through coercion, fear, intimidation, and punishment which can have a serious negative impact on team productivity, morale, and group cohesion. According to Belasen (2000), "managers administer, leaders

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innovate. Managers maintain, leaders develop. Managers rely on control, leaders rely on trust" (p. 133).

Effective & Ineffective Leadership on Team Performance

As previously discussed, the participative leadership style is one that involves the participation of the team members in decision making. Participative leadership is defined as an influence relationship among leaders and followers that reflects their mutual purposes. This definition implies that the exchange is based on influence rather than coercion and that it is multidirectional, with followers influencing leaders and vice versa (Kellerman, p. 119). Participation is of team members is encouraged and supported by the leader of the team, with the goal being to achieve consensus. It is this style that involves the members of the team more than any other style, and it enhances autonomy, flexibility, and responsibility since the leader encourages team members to participate in setting and achieving goals. The suggestions and ideas generated by team members allows for the leader to provide input and guidance to the team (Mills, p.132).

As Larson and LaFasto (1989) state, the final component in term performance, and one of the most critical, is team leadership. Their research strongly indicates that the right person in a leadership role can add tremendous value to any collective effort, "even to the point of sparking the outcome with an intangible kind of magic" (Larson and LaFasto, p. 118). It is this research that continues to emphasize the fact that the participative leadership style, and the roles that are associated with this style, are critical in team performance and morale.

Theory Y, which is referred to as the humanistic approach, is based on the assumptions that we have about people, and leaders make these assumptions too (Belasen, 2000). Theory Y leaders assume that employee well-being and job satisfaction is derived from team members

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having greater opportunities for involvement in decision making. This creates more autonomy for team members, which allows for greater discretion, provides more influence over the outcomes of the teams work, and involves being free from being over controlled. When the leader chooses to adopt the participative leadership style, team members will synergize their efforts and perform with excellence, hence improving productivity (p. 22). Group cohesion is also solidified as team members work with their leader, and each other, to continue to improve and increase productivity.

While participative leadership can hardly be deemed a "magic formula," this style, in combination with assumptions from Theory Y, certainly has a positive impact on teamwork because they assume the best of people. According to Fisher (2000), negative assumptions, perceived by team members through leader behaviors, can actually limit employees' potential performance (p. 102). Participative leadership values the employee more than it does the task. As Clark, Hartline, and Jones (2009) state, participative leadership is associated with consensus, consultation, and involvement (p. 4). Team members who work for a participative leader tend to exhibit greater involvement, commitment, and loyalty. In addition, employees who are allowed to participate in the decision making process are likely to be more committed to those decisions (Clark et al., p. 4). The two important roles that the leader performs based on the Competing Values Framework, the mentor and facilitator roles, are significant to the participative leadership style.

According to Quinn's Competing Values Framework theory (1988), which is supported by Belasen (2000), team leaders adopt many roles, meaning that each role is situational. Team leaders that adopt the participative leadership style are known to perform the roles of facilitators and mentors. Team members are not seen as isolated individuals, but as cooperating members of

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a common social system with a common stake in what happens. They are held together by a sense of affiliation and belonging. As facilitators, leaders foster collective effort to develop cohesion and morale, obtain input and participation, and facilitate group problem solving (pp. 41-42).

Fisher's (2000), viewpoints on team leaders as facilitators coincides with Quinn's theories. Fisher (2000), states that as facilitator, the team leader brings together the necessary tools, information, and resources for the team to get the job done, and facilitates group efforts (p. 134). The facilitator's ongoing objective is to actively solicit and channel the participation of others. This is done by asking team members for their ideas and suggestions on work processes or any other issues that may arise. As team members become more comfortable with the participative process, productivity increases due to the more favorable working conditions (p. 147). As facilitator, allowing the team to be productive, instead of directing them on how to be productive, team member motivation, morale, and job satisfaction increases. Team leaders recognize that motivation is internally generated, hence the term facilitator rather than director (Fisher, p. 147). The team leader is also expected to be a mentor, to engage in the development of people through a caring and empathetic role. As mentor, the leader must be helpful, considerate, sensitive, approachable, open, and fair. The leader listens, supports legitimate requests, conveys appreciation, and gives compliments and credit. Team members are seen as resources to be developed. Team leaders, as mentors, assist with skill building, training opportunities, development, and provide continuous support to team member needs, even during personal challenges (Quinn, pp. 41-42).

Belasen (2000), states that when leaders perform the role of mentor effectively, they communicate values and instill trust in team members who are then motivated to participate and

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contribute (p. 379). The key to successful mentoring is to recognize that mentoring involves developing and maintaining a relationship between the mentor and other team members (Belasen, p. 289). The effect that the role of mentor has on team members is extremely positive with regards to productivity, morale, and group cohesion. As team leaders gain the trust of team members, encourage open communication, and help team members to develop, the team becomes empowered. It is this sense of empowerment that motives the team to perform better, work as a cohesive group, and increases their morale due to the nature of the team leader and team member relationship (Belasen, p. 132).

The research conducted by Clark, et al. (2009), coincides with Belasen's and Quinns's theories regarding the participative leadership style and the mentor role. Their research has indicated that the increased autonomy of team members, their active role in workplace decisions, and a sense of empowerment, support, and communication shows that team members tend to be more enthusiastic in performing their roles and are more satisfied with their jobs. Thus, this enthusiasm combined with job satisfaction increases team member morale which has a positive effect on commitment to their jobs as well as the quality of their work (p. 7). In sum, as leaders adopt the participative style and perform the roles of mentor and facilitator, improvement in team productivity, morale, and group cohesion is inevitable. This is in stark contrast to the authoritative leadership style.

According to Mills (2007), the authoritative style of management has a negative impact on team members because the manager is inflexible and overbearing. Those managers who adopt the authoritative style of management choose a course of action regardless of people's feelings and do not involve others in the decision making process. Managers who routinely rely on the

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authoritative style of leadership will find that their team members' motivation and commitment will diminish as they are excluded from making contributions to the team (p. 130).

In support of Mills theory, Beck and Yeager (1994), state that authoritative managers are focused on their own goals and are not particularly concerned with the attitudes or developmental needs of team members. These leaders tend to maintain a high degree of control around decision making and task management. They rely on motivating team members by imposing punishments and penalties for lack of compliance. The top priority for managers is getting the job done they way they believe it should be done, not acknowledging the ideas or suggestions from team members (pp. 51-52). The isolation of team members from any participative opportunities decreases commitment, which in turn decreases productivity because of the negative attitudes of team members towards their manager. As Belasen (2000) states, if team members do not feel they are trusted and respected, and a sense of self-confidence is not instilled, employee involvement and productivity is doomed to fail (p. 133).

According to Hill (2003), the authoritative manager is termed as, and perceived as, the boss. The goal of managers who utilize this style is to exercise or gain control over team members. As managers give directives, team members will become discouraged and will begin to not follow orders and challenge the perceived authority. Thus commitment and motivation decrease significantly and team members no longer are interested in levels of productivity or group cohesion. (pp. 99-100). Leading, not managing, a team involves allowing individual peculiarities, talents, qualities, and insights to emerge and be harnessed into the team's objective. When a manager puts limitations on team member expressions or behaviors, the potential of the team's performance significantly decreases. This heavy handed leadership can subdue team member participation, due to the attention span of team members being short and their interest

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being low. When conformity is emphasized by the manager, everyone thinks alike. When team members think alike, no one thinks much (Syer and Connolly, p. 120). Thus, the concerns team members have while subjected to this authoritative leadership style is to avoid punishment, reprimand, or hassles.

Fisher's (2000), views also support the views of Belasen, Mills, McGregor, and Hill. He states that the traditional manager supervises, and that the supervisor title is another euphemism for bossing. Supervisors control team members by telling them what to do and then making sure they do it properly. Control methods include maintaining the right to make decisions, and limit information or resources available to the team. Supervisors create an atmosphere where team members are driven by management, and where conformity becomes more important than creativity (pp. 7-8). Thus, in addition to a decrease in productivity due to the control on resources and information, team members have no chance of obtaining group cohesion due to the inability to share ideas and suggestions on work processes, or participate in decision making. Supervisors, or bosses, have to change to being team leaders or else they will continue to impede empowerment efforts, which negatively effects productivity, morale, and group cohesion (Fisher, p. 8). The authoritative leadership style is closely associated with McGregor's Theory X which is also supported by Belasen.

McGregor's (1960), Theory X supports the traditional view of direction and control. Managers who adopt the views of Theory X believe that the average person has an inherent dislike of work and will avoid work at any opportunity. Thus, due to this dislike of work, individuals must be coerced, controlled, directed, and threatened with punishment in order for them to be productive and achieve objectives. In addition, managers who adopt Theory X assume

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that individuals prefer to be directed, desire to avoid responsibility, have little ambition, and want security above all else (pp. 33-34).

Fisher (2000), notes that whenever he has adopted Theory X assumptions when working with team members, he resorted to blaming, accusing, and non-participative behaviors, which he admits that these behaviors limited the capacity of the workforce by creating fear, confusion, and apathy (which is even worse) in the workplace. When managers believe that workers are lazy or stupid, they don't take the time to develop or challenge them. These assumptions associated with the authoritative leadership style actually limit team members' potential performance. When team leaders believe that workers need to be supervised, they find ways to control them. Such assumptions prompt supervisors of all levels to create audit systems that can be used to check and track the work of team members. These audit systems can have a negative impact on team members' ability to do the work and their potential accomplishments. This is because team members spend more time documenting their work in order to defend their decisions. This then continues to perpetuate the assumptions by the supervisor that team members are incompetent (pp. 101-103).

In sum, according to Kellerman (2004), ineffective leadership due to the authoritative leadership style fails to increase performance and motivation in team members. This is because of the work strategies badly conceived and tactics badly employed by managers such as fear, coercion, and punishment. While participative leaders have such traits as flexibility and the desire to nurture, the authoritative leader lacks these traits and may have difficulty in building group cohesion, motivation, morale, commitment, and as well as increasing team performance. Authoritative leaders feel the need to remain in control at all times and dictate to team members.

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They are generally deemed ineffective because of the means they employ (or fail to employ) in meeting work objectives.

Concluding Remarks

Based on the above research regarding leadership versus management, it can be concluded that while the lines between the two roles, including both styles and traits, tend to be blurred, there is a perceived difference. Since organizations utilize teams to provide a competitive advantage and make work processes more efficient, it is important to discuss how these leadership and management traits and styles positively or negatively impact team performance. The impact of effective and ineffective leadership on team performance can be analyzed using the above theories on management versus leadership behaviors, as well as the Competing Values Framework and its models and roles, Theory X and Theory Y, with a strong emphasis being placed on the participative versus the authoritative leadership styles.

Further more, it can be concluded that there is a difference between the behaviors and traits of managers and leaders. Leaders are perceived as visionary, supportive, empathetic, open to communication with team members, and become part of the team. Managers are perceived as task masters who concentrate on processes such as budgets, directives, and must maintain control over employees in order for organizational goals to be met. It is important to note that it has been suggested that leaders should find a way to balance the two roles, and that the style utilized to be an effective leader is situation dependent. However, the research shows that leaders, not managers, have the ability to increase productivity through job satisfaction and team commitment to the leader's vision.

The research regarding the participative and authoritative leadership styles, which include the leader and manager behaviors discussed, show that each style has different consequences on

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teamwork. While the participative leadership style focuses on team support, motivation, commitment, and team member development, the authoritative style of leadership focuses on controlling team members to get them to behave as the managers want them to behave. The participative leadership style embraces team member job satisfaction, morale, and group cohesion, with the team leader adopting the roles of mentor and facilitator to promote this common social system, providing a sense of belonging and affiliation. The authoritative style embraces fear and intimidation to motivate employees, and promotes isolation. Unlike the participative leadership style which increases productivity, morale, and group cohesion, the authoritative leadership style increases isolation and dictatorship which has a negative impact on team member performance.

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LEADERSHIP IN HOSPITALS

Introduction

Leadership in hospitals is an important topic because leadership impacts employee commitment, motivation, and performance, as well as patient care. There are many leaders in the hospital setting, which include executives/administrators, (e.g. CEO's), physicians, as well as nurse managers. This paper will focus on leadership styles utilized in a hospital setting at the administrative and physician level, and which style is most effective to support the hospital's values, mission, and goals. The specific styles to be discussed are the participative and autocratic leadership styles utilized by hospital administrators, and the Theory X versus Theory Y leadership style utilized by physicians. This discussion will be supported by examples of these leadership styles during the organizational transformations that take place in healthcare organizations. Before discussing the impact of leadership styles on organizational and employee performance, it is important to discuss the overall importance of leadership in a hospital setting, and the impact a hospital's organizational culture can have on leadership style. This paper will close with concluding remarks that summarize the findings of this research on organizational culture, leadership style, and employee motivation and performance.

The Importance of Leadership in Hospitals

Leadership in hospitals is important for two reasons. First, leadership has an impact on employee commitment and dedication in supporting a hospital's values, mission, and vision. Secondly, this commitment and dedication is related to both hospital performance and employee performance which impacts the quality of care that patients receive. As Gunderman (2009) states, the quality of leaders will have an impact on patient care and the way that medicine is practiced in the future. Poor leadership, or mediocre leadership, will have a negative impact on

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the performance of hospitals as well as the quality of care that patients receive. It is effective leadership that will enable hospitals to successfully convey their values, meet their missions, and obtain their visions and goals (p. 112).

As the future of medicine is contemplated, Gunderman (2009) states that one of the most important investments that healthcare organizations can make is improving the knowledge and skills of leaders in order to prepare for the opportunities and challenges that lie ahead (p. 113). This investment not only includes knowledge of current operations and the ability to adapt to changes in the healthcare environment, but the knowledge and skills to invest in employees who will add value to the hospital, and keep job satisfaction at a high level in order to keep employees motivated, improving job performance, turnover rates, and patient care. Therefore, medicine, nursing, and the other health professions need to invest more in the development and knowledge of their leaders. Healthcare in the U.S. is not doing particularly well, and there is a moral responsibility to ensure that healthcare is moving in the right direction (Gunderman, p. xviii). It is imperative that hospital leaders realize that patients are not just customers, and physicians, nurses, and other health professionals are not just employees of healthcare organizations. Patients and physicians are not just serving hospitals and healthcare systems. Instead, hospitals and healthcare systems are what enable these health professionals to provide patients and communities the best possible care. Hospital leaders need to acknowledge what is the most important about they work that they do every day, including finding ways to assist all healthcare employees in improving their performance (Gunderman, p. xix).

Hospitals spend a significant amount of money investing in infrastructure, renovating facilities for improvements to healthcare, and purchasing new equipment, which is a necessity in order to keep up with the changing healthcare environment. However, what is often overlooked

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is the little time or effort that is spent developing an understanding of the people who work in hospitals, as it is the people that work in them that make a difference. Healthcare organizations can only be as good as the people that work within them. Not only do healthcare leaders need to understand the nature of their organization, but the important roles that physicians, nurses, technologists, etc. play. If leaders do not understand the people that work for them, performance will suffer, which can have an negative impact both financially as well as on patient care (Gunderman, p. 5). Key personnel are already in short supply, and if organizations do not make an effort to understand those who work within them, retaining employees, as well as recruiting new staff, will deem to be disastrous (Gunderman, p. 5). When work performance suffers, this not only compromises the hospital's financial performance, but lives are endangered as well. In addition, morale and commitment to the organization will suffer because crucial needs and aspirations of employees are not being acknowledged (Gunderman, p. 5).

Gunderman (2006) concludes that the failure of leaders to understand human motivation, commitment, and dedication negatively impacts employee and organizational performance. To improve employee dedication, job satisfaction, and performance, as well as organizational performance, leaders need to examine the leadership within their organizations based on current leadership theories (participative vs. authoritative, Theory X vs. Theory Y, etc.) as they relate to professional motivation and employee performance (p. 5). When it comes to effective leadership, as previously discussed by Kirkpatrick and Locke (1991) and Belasen (2000), motivation, communication, and collaboration between departments, employees, etc. will play a significant role. There are key questions that leaders need to ponder regarding employee performance and motivation. Why do some people work harder than others? Are there steps leaders can take to enhance employee motivation? What are the most effective motivators - positive feedback,

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monetary rewards, and praise, or threats of termination, demotion, or a reduction in pay? Can worker performance be improved through dominance and control, or is it better to increase autonomy and encourage empowerment? Leaders cannot afford to neglect asking these questions (Gunderman, p. 6).

It is apparent that the performance of healthcare organizations is a product of several factors. The first factor is the effectiveness of leaders within the healthcare organization, to include hospital administrators, physicians, and nurses in supporting staff as well as well as conveying the organization's values, mission, and culture. Secondly, it is the dedication, motivation, commitment, and performance of employees. Lastly, it is also the form in which the organization is structured. Even when organizations are made up of the very best people and have a high investment in human capital, they may perform poorly if they are organized in ways that create conflict and prevent employees from working together productively (Gunderman, p. 34). The healthcare organization's form includes its organizational culture and the organization's culture can have an impact on behaviors within the organization, especially when administrators are the individuals who set an example or assist in cultivating the culture.

Organizational Culture and Hospitals

Organizational culture is defined as the shared beliefs, perceptions, and expectations of individuals in an organization (Boan and Funderburk, p. 3). Due to this shared understanding by employees regarding organizational norms and values, the culture of the organization can have an effect on changes or improvements on procedures and processes as well as employee performance (Boan and Funderburk, p. 1). According to Boan and Funderburk (2003), an organization's culture affects any effort to implement change and can impact different aspects of organizational performance such as customer (e.g., patients) and employee satisfaction and

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innovation (p. 4). An organization's culture doesn't automatically present itself when an organization is created. It occurs as groups share experiences, develop stability, and share a history together. As an organization becomes successful, staff adapt and learn how to cope with demands thus creating this stability and history that provides familiarity as well as a sense of group belonging. Thus, over time the assumptions, norms, and values that are developed and become a part of the organization's culture into which new employees are acclimated (Boan and Funderburk, p. 3). The increased success of an organization then increases the reinforcement of its norms, thus further strengthening the organization's culture (Boan and Funderburk, p. 3). In the healthcare environment, organizational culture can affect elements of organizational experience that impact quality such as nursing care, job satisfaction, and the safety of patients (has been associated with several elements of organizational experience that contribute to quality, such as nursing care, job satisfaction, and patient safety. (Boan and Funderburk, p. 4).

As Boan and Funderburk (2003) state, in order for healthcare organizations improve the quality care, adapt to a rapidly changing healthcare industry, and remain competitive, employee performance must be at the highest level. It is the organization's culture, and the shared vision of its leaders, that serve as a guide to the social and individual behaviors of employees (Boan and Funderburk, p. 2). An organization's mission also plays an important role in conveying its vision, and the failure of leaders to address this mission and convey it to employees can hinder efforts to improve quality and employee performance. To achieve breakthrough results in overall organizational performance, leaders at all levels of the organization must be motivated to enhance the organization's culture and emphasize its mission and involvement. The key to this approach is not for leaders to urge or demand quality efforts, or attempt to control the quality of staff work. What leaders are asked to do what leaders do best which is to clearly define the core

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values and mission of the organization so staff can understand that quality and related performance by staff are fundamental components of the organization inherent in its culture (Boan and Funderburk, p. 6).

Chee, Kamal, and Wingender's (2011) definition of organizational culture coincides with Boan and Funderburks (2003), which is that organizational culture shapes the behaviors of employees through the beliefs and values that are widely shared within an organization. Chee et. al. (2003), state that an organization's culture provides employees with an "internal compass" that directs employee efforts and actions in terms of what needs to be accomplished, how it is to be accomplished, how activities and goals are related, how this success is measured, and how employees will share in these successes (p. 33). Thus, the organization's culture can energize and motivate employees into action to assist the organization in its mission and goals, which affects productivity, commitment, self-confidence, and ethical behaviors (Chee et. al., p. 33).

The reason that organizational culture is important to address when discussing effective leadership as well as leadership styles in hospitals is because healthcare organizations consist of many levels of leadership which guides departments as well as the teams within them. It is critical that hospital administration facilitate and disseminate the quality-oriented values throughout an organization, especially to leaders. Thus, as administrators emphasize the role of quality as part of the organization's culture, in addition to its mission and vision, it can be disseminated through the leadership in the multiple levels of the organization to include physicians as well as nursing teams (Boan and Funderburk, p. 6). The leadership style utilized by administrators as well as physicians should be one that coincides with the hospital's mission and values that relate to quality as well as performance. Leadership style also plays a significant role in how the mission and vision is supported as well as conveyed. Leaders within a hospital

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environment set an example for the rest of the employees, and the leadership style that is utilized can have a negative or positive impact on employee performance as well as quality initiatives.

Nahavandi's (2009) views regarding organizational culture coincide with those views of Gunderman (2006) and Chee et al. (2011). He states that since leadership is a "social and interpersonal process, the impact of an organization's culture on leadership is undeniable" (p. 33). Thus, to understand the leadership styles utilized within an organization requires an understanding of the organization's culture, as culture is related to values and beliefs this has an influence on leadership and interpersonal styles (Navahandi, p. 33). Culture can even have an impact on who employees consider an effective leader. Whether a culture is deemed rigid, with many rules and regulations, or whether it is flexible with fewer rules regarding behavior, can impact leadership style as well as employee behavior and performance (Nahavandi, p. 53).

In sum, healthcare organizations operate in an ever changing, challenging, and extremely competitive business environment. How effective and efficient an organization is depends on the actions and performance of physicians and staff as their behaviors and actions are heavily influenced by the culture of the organization. Thus, organizational culture can have potential effects on the leadership style adopted by hospital administrators as well as physicians, which in essence has an impact on the outcomes of employee productivity, performance, commitment, self-confidence and ethical behaviors (Chee et al., p. 22). An important topic to address is what leadership style is the most beneficial for hospital administrators and physicians to adopt that support the organization's culture, mission, and values and that increase both hospital and employee performance. There are many different theories that address the relationship between leadership and culture. Cameron and Quinn (1999) use the Competing Values Framework to describe the types of leadership roles and the culture of the organization. Other theories such as

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McGregors's Theory X and Theory Y styles of leadership and Evan's path-goal leadership styles, establish the relationship between motivation and leaderships (Evans, 1970). The authoritative versus participative leadership styles of Evans (consideration and initiation of structure) utilized by administrators and the Theories X and Y styles of McGregor utilized by physicians are important to discuss in regards to these contexts.

Leadership Styles in Hospitals

Hospital Administrators and the Participative vs. Authoritative Leadership Style

According to the research conducted by the Center for Creative Leadership (2011), healthcare leaders are aware of the complex and changing environment in the healthcare industry, and that as individuals they need to adapt to this turbulent environment. What is not addressed by organizations, and seems to be low on the priority list, is whether or not they have the leadership talent that is needed to set the organization's direction and alignment, and gain employee and partner commitment as leaders seek to met the hospital's mission in providing safe, high quality patient care ("Addressing the Leadership Gap", .p. 2).

According to Swedish (2009), healthcare administrators must continually adapt to meet the demands of the changing healthcare environment. As the nation's healthcare grows to be more complex given the advances in technology and medicine, response to these demands are required by hospital and health systems leaders (p. 31). Hospital CEO's must manage the new and diverse challenges in the healthcare industry. They must also acknowledge that the communities that they serve depend on hospitals to generate new value and invest more resources (e.g. human capital) to advance the state of healthcare. Hospital administration must bring together physicians, nurses, and supporting staff whose talent and energy drive a sustainable health system through the hospital organization's mission and values (Swedish, p.

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31). Given these demands and challenges, as well as the need to gain support and commitment from hospital staff, and to support the organization's culture, mission, and values, it is important to determine the best leadership style to be utilized – participative or authoritative leadership style.

As previously discussed, the research conducted by House and Mitchell (1974) on the participative and authoritative leadership styles shows that these two styles have different consequences on teamwork (in Pierce and Newstrom, p. 202).. The participative leadership style focuses on team support, autonomy, motivation, commitment, and team member development, job satisfaction morale, employee performance, and group cohesion. The authoritative style of leadership focuses on controlling team members to get them to behave as the managers want them to behave. This style embraces fear and intimidation to motivate employees, and promotes isolation. Unlike the participative leadership style which increases productivity, performance, morale, and group cohesion, the authoritative leadership style increases isolation and dictatorship which has a negative impact on team member performance (House and Mitchell in Pierce and Newstrom, p. 202).

The research by House and Mitchell (1974) coincides with the research conducted by Evans (1970), which focuses on the path-goal theory of leadership. Evans (1970) found that the role of the supervisor as well as environment have an impact on the motivational behaviors of employees, the attainment goals, and job satisfaction. According to Evans (1970), two factors that have this impact are the consideration of employees by the supervisor and the initiation of structure (p. 96). Consideration relates to supervisor behaviors which include trust in employees, respect, open communication, and the concern for the needs of employees and their involvement in decision making processes (Evans, p. 96). These behaviors mirror that of the participative

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leadership style as well as McGregor's Theory Y. Initiation of structure relates to supervisor behaviors such as the definition of employee roles, task managing, and control over processes to obtain organizational goals (Evans. P. 96). These behaviors mirror that of the authoritative leadership style, as well as McGregor's Theory X. Evans' (1970) path-goal theory emphasizes that supervisors are what set the path for employees to obtain their goals. If employees feel that the supervisor hinders their path to goal obtainment (e.g. authoritative leadership style), this will negatively impact employee motivation as well as job satisfaction. Thus, when employees feel supported and acknowledged by their supervisor (e.g. participative leadership style), this increases employee motivation in obtaining their goals, leading to increased job satisfaction (Evans, pp. 97-98).

An important question to ponder is, which leadership style is the most effective? One of the ways to answer this question is to discuss the transformational change in processes and leadership that took place at the Hospital Sisters Health System (HSHS) headquartered in Springfield Illinois. HSHS realized that leadership is essential when a health organization seeks to transform itself. The leadership team at HSHS engaged physicians as partners and participants in the change that was needed in order to transform their organization to an innovative method of service called Care Integration. This transformation not only needed the support from physicians, but the staff as a whole (McCutcheon, p. 9).

HSHS is a multi-institutional healthcare system that sponsors 13 hospitals in 12 communities across Illinois and Wisconsin and an integrated physician network. Total employees in the healthcare system are 13,929, with 2,001 physicians. Their core values and mission include creating a lifetime of value for patients, working collaboratively and creatively with physician partners who share in the passion of improving healthcare, maintaining a culture

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of quality by emphasizing patient care and tracking this quality of care, creating a new model of healthcare delivery, creating a superior work environment, and a commitment to integration, efficiency, and preventative health care ("Hospital Sisters Health System").

Stephanie McCutcheon (2009) FACHE, president and chief executive officer of HSHS, stated that the leadership of HSHS realized that challenging times were ahead, and while their hospital was running effectively at that time, they realized the need for transformation in order to keep up with changes in the healthcare industry. McCutcheon (2009), states that understanding leadership today is more than having a vision, and the hospital felt that it was time to assess their current situation and plan strategically for the future. Early in the process of their transformation, the leaders decided on three guiding principles: 1) the system would focus on improving the patient experience; 2) the system would support their physicians and other clinicians; and 3) they would create a new system of care that could be replicated among all of their hospitals. Planned changes also included becoming a leaner organization, reducing waste and redundancy while designing care that is cost effective, high quality, and focuses on the patient (McCutcheon, p. 10).

McCutcheson (2009) conveyed that the hospital system's most important assets are their legacy and mission, as well as their people, which in addition to physicians are the clinicians, managers, and support colleagues. The Sister's legacy and mission, which stretches back to 1875, emphasizes healing and caring, and they knew that the transformation would assist them in continuing this legacy, and actually felt a sense of urgency to this mission. The goal was to create an environment in which the mission of the Hospital Sisters could be demonstrated in the way they cared for patients, their families, and communities. In addition, the hospital's leaders represent all of the demographic groups in the area, including different age groups, genders, and

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cultures. The HSHS team purposefully set out to involve all of their leaders in the progression to the future via this transformation, and it is the mission and values of the Hospital Sisters are the glue that unites people in the organization (McCutcheson, p. 10).

The participative leadership style was utilized by the leaders of HSHS to ensure that that they had the support to make their transformation a success by inviting physicians and other staff to attend the meeting and offer their views and opinions. To ensure the transformation's success, the hospital knew that they that they must get the physicians involved. A meeting was scheduled to discuss the future of the hospital, and 18 physician leaders representing every community served by the system were invited to attend. Included were primary care physicians and sub-specialty and specialty physicians, many with university affiliations. Those present at the meeting recognized the need to embark on the journey of transformation and discussed plans to reform the traditional hospital/physician relationships. What was learned from these discussions was that the hospital was now a moving platform, as change is inevitable, ongoing, and part of daily leadership and management. Formations of leaders with the capacity to engage in constant adaptation, change, and transformation means that learning will always be a part of this moving platform (McCutcheson, p. 10).

To manage this moving platform, HSHS noted that leaders needed to make talent management a high priority. Identifying the right people to support the Care Integration method of care during the varying stages of development was one way to ensure that the talent and knowledge that abounds within HSHS is used to the fullest. At certain points during the transformation process, certain skills and competencies were essential. Initially the visionary, conceptual thinkers led the initiative, then leaders such as healthcare organizational leaders,

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physicians, and individuals from governance became critical to brainstorming and reaching a consensus of the Care Integration mission that would fit all HSHS communities.

The mission of HSHS is an important part of the moving platform and HSHS instills this mission into their leaders through Mission Integration leadership development sessions. The sessions teach leaders how to be exceptional leaders in healthcare delivery. Another important characteristic, in addition to HSHS's mission and legacy is that leaders care about their employees. The hospital discarded their hierarchical, authoritative structure in favor of a more broadened view of leadership. Leaders accepted the fact that outcomes must be conveyed, supported, and clear to all employees. No longer is it efficient to enjoy one's leadership position, as in today's world, everyone is accountable. This new participative leadership style recognizes and builds the talents and skills of both leaders and employees, involving all of them in the decision making which provides space for different choices in the decision making process (McCutcheon, p. 14). During the transformation to the Care Integration method of service, a number of factors were identified as essential, one of them being the principles of relationships among all participants in identifying and clarifying shared goals, needs, and expectations. Another one being a baseline quality metrics to evaluate the effectiveness of services which includes satisfaction surveys completed by employees, nurses, physicians, patients, and their families which will provide important data to evaluate services related to the Care Integration method of care (McCutcheon, p. 17).

Another example of the utilization of the participative leadership style by hospital administrators is implementation of The Unified Ministry Model at Trinity Health, located in Novi, Michigan (Swedish, p. 31). Trinity Health, one of the largest Catholic health care systems in the United States, bases their ministry on healing and hope and draws on a rich and

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compassionate history of care extending beyond 140 years. They serve communities through a network of 47 acute-care hospitals, 401 outpatient facilities, 31 long term care facilities, and numerous home health offices and hospice programs in 10 states ("Trinity Health, Welcome to Trinity Health"). Just as HSHS, Trinity Health care aims to be transformational in their operations as well as their ministry, as they adhere to and exceed national performance benchmarks. The organization's culture and operating model are focused solely on how to create a superior patient care experience supported by operational and service excellence ("Trinity Health, Welcome to Trinity Health").

Just like the implementation of the Care Integration method of care at HSHS, internal support and networking with physicians and staff was utilized to transform the organization and implement the Unified Enterprise Ministry Model. The Unified Enterprise Ministry model was implemented by Trinity Health in response to the challenging and changing times in the healthcare industry, and to transform the organization into superior provider of care. The Unified Enterprise Ministry specifically addresses the *unified* desire to provide high quality healthcare within an affordable health structure, *enterprising* in their willingness to accept business risk to provide patients the best patient care experience, and *ministering* to everyone, especially those who are less fortunate and more vulnerable ("Trinity Health, Unified Enterprise Ministry"). This model also reflects their culture which is a people-focused philosophy where associates rely on one another to deliver great care to patients through body, mind and spirit. This spirit of the organization arises from a 160 year legacy of Catholic congregations meeting the health needs of their time and place, and lives today in every associate, physician, nurse, volunteer, trustee, and partner dedicated to sustaining their healing ministry ("Trinity Health, Unified Enterprise Ministry"). Trinity Health also builds on the collective strengths of its human resources toward

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the creation of a superior patient care experience, especially for those seeking affordable healthcare services (Swedish, p. 31-32).

Trinity Health provides guiding behaviors that set the culture of the organization, and also sets the expectations of employee behavior in the day to day workplace. According to Trinity Health's Guiding Behaviors, emphasis is placed on building collaborative relationships in order to engage in the sharing of knowledge and improving processes to ensure that patients are receiving the highest quality of care. Additional expectations of employees include open, honest, and respectful communication, accountability, and trust between colleagues (e.g. physicians, nurses, support staff, etc.) ("Trinity Health, Guiding Behaviors"). These guiding behaviors also support the culture of the hospital which Trinity Health specifically refers to as Organizational Integrity. Their Organizational Integrity Program emphasizes not only the compliance with laws and regulations, but the commitment of all of its employees to act with integrity when making ethical decisions, and behaving and acting according to the hospital's mission and values ("Trinity Health, Organizational Integrity Program").

In order to convey this culture and implement the Unified Enterprise Ministry model, the organization partnered with physicians and staff to assure quality outcomes as well as cost effective, compassionate, and accessible care, in which the participative leadership style is also utilized. In order to implement this model, Trinity required the support and knowledge of hospital staff, encouraging employee decision making in addition to making ensuring that the organization's mission and values were conveyed throughout the organization and that employees would perform to these standards. It is Trinity Health's founding principles that establish the culture of the organization, which are conveyed by hospital administration to all employees to ensure that the hospital fosters the commitment of employees to its mission and

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goals, in addition to providing superior patient care (Swedish p. 32). These principles include employee commitment to the integration, assessment, and development of the hospital's mission in all activities, decisions, and strategies ("Trinity Health, Founding Principles").

In sum, both SHSH and Trinity Health's transformations were supported using the participative leadership style (Evans, 1970). Both healthcare organizations utilized the support and feedback of physicians as well as staff to make these transformations successful. If these organizations were to have utilized the authoritative leadership style, where knowledge and opinions were not shared, and employees were assumed to be of no value to the organization and should just adhere to directives, the transformations may not have been as successful. As with the participative leadership style, each organization's administration emphasized the importance of their mission, goals, and vision and how they played a significant role in the transformation. Emphasis was placed on the importance of employees and the value that they add to the organization in terms of the completion of goals detailed in the transformation as well as performing in relation to each organization's missions and values.

Given the difference between the participative and authoritative leadership styles, one can conclude that the participative leadership style is best style to utilize to improve processes within the organization as well as increase employee performance and the quality and safety of care for patients. The above research and examples covered the importance of leadership at the administrative level and how leadership can impact an organization's goals. As previously discussed, using the participative leadership style, administrators partnered with staff as well as physicians to increase organizational and employee performance through the communication and support of the organization's mission and culture. While administrators communicate with physicians, it is up to the physicians to then communicate with nursing staff, clinical staff, as

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well as support staff regarding the values and goals of the organization and motivate employees to follow this vision and mission. It is important to decide what leadership style would be effective, the Theory X or Theory Y leadership approach, when it comes to communication by physicians to effectively lead staff and encourage and motivate them to increase their performance and commitment, in support of the hospitals mission and vision

Hospital Physicians as Leaders and the Theory X and Theory Y Leadership Approach

Due to the changing healthcare environment, integrated healthcare delivery systems are being implemented, altering the way physicians relate to healthcare delivery. As a result, the role of the physician is undergoing a significant adjustment. Trained to be individual experts and individual decision makers, physicians now find themselves engaging in group problem solving and collaborative decision making. Physicians, who are used to being "captain of the ship", now must employ group leadership skills to inspire a shared vision, facilitate consensus, and ease the transition into the integrated health delivery system (Farrell and Robbins, p. 39). Successful physicians have many characteristics in common with their staff such as the shared value of the patient care process and the healing mission of medicine, and the view that the whole organization of care giving must work toward a common vision with common goals, in order to make a substantial effect on the health of people (Guthrie, p. 13). There is now a significant emphasis placed on physician leadership in terms of supporting and conveying the mission and goals of the healthcare institution, as well as exchanging information with employees and increasing their motivation and commitment, given the changing and competitive healthcare environment. Physicians as leaders set an example for the rest of the staff, and the leadership style that physicians adopt will have an impact on both the level of support needed from all employees to meet the goals and mission of the organization, and employee motivation and

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performance. Which style would be better to implement to obtain these goals? The Theory X or the Theory Y Approach? According to Gunderman (2009), the answer is Theory Y.

As previously discussed, McGregor's Theory X, or the rationalistic approach, is a leadership style that utilizes bureaucratic control, associated with the styles utilized by managers. The Theory Y, or humanistic approach, is based on human needs, associated with the styles utilized by leaders. Thus, Theory X and Theory Y is the management versus leadership view (Belasen, p. 12). McGregor (1960) argues that these opposite approaches to leadership are based on the negative and positive views of human nature, with the negative being Theory X and the positive being Theory Y. Leaders who favor Theory X prefer to work in organizations with a high degree of centralized control and tend to make negative assumptions about human nature (e.g. workers are lazy, have no ambition, need to be controlled). Leaders who favor Theory Y have much more positive assumptions about human nature (e.g. workers should be trusted and respected), and create work environments that match the needs and aspiration of workers with those of the organization (in Gunderman, p.6).

According to Gunderman (2009), Theory Y provides the best model of leadership for physicians in a healthcare organization. He states that since Theory Y relates to human needs, which matches the humanistic approach utilized by the healthcare industry, physicians can utilize this style not only with patients, but employees as well (p. 8).

According to McClelland (1985), the need for achievement is predominant in most individuals (in Gunderman, p. 9). Physician leaders should acknowledge that most of their colleagues feel a relatively high need for achievement, and that it is important to understand and tend to these needs (Gunderman, p. 9). Physicians must not only motivate staff by providing them with autonomy to make the best decisions, but challenge them in their work, and provide

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feedback on their performance in order for the staff to assess whether or not they are achieving their objectives and performing in support of the organization's mission and vision (Gunderman, p. 9). One of the important components of effective leadership for physicians is communication, whether it is regarding a challenge, learning opportunity, or to share knowledge. Based on the Theory Y approach, communication is encouraged and welcomed by leaders, as employees are perceived as adding value to the organization and should play a role in its successes as well as its failures. However, if and when employees feel that they cannot share challenges or knowledge out of fear or retribution (associated with Theory X), then this can have a negative impact on the healthcare organization in ways such as the failure of teamwork and cohesion, or the compromised safety of patients.

Gunderman (2009) provides an excellent example. Over a period of several months, a hospital's department loses two of its most valuable nurses. After an investigation is conducted, the chairman discovered that the reason the two nurses quit is due to a new faculty member that just joined the team. The two nurses felt that this team member was too difficult to work with. The new team member was counseled, and staff relations began to improve. However, it took over a year to fill the two vacancies, and clinical operations suffered. The reason the nurses did not voice their concerns is because they felt that their complaints would either be ignored, or that expressing them would create animosity towards them as well as a negative working environment (Gunderman, p. 139). When staff, physicians, nurses, or medical organizations fail in the effort to communicate, staff will not perform to their best potential. This failure can undermine the mission and goals of the hospital and their departments, including providing the best possible services and care for patients (Gunderman, p. 139). Employees need to feel that mistakes, staff challenges, changes in processes, and even failures, successes, and improvements,

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can be communicated to their leader, and used as a learning tool to improve performance and overcome challenges.

In this example, if it was a Theory X leader that the employees refused to communicate with, the consequences could be disastrous for both the employee and the organization. As previously discussed, leaders who use the Theory X approach to leadership instill fear and intimidate employees. If an employee deems a leader to be unapproachable, as in the example above, then mistakes can be made such as the wrong dose of medication, or a missed dose of medication, for a patient if there is infighting among the staff. If staff isn't cohesive or working together as a team, then motivation will decrease and so will performance, with the result being putting patients' lives at risk. This is why effective leadership on hospital floors, departments, etc. is critical in not only carrying out the mission and goals of the organization, but owning the values of the organization which focuses on the health, welfare, and well being of patients.

Effective healthcare leaders will use their organization's mission and values, as well as the human resources to deliver services and ensure patient care. Interpersonal skills play a significant role in the Theory X versus Theory Y leadership style as both theories are dependent on the perceptions and beliefs held by the leader. Leaders need to be impartial in their thinking processes when working with both staff and patients. This is why Theory Y leadership works best in the healthcare environment. There are so many diverse individuals and patients in hospitals. There is no place for judgment in the healthcare environment, and physicians and nursing staff need to work together, share information, and use the hospital's culture as guide to value patients and provide them with high quality care. This is also why it is so important to continually emphasize the values, mission, and goals of the organization to leaders within the

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hospital (not at just the administrative level), as well as staff as this has an influence on the way employees in the healthcare industry think, act, and perform individually as well as in teams.

Concluding Remarks

Based on the above research regarding hospital leadership, organizational culture, leadership style, as well as employee motivation and performance, it can be concluded that they are all interrelated and can positively or negatively impact a healthcare organization's mission and goals. Hospital administration sets the tone of the organization as the organization's mission, values, as well as culture begins with its leaders. Given that hospitals are now competing in a changing and turbulent environment, not only is financial performance for healthcare organizations of the utmost importance, but so is its reputation for the quality of care which can increase patient visits. It is not only necessary, but critical that the organizational culture of the healthcare industry be based on appreciation, commitment, dedication, supportive, as well as unity. It is the shared beliefs, perceptions, and expectations of individuals that make a difference in the quality of care that patients receive, and hospital administrators need to cultivate this culture so that missions and goals can be accomplished. By utilizing the participative leadership style, hospital administrators can create partnerships with physicians and share in decision making as well as knowledge in order to increase the performance of the organization, employees, and improve patient care. The authoritative leadership style would not work in cultivating the hospitals culture as you cannot dictate beliefs and values. They are instilled through the organizations environment as well as its people. It is the organization's culture, and its leadership, that can improve employee commitment, motivation, and performance, which results in high quality care.

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The Hospital Sisters Health System and Trinity Health's transformations provide an example of the successful utilization of the participative leadership style. These healthcare organizations sought the knowledge of physicians, as well as staff, and worked with them collaboratively to improve the quality of healthcare and create a superior work environment for employees, which increases motivation and performance as well as patient care. Both organizations were careful to detail what goals their transformations were to accomplish, how this goal was going to be met, and encouraged employee feedback and welcomed support. The leadership of hospital administrators is not the only leadership that is needed, as physicians too, are leaders as they work with multiple departments, units, etc. within the hospital.

The leadership of physicians is just as important as they also have an impact on organizational culture, hospital goals, as well as employee performance. Just like administrators, physicians as leaders set an example for the rest of the staff, and physicians are now finding themselves in leadership positions that relate to healthcare delivery. Based on the above research, as well as the examples from SHSH and Trinity Health, Theory Y is the best leadership style physicians should use as it relates to human needs. These needs include the needs of the staff (e.g. support) as well as the needs of patients. Physicians can motivate staff by acknowledging achievements that are made from the sharing of information. As physicians welcome employee feedback, contributions, and allow autonomy in the completion of objectives, employees have a sense of fulfillment, thus leading to increased motivation which in turn increases performance and the quality of care. Thus, employee beliefs, values, and their part in the mission and goals of the organization are positively impacted as physicians utilize the Theory Y approach to leadership.

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THE EFFECT OF NURSING LEADERSHIP ON TEAMWORK IN A HOSPITAL SETTING

Introduction

The previous literature review supports the importance of the leadership style in a hospital setting. However what is not understood is the impact of leadership on human capital; in particular on effective team work. The purpose of this paper is to explore how leadership style impacts the behaviors of nurses and nursing teams. The discussion will critically evaluate the leadership impact on teamwork, high turnover rates in the nursing field, thus impacting the quality of patient care.

The current literature provides evidence for the support of the hypothesis that there is a correlation between leadership style, team cohesion, and nurse retention, and the impact of the three on patient care. The leadership styles most utilized by nurse leaders, transformational and transactional leadership styles (Cameron and Quinn, 1999), will be discussed as well as how these styles relate to situational leadership (Belasen, 2000). Lastly, two examples of recent tragedies in the healthcare industry will be discussed in the context of leadership, patient safety and care, and the need for the creation and implementation of leadership policies in hospitals.

Leadership in Nursing

According to Mejia, Vasquez, and Sanchez (2006), “nursing is the art of managing patients toward optimal clinical outcomes” (p. 131). These optimal outcomes are due to the encouragement by nurse leaders for team members to be innovative when it comes to patient care. According to Mejia et al., (2006), “the leadership that is needed in the healthcare environment, which can be turbulent at times, is one that requires being responsive, flexible, and allows for employees to feel empowered to perform in ways that ensure the safest and highest quality of patient care” (p. 131). Many of the best nurse leaders “embrace the spirit of leadership

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by setting an example for others through the love and passion they have for their work, as well as their outlook towards the future" (Mejia et al., p. 131). Mejia et al., (2006), also state that "good nurse leaders are able to acknowledge their weaknesses but build on their strengths", which assists in the building successful and trustworthy relationships and a strong support system with team members (Mejia et al., p. 131). Nurse leaders must view nursing as a multidisciplinary team effort if processes and patient care are to continue to improve. Leaders must emphasize the organization's vision, and be able to openly and effectively communicate with the team. It is the leader's vision and perception of quality that will have an impact on team performance as it relates to the team member commitment, job satisfaction, staff retention and the quality of patient care and patient satisfaction (Mejia et al., p. 131). As previously discussed by Belasen (2000), as team leaders**,** especially those demonstrating a theory Y style of leadership, gain the trust of team members, encourage open communication, and help team members to develop, team members become empowered which motivates them to increase their job performance as well as work as a cohesive unit, in turn increasing their morale due to the nature of the team leader and team member relationship (p. 132).

National statistics show that during the year 2006, 500,000 practicing nurses left the profession to find employment in a non-health care setting, including 30% of graduates that are leaving the profession within the first three years due to job dissatisfaction. The estimated cost to replace nursing staff ranges between $65,000 and $85,000 because of recruitment and orientation costs, not to mention the skill loss of an experienced registered nurse in which no monetary value can be placed (Koerner, Joellen, King, and Leech, p. 24). Koerner et al. (2007), state that the underlying concept is that it is imperative that leaders have the skills to manage, collaborate, communicate, motivate, and inspire in order to develop autonomous, empowered and

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accountable teams to increase patient safety and job satisfaction (p. 26). “Nurse leaders must be able to demonstrate the ability to inspire and motivate employees as they develop an autonomous and accountable staff” (Koerner et al., p. 26). Stress among nurse leaders is increasing as they deal with the consequences of nurses leaving the profession and creating a reduced workforce. Nurse leaders will need to have “reliable systems to retain staff, grow new leaders, and improve the competency of the current nursing staff” to make up for the loss of team members (Koerner et al., p. 26). Thus, leaders must work as trusted and respected members of the team, otherwise the goal of patient care and nurse retention will not be reached. Working as part of the team is typical of the participative style of leadership, in the path-goal theory of leadership (Evans, 1970). Koerner et al. (2007), state that strategies to provide a supportive atmosphere where staff can be “further developed through the open lines of communication, and can be given new challenges in order to promote personal growth”, are imperative in a healthcare environment (p. 26).

Supporting Mejia et.al (2006), and Koerner, et al. (2007) is the research by Bally (2007), who also states that a significant number of nurses are leaving the nursing profession due to feelings of stress, inadequacy, anxiety, oppression, and disempowerment, which are often a result of conflict and infighting among staff as well as horizontal violence (p. 143). Members of nursing teams find themselves subjected to negative behaviors such as gossiping, criticism, intimidation, undermining, withholding information, insubordination, bullying, and verbal and physical abuse (Bally p. 143). Other trends in hospital settings within teams include low morale, apathy due to the lack of support from staff, and heavier workloads resulting in poor work performance, all which put patient care at risk (Bally, p. 143). Bally (2007), states that to improve team behaviors and negate conflict among the staff, as well as improve performance,

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motivation, retention of staff, and increase the quality of patient care, leaders can utilize the mentoring role as discussed in Cameron and Quinn's Competing Values Framework (1999), as an effective strategy. In order to implement this strategy, the hospital's culture, employee motivation, and the leader's skills will all play a role (p. 143).

The role of mentoring and its incorporation into the leader's style, can lead to improved staff retention, job satisfaction, and patient outcomes. As previously discussed, the mentoring role in the Competing Values Framework by Cameron and Quinn (1999), is a part of the Human Relation's Model which would be effective in the hospital setting given that the healthcare industry is based on human needs, including staff as well as patients. Mentor's are sensitive to the needs of employees and assist them in their growth and development which could have a positive impact in improving staff performance and patient care (Belason, p. 31). Bass (2007) argues that the organization's culture, as well as organizational goals, and the mentoring goals by the leader, are essential to a successful approach in improving staff retention and patient care. However, the utilization of mentoring by leaders is dependent upon whether or not this type of style is supported by the organizations culture (Bally, p. 143).

As previously discussed, Boan and Funderburk (2003), and Nahavandi (2009), emphasize the role of organizational culture and its impact on organizational performance as well employee satisfaction. Leadership is a social and interpersonal process, and the behaviors and style of leaders can have an impact on employee performance as well as quality of care. Therefore, challenges that arise from negative behaviors (e.g. gossiping, bullying) as well any tension in the relationships between leaders and staff members must be resolved in order to retain nursing staff and provide effective health care. Strategies that can foster professional relationships, increase the self-esteem of nurses and members of their teams, and provide staff with the opportunity for

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professional development, are required through both the organization's culture as well as through its leaders (Bally, p. 145). Implementing policies for mentoring programs in hospitals and healthcare settings can be utilized for supporting professional growth, career development, staff morale, and quality in nursing (Bally, p. 143). Leadership must be acknowledged and seen as a collaborative work in progress across all departments and units, as well as a professional responsibility shared by all leaders regardless of their position, as it is the leaders that have the ability to fix the daily work and interpersonal challenges that occur (e.g. conflict, nurse retention, etc.) (Bally, p. 143). Through supportive leadership, "the oppression of nurses through criticism, gossip, devaluing one another, and intimidation, etc." can be negated" (Bally, p. 145). Staff nurses can utilize the mentoring role to strengthen nurse-to-nurse relationships, empower one another, and develop a support system for those that are vulnerable to such treatment by others (Bally, p. 145).

Naude and McCabe (2005), support the argument regarding the retention of nurses in relation to management and leadership within the hospital environment. The factors that motivate nurses to remain working in a specific hospital include leadership, management, and interpersonal issues. The top factors in nurse retention include friendly and supportive staff, supportive and effective management, job satisfaction, and staff development, all which are impacted by the hospital's organizational culture (p. 426). Naude and McCabe's (2005) argument regarding staff turnover coincides with Koerner et al. (2007) which is that excessive staff turnover is costly for any organization, and the impact goes beyond financial costs in the recruitment, selection, and new employee training. When staff members leave an organization, their knowledge, skills, and experience that the person has brought to, and gained at, the organization leaves with them. It takes time for new staff to become fully functional and learn

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the culture and tasks of the operation. Thus, when employees experience high job satisfaction, they will remain in the organization, increasing the retention for that organization (Naude and McCabe, p. 426). Hospitals would attract and retain more qualified nurses if they provided the nurses with open communication channels to nurse leaders and if the hospital made sure that there were enough nurse leaders present (Naude and McCabe p. 426). In return, nurses would accomplish their jobs more successfully and obtain greater job satisfaction. By decentralizing decision making, and creating an environment of knowledge sharing, this increases nurses' control over their work environment, and supports autonomy and decision making and also improves relationships. Such aspects of empowerment and the opportunity to function autonomously add to job satisfaction (Naude and McCabe, p. 430).

When staff feel that they are supported by co-workers, job satisfaction increases thus increasing nurse retention rates. Positive support from leaders also contributes to the retention of staff. Team members need to have a sense of community where they feel a sense of belonging to the team, and that they fit in and know each other, and can still be human and focus on the tasks at hand (Naude and McCabe, p 428). In path-goal leadership (discussed previously), this style of leadership would be classified as supportive and is often found in the Theory Y style of leadership (Mendenhall and Oddou, p. 292). Thus, mutual respect, trust, and integrity need to be created and maintained among team members. Team members should be treated as unique individuals who can make unique contributions. Specific factors such as work pressure, supervisor support, poor team cohesion and autonomy have an impact on withdrawal behaviors (turnover as well as absenteeism) among nurses, both directly and indirectly, which is why effective interpersonal relationships and conflict management by nurse leaders ensure a positive working environment for the team (Naude and McCabe, p. 430).

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A study by Lacey (2003), found that nurses rate their professional relationships with doctors as one of the top reasons for staying in the healthcare setting (in Naude and McCabe, p. 429). Morrison and Chan (2000), as well as Friedrich (2001), also found that nurses would remain in a hospital setting where there are positive relationships, and where bullying and disrespectful behavior are not tolerated, and where leaders implement strategies to prevent or change these behaviors (in Naude and McCabe, p. 429). Naude and McCabe (2005), believe that the same leadership style may not be effective in all situations and with all followers whether there are interpersonal, teamwork, or task challenges. Therefore, the leadership style of the leader will influence all team member activities and behaviors in the nursing unit, which means that it is crucial for leaders to select and utilize the most appropriate leadership style for each situation (p.430). This concept is consistent with that of Cameron and Quinn (1999) as they describe the successful roles that a leader assumes based on the culture of the organization. Hence, effective leadership has a considerable impact on staff empowerment and the attainment of goals by the team (Naude and McCabe, p. 430). As individuals and teams are unique, the challenge for leaders is to select the correct leadership style to implement for each individual member, the team as a whole, and each unique situation (Naude and McCabe, p. 430).

Contributing to job satisfaction is the ability of the hospital's administrative staff to also develop outstanding relationships with the nursing staff which increases the retention of nurses and improves patient outcomes (Herrin and Spears, p. 233). As previously discussed, some leaders believe that the only way to achieve goals or motivate followers is through autocratic or authoritative leadership (the Theory X approach). For leadership to be deemed successful, and for team member performance to remain at the highest levels, leaders and team members must view the relationship as being mutually satisfying. Even leaders with the best intensions may not

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consider that more could be accomplished in the work environment when leaders treat members decently and provide support in assisting team members to engage in the learning process and move forward in their work (Kerfoot, p. 178).

Taylor's (2007), argument regarding nursing leadership coincides with Bally's (2007), as she states that leadership skills have been identified as being key to the delivery of quality healthcare ("Part 1, p. 30). Leaders in healthcare organizations must be able to lead teams across professional, clinical, and organizational boundaries, as well as between individuals and groups (Taylor, "Part 1", p. 30). This leadership across the organization can be seen as a set of processes that motivate and influence people to share in processes that shape events and achieve outcomes (Taylor, "Part 1", p. 30). As previously discussed, there is a difference between the behaviors of managers and leaders, and Taylor (2007) brings this to light as it relates to the healthcare environment. The author notes that management and leadership are evident in the hospital setting and are also regarded as two separate entities that assume different views, skills, and priorities (Taylor, "Part 1", p. 31). Leaders seek change and can tolerate ambiguity, unlike managers that seek order and control and try to achieve closure of challenges as quickly as possible. Thus, management and leadership can come into conflict with one another in the hospital setting (Taylor, "Part 1" pp. 31).

According to Taylor (2007), "nurse managers face a multitude of demands from different sources, and their senior managers expect them to mobilize staff to meet targets efficiently" (p. 32). Taylor (2007) also states that studies have found that nurses want a supportive manager, who will be open and available to them, and support them in furthering their knowledge. Some nurse managers are more comfortable with the mentoring role, as previously described by Cameron and Quinn (1999) than others (p. 32). In the daily team activities, the effectiveness of

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leaders and the leadership style utilized often depend upon how they balance the tasks at hand as well as their relationship with team members (Taylor, "Part 1", p. 32). As previously discussed, the different Competing Values Framework models developed by Cameron and Quinn (1999), and their corresponding roles, coincide with different types of leadership styles/roles to be used in different organizational contexts, and is referred to as situational leadership (Belasen, p. 32). Taylor's (2007), argument supports that of Naude and McCabe (2007), which is that given the multitude of roles that nurse managers and nurses face in daily operations, the approach to leadership, or leadership style, to be used is situational and the leadership style utilized must adapt and match the demands of the current situation, whether they be crisis situations or less challenging situations that still may need immediate attention (Taylor, "Part 1", p. 32).

As previously discussed, a great deal of importance is placed on leadership style as well as organizational culture and their impact on effective leadership and employee and team performance. The research has shown that the participative leadership style, as well as the Theory Y leadership style, are the styles best utilized by hospital administrators and physicians that will assist in emphasizing organizational culture, increasing employee performance, and ensuring patients receive the highest quality of care.

The current research above regarding effective leadership styles utilized by nurse leaders shows a consensus that the most effective leadership styles, given the multidisciplinary and chaotic environment in hospital settings, are the transformational and supportive leadership styles. In addition, the research shows that it isn't just the leadership style that has an impact on effective leadership. There are also personality traits (e.g. charismatic leaders) that have an impact on employee and team performance, as well as patient care. The utilization of these styles by nurse leaders is based on the theory of situational leadership previously discussed. The

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environment in hospitals is situational in that situations can change rapidly, and a crisis can occur at any moment. Even during non-crisis situations, nurse leaders and nursing teams must utilize the leadership style that is the most effective in order to provide the best patient care and ensure that there are no mistakes. Attentiveness to detail and the quality of patient care is still critical at all times regardless of the situation. If individual employees and the nursing team are not performing at exemplary levels, mistakes can occur leading to negative outcomes for patients as well as the hospital.

Effective Leadership Styles in Nursing & Patient Care

From the viewpoint of hospitals, healthcare is unpredictable in its daily operations. Each patient care situation requires a high level of trust among team members, as well as the ability to learn from each other, sometimes on the spot or under extreme pressure (Cavaluzzo, p. 58). Most of the processes and procedures in hospitals are based on teamwork (e.g., emergency rooms, cardiac units), and teams need to be performing at their highest potential in order to provide the best patient care (Cavaluzzo, p 58). Hospital leaders and teams must be flexible in order to respond quickly in chaotic healthcare environments. As the previous discussion on organizational culture and team cohesion shows, some organizations have a culture and hierarchy that is rigid, creating a climate not conducive to team performance. This can make response times during times of crises inadequate, which then increases the risk of errors in judgment and performance (Herrin and Spears, p. 231). It is important to emphasize that enhancing team performance in hospitals not only assists in increasing morale, motivation and job satisfaction, it decreases the risk of errors thus improving patient care (Herrin and Spears, p. 231). Herrin and Spears (2007), identify specific nurse leaders' skills that are imperative in retaining nurses, building teams, and improving patient care. These skills include supportive

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behaviors, a transformational leadership style (versus a transactional leadership style), extroverted personality traits, fostering nurse empowerment, autonomy, and group cohesion (Herrin and Spears, p. 232). These skills assist in the retention of nurses through supportive and effective leadership, job satisfaction through the building of relationships with staff, staff development through empowerment and support, and a team that is successful in providing improved patient care (Herrin and Spears p. 232).

McGuire and Kennerly's (2006), research on the transactional versus transformational styles of leadership also coincides with Herrin and Spears' (2007). McGuire and Kennerly (2006), state that an effective leader may need to balance between both leadership styles, thus emphasizing the theory of situational leadership. Effective leadership has a considerable impact on staff empowerment, team building, and obtaining the goals of the nursing unit such as high standards for providing high quality patient care (McGuire and Kennerly, p. 179). The way managers implement the leadership style can have a significant impact on the work environment and organizational commitment. The nurse manager that positively influences the work environment and fosters the staff's organizational commitment stimulates greater achievement at the unit level and enhances the organization's competitive advantage through team performance (McGuire and Kennerly, p. 179). The research conducted by McGuire and Kennerly (2006), clarifies the link between the nurse manager's use of the transformational leadership and transactional leadership styles, the development of organizational commitment by nursing staff, and the building of cohesive teams. The overall aspects explored in the study conducted were the correlation between leadership style, retention, and work performance, and which types of leadership styles invoked various behaviors in team members (McGuire and Kennerly, p. 179).

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Transformational leadership involves the leader using"ideals, inspiration, intellectual stimulation, and individual consideration to influence the behaviors and attitudes of others" (McGuire and Kennerly, p. 180). This is very similar to the participative leadership style and the overall theory on leadership. Transformational leaders exhibit the ability to move followers beyond their own self-interest and foster follower commitment to shared visions and goals. Followers are motivated to approach old problems in new ways, and are influenced by leaders who are admired and trusted, and who make an effort to meet follower needs and wants (McGuire and Kennerly, p. 180). Transformational leaders also demonstrate charismatic behaviors, which are charms displayed by leaders that inspire the devotion of team members. These charismatic behaviors, also deemed as "idealized influence", and uses of inspirational motivation persuade followers to exert additional effort on behalf of the organization (McGuire and Kennerly, p. 183). This leads to followers' sense of self worth, and this value placed on self worth leads to enhanced job satisfaction, job performance, and organizational commitment. Leaders who promote intellectual stimulation can engage followers in more creative problem solving and thinking outside the box, producing results that can provide the organization with a competitive advantage through the high quality of patient care (McGuire and Kennerly, p. 180).

In contrast to the transformational leadership style, the transactional leadership style is a style of leadership that is focused on the contingent reward of followers (McGuire and Kennerly, p. 180). This is similar to the authoritative leadership style, or the overall theory of management (e.g. leaders versus managers). The transactional leader sets goals, gives directions, and uses rewards to reinforce employee behaviors associated with meeting or exceeding organizational goals. Transactional leaders emphasize the process in setting goals and giving direction, and strive to compromise, manipulate, and control the situation and followers. Rewards used by

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transactional leaders include praise, recognition, merit increases, promotions, bonuses, or honors. These rewards can be given or withheld according to employee performance. The ultimate outcome that is hoped for using contingent reward behaviors is enhanced role clarity, job satisfaction, and improved performance (McGuire and Kennerly, pp. 180-181). The main focus of transactional leaders are the processes, procedures, and directives given to team members due to the pressure of having to also balance productivity, quality monitoring, budgets, and costs in trying to provide quality healthcare. The use of rewards or punishment is a way for transactional leaders to focus on these aspects and ensure that goals are met (McGuire and Kennerly, p. 181). However, what transactional leaders do not acknowledge is that while costs and performance may improve, they come at a cost of employee commitment and job satisfaction, which in turn can have an impact on the retention of staff. There may be instances where transactional leadership is necessary. As previously discussed, performance standards for nurse managers require them to be accountable for transactional processes (budgets, productivity, monitoring) while at the same time having to display transformational characteristics by acting as a coach, mentor, and leader (McGuire and Kennerly, p. 180). Even for experienced leaders, these day to day challenges and responsibilities can be daunting. Nurse managers that can balance the transformational and transactional leadership styles so that stability can be maintained in the unit or the department are assets to any hospital (McGuire and Kennerly, p. 182).

McGuire and Kennerly (2006), state that it is the transformational leadership style that ultimately has a positive impact on the commitment of employees to the organization (p. 185). Staff nurses are more likely to respond to the transformational leadership style as transformational leaders are admired and respected by followers, and are trusted. They demonstrate integrity and strong ethical and moral values, and are committed to the vision of the

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organization and the welfare of patients. Thus, they set an example for the nursing team and represent the hospital's culture, vision, and mission in providing quality care to patients (McGuire and Kennerly, p. 183). By creating a shared vision for the nursing unit, nursing staff become committed to pursuing common goals and interests. Nursing staff will follow the leadership of nurse managers who can inspire and motive them to perform beyond basic expectations and can foster a sense of team spirit across the nursing unit (McGuire and Kennerly, p. 185).

McGuire and Kennerly (2006), conclude that transformational nurse leaders foster a greater sense of commitment in their followers, which has a positive impact on job performance (p. 185). While some nurse managers may have a difficult time utilizing the transformational leadership style, it is the best style to foster commitment and increase job performance. The reason for this difficulty is that, as previously discussed, the organization's environment (e.g. culture) itself may affect the nurse manager's ability to implement transformational leadership behaviors making the transactional leadership style the only option rather than effectively balancing the two styles (McGuire and Kennerly, p. 185). Hospitals and healthcare organizations tend to have rigid organizational cultures due to their bureaucratic structure. Therefore, the transactional leadership style would be favored over the transformational style (McGuire and Kennerly, p. 183). Nurse managers may be strong advocates for the transformational leadership style but are unable to adopt this style or even its characteristics. For instance, if an organization rewards its nurse managers based on performance measures such as those related to the transactional leadership style (e.g., productivity, cost management, policy compliance,) there is little, if any, motivation to adopt the transformational leadership style. Thus, the culture of a bureaucratic healthcare organization may inhibit the best leadership styles from influencing team

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members (McGuire and Kennerly, p. 183). Nevertheless, it is apparent from the research that the transformational style is the most efficient in meeting human needs for both team members and patients. However, as previously discussed, this style may need to be balanced with the transactional leadership style if monitoring the specifics of team performance is required of the nurse manager by the hospital.

To elaborate further on transformational and transactional leadership, Naude and McCabe (2005) agree with McGuire and Kennerly (2006) and Belasen (2000), that leadership style depends upon the situation and that the same leadership style utilized will not be effective in all situations. Since the leadership style of the manager will influence all the activities of the nursing team, it is crucial to select and implement the most appropriate leadership style for each situation. Naude and McCabe (2005) agree with McGuire and Kennerly's (2006) statement that the hospital's organization and climate are conducive to group cohesion, job stress, and job satisfaction, thus having an impact on leadership style. Nurse leaders place a great deal of importance on the retention of nurses, providing a positive work environment, and a culture that promotes teamwork, continuous learning, support, and trust (Naude and McCabe, p. 432). These authors conclude that interpersonal relationships and leadership style are what influence team cohesion, nurse retention, and patient care (Naude and McCabe, p. 432). The hospital environment/culture plays a critical role as well in producing such behaviors and impacting what leadership style is utilized with each unique situation (Naude and McCabe, p. 436). ever,

Taylor (2007), concurs with Naude and McCabe's (2005) theory that the leadership style utilized by staff is situation dependent. He states that the "effectiveness of leaders often depends on how well they balance the demands of the tasks at hand, and their relationships with team members" (Taylor, p. 15). One of the most important tasks that nurse managers do is to gauge

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the competence and commitment levels of team members to ensure that team members can accomplish their work and the desired outcome (Taylor, “Part 1”, p. 32). It can be assumed that team members all have different levels of competence, as well as motivation, depending on the situation. It is the unpredictable situations that occur that require nurse managers to utilize the best leadership style accordingly (Taylor, “Part 1”, p. 32). According to Taylor (2007) whatever the situation may be, leaders should first evaluate the competence and commitment of their staff, and then utilize directive or supportive behaviors. These behaviors are somewhat similar to the transactional and transformational leadership styles (Taylor, “Part 1”, p. 33).

Directive leadership is similar to the transactional leadership style. Directive behaviors include communication with team members that is only one-way, with leaders only communicating what needs to be done and how it is to be done. Just like managers, leaders who utilize directive behaviors dictate desired comes, the roles of team members, the tasks to be accomplished, and the desired outcome (Taylor, “Part 1”, p. 33). Supportive leaders, similar to transformational leaders, encourage two-way communication between themselves and team members, listen to the needs of team members, give praise when appropriate, and encourage employee involvement in problem solving (Taylor, “Part 1”, p. 33). Taylor (2007), notes that in the healthcare setting, a high directive and low supportive approach to leadership should rarely be taken because even poorly qualified or motivated workers need encouragement and recognition of their input if their competencies are to be developed (“Part 1”, p. 33). It is the strengthening of competencies, knowledge, skills, and employee commitment and dedication that will have an impact on increasing employee performance as well as the care that patients receive during both crisis and non-crisis situations (Taylor, “Part 1”, p. 33).

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Hunter (2006), argues that although management can take a proactive stance in preparing for crises or emergencies, they cannot just plan for all of them. A great example of this is emergency room operations (p. 44). Hunter (2006) emphasizes that charismatic leaders have a high tolerance for ambiguity and are very resilient in stressful situations, creating a recipe for success during times of crisis (p. 44). Charisma is defined by Taylor (2007), as "a certain quality of an individual personality, which sets the individual apart from the ordinary, and treated as having super human or exceptional qualities" (Taylor, "Part 3", p. 28). The charismatic personality trait can be linked with the transformational leadership style. This is because charismatic leaders show a great deal of self confidence, as well as strong interpersonal skills, passion, energy, the ability to imagine different and better futures, the ability to communicate the organization's vision, and a willingness to take risks (Taylor, "Part 3", p.28). Charismatic leadership, or transformational leadership, often emerges in times of crisis when there is a great need for people who can take initiative, such as found in an emergency room (Taylor, "Part 3", p. 29). According to Hunter (2006), understanding personality traits that are common among transformational leaders, such as charisma, have important implications for the selection and development of leaders within an organization (p. 48). These personality traits, commonly referred to as the "Big Five" are extroversion, emotional stability, agreeableness, conscientiousness, and openness to experience, and are evidenced in charismatic leaders and the transformational leadership style (Hunter, pp. 48-49). All of these traits are relevant to the type of influence that transformational leaders have on team members and staff during a crisis situation. Regardless of the situation, it can be surmised that leadership style has an impact on the job satisfaction, commitment to the organization's mission, and performance of team

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members which is critical to providing the best possible care to patients and to make sure that no mistakes are made when providing care (Hunter, p. 49).

Implications of Leadership Styles

Recent studies have confirmed that medical errors in hospitals in the USA have become a serious problem ("Medical Errors", p. 1289). The 1999 report released by the US Institute of Medicine's estimated that avoidable medical errors contributed annually to 44,000 to 98,000 deaths in US hospitals ("Medical Errors", p. 1289). Hospital based errors were reported as the eighth leading cause of death nationwide, ahead of breast cancer, AIDS, and motor vehicle accidents. Over 10 years later, the problem of medical errors remains and has increased. As many as one in three patients in the USA experience a medical error during a hospital stay. The most common are medication errors, followed by surgical errors and procedure errors ("Medical Errors", p. 1289). According to the National Healthcare Quality Report (2010), published by the U.S. Department of Health and Human Services, the costs contributed to medical errors as of 2008 totaled $19.5 billion dollars, with the total cost per error equal to $13,000 (p. 140). Who or what can the blame be placed upon for these medical errors and the results of these errors? Are providers and nurses overworked? Is it the complicated medical system, or is it uninformed patients ("Medical Errors, p. 1289")?

There have been two recent tragedies related to medical errors which have been considered avoidable, the first incident occurring September 14th, 2010. Kimberly Hiatt, a registered nurse in the Cardiac Intensive Care Unit at Seattle Children's Hospital overdosed an 8th month old fragile baby with 10 times too much medication. Instead of dispensing the correct dose of 140 milligrams of calcium chloride, Hiatt gave the baby 1.4 grams. This mistake turned out to be the beginning of a life of devastation, contributing not only to the death of the child, but

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also to Hiatt's firing, the ending of a 24 year career as a nurse, and a state nursing commission investigation. Due to Hiatt's inability to cope with her mistake, the devastation over the loss of a child, as well as her career, she committed suicide on April 3rd, 2011 at the age of 50. Hiatt's termination, and her death, raised larger questions about the impact of errors on providers, the so called "second victims" of medical mistakes (Aleccia, p. 1). The term "second victims" is meant to describe the twin casualties caused by serious medical mistakes. The first victim is the patient, but the second victim is the person who has to live with the mistake, and its consequences, for the rest of their lives (Aleccia, p. 1).

"In reality, the doctors and nurses and other medical workers who commit errors are often traumatized as well, with reactions that range from anxiety and sleeping problems, to doubt about their professional abilities, along with thoughts of suicide" (Aleccia, p. 2). The Seattle Children's Hospital stated that since 2007, they have followed a so called "Just Culture" model, which recognizes the need to use errors to identify and correct any problems in processes and procedures that occur, rather than focusing on penalizing or terminating employees (Aleccia, p. 3). On the day the error occurred, Hiatt admitted the mistake in a report submitted on the hospitals electronic feedback system, and vowed not to repeat it. She stated that she was talking to someone while drawing the calcium and miscalculated the correct milliliters (Aleccia, p. 5). Despite this admission and her apparent deep regret, she was still terminated (Aleccia, p. 5). Before this incident, Hiatt's performance as an RN was impeccable with no mistakes or errors committed during her 24 year career. Hiatt's family and co-workers believe that there was more to her dismissal than the mistake. Hiatt was a lesbian, and a co-worker had filed a sexual harassment suit against her in 2008. Hiatt felt that the Human Resources Department had a history of discriminating against her because of her sexual orientation (Aleccia, p. 5). While

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these accusations and assumptions regarding her sexual orientation in relation to her termination cannot be proven, what can be questioned is the hospital's "Just Culture" policy which was apparently not taken into consideration when the mistake was made. While such policies are beneficial for both leaders of hospitals, as well as the nursing team, in terms of creating a supportive and learning experience, and even improving employee performance, they are only helpful if they are implemented. It is most unfortunate the hospital refused to comment on this tragic event. However, in the months after Hiatt's case became public, a survey of the nurses in the unit found that half of them believe their mistakes will be held against them personally despite the "Just Culture" policy (Aleccia, p. 7). Even more concerning is that nearly a third say they would hesitate to report an error or patient safety concern because they are afraid of retaliation or harsh discipline (Aleccia, p. 7).

This case shows the negative impact of leadership style, which in this case can be deemed as directive, or even authoritative, as well as the negative impact of the organization's culture on employee motivation, commitment, and work performance. Despite Hiatt's accountability for her mistake, it was apparent that there was no support from hospital leaders, and the Just Culture policy was ignored, thus negating the trust of employees in the Children's Unit. Unit employees are now motivated by fear - the fear of making a mistake. They feel as though there will be no support or second chances if a mistake is made, which means the end of their healthcare career. Leadership by fear is often associated with McGregor's Theory X style and at times with a transactional style of leadership.

This incident shows that when employee motivation is based on fear, and team members perceive a lack of support from their leaders, they aren't concentrating on the organization's mission, values, or goals. They are simply concentrating on the consequences of making a

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mistake. This can have a negative impact on patient care. Experts in patient safety say that terminating an individual worker is rarely the answer to even the worst mistakes, unless they are the result of repeated, willful intent to ignore established procedures, or intentional harm (Aleccia, p. 4). It is better practice to identify and address the problems in the system that contributed to the error then to lose an employee with valuable knowledge and experience. The organization may feel that terminating the employee will make things safer, but that is not necessarily true (Aleccia, p. 4). There are other options to punitive actions, including education, supervision, reparations to the patient or family, and allowing the person that made the mistake to help develop specific systems to make sure the error cannot be repeated (Aleccia p. 4). This style of leadership would be more closely aligned with a supportive style in the path-goal model (Evans, 1970). Notwithstanding that there are times where the termination of employees is a must, such as in the abuse of a patient, which is the second tragedy to recently surface.

On December 17th, 2011 two nurses were fired from Utah Valley Regional Medical Center after taping a patient's mouth closed to stop her teeth from chattering, then laughed at her. The result was the termination of these two nurses from the hospital. The patient, who was in the intensive care unit, was suffering from chronic neck pain caused by herniated discs. The severe pain causes nausea and panic attacks which make her teeth chatter. In an effort to stop it, the two nurses proceeded to put tape on the patient from her chin up across her nose to her eyebrows. The nurses then applied the tape horizontally across the patient's face to hold the vertical piece in place. While the nurses stood there laughing, one made the comment "if we get caught, we'll get fired." As the patient lay in pain, she was also being humiliated and demeaned. Both nurses could be facing discipline by the state Division of Occupational and Professional Licensing, and the incident is has been reported to the DOPL's nursing board. The hospital released a statement

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saying that “such allegations go against our core values and poor treatment of any patient is not acceptable” (Smart, p. 1).

The biggest question in this incident is, why? Who or what failed? Did the hospital’s administrators fail to create an organizational culture based on human needs, teamwork, and an emphasis on quality patient care? Did they fail to convey the hospital’s values and mission to employees? Or did the leadership at the nursing level fail in their efforts to motivate the two employees, or did they provide them with too much autonomy? Did the participative or supportive leadership style fail in terms of being too trusting with employees, providing them too much freedom in decision making, and assuming that the employees perform in conjunction with the organization’s mission and values, or can this be blamed on the traits of the individuals who performed the act? If the nurse leader utilized the authoritative leadership style, would this incident have been prevented? It is most unfortunate that the answer to these questions most likely will go unanswered, but gives support to leadership theory (Belasen, p. 32).

However, as previously discussed, nursing can be a very stressful profession regardless of the situation. While this situation was not life threatening, the patient still deserved to be treated with respect, dignity and compassion and deserved the highest quality of care. Due to the pressures in the healthcare environment, could it have been the pressure that had an impact on these two employees? Often when employees are not feeling challenged, or are bored or stressed, they will look for opportunities to relieve their stress. This can be done through humor, lighthearted conversation, etc. Is this what happened? What policies and/or training for employees and/or leaders can be implemented to prevent this incident from happening at other hospitals? Specific leadership training programs could assist in not only error prevention, but in confirming the organization’s mission, values, and culture, thus improving leadership and team

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performance. For example, hospitals could offer and implement leadership and team training policies that educate employees about the organization, its mission, and vision. Training could be offered frequently (e.g. semi-annually) through seminars as well as on-line learning opportunities which can be in-house programs or subcontracted through companies whose specialty is leadership. This can assist in improving leadership styles at the administrative level, and for all leaders in the healthcare setting, as well as team members. The main focus of hospitals is providing high quality patient care and to ensure that they are no, or minimal errors, or mistreatment of patients. A negative reputation for a hospital can be disastrous, both financially as well as internally. The research shows that it is imperative that hospitals provide the leadership training needed in order to increase employee performance, dedication, commitment, and job satisfaction in order to negate any negative incidents that may cause the organization or its patients and employees harm.

Concluding Remarks

It can be concluded that there are many factors that have an impact on the effectiveness of nursing teams. These factors include leadership style as it relates to interpersonal relations, team employee performance, and team cohesion. It can be surmised that leaders must make an effort to increase job satisfaction, and create opportunities for staff development. Whether or not healthcare organizations choose to provide these opportunities depends on the organization's culture. However, it is possible for the organization to attract and retain nurses by strengthening the interpersonal leadership and management skills within the hospital. A supportive work environment and organizational culture play a key role in the performance of nurses and the promotion of teamwork, as well as the continuous learning, trust and respect between all leaders and team members within the organization.

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The research shows that there is a consensus that leadership styles adopted by leaders, whether it is transformational or transactional, is situational in that each style is balanced by nurse managers and has an impact on the productivity and cohesion of a team. The culture of the organization also has an impact on which style the nurse manager feels more comfortable with as the organizational culture of bureaucratic organizations may not be conducive to the transformational leadership style. In this situation, other leadership styles may prove to be more effective such as those described in the path-goal theory.

Nevertheless, it is the development of leadership skills and organizational behaviors that will impact patient safety and care, as well as quality improvements, staff motivation, job satisfaction and performance, and teamwork. What is apparent, as seen in the recent incidents discussed involving the death of a patient and employee, and the abuse of a patient, hospitals need to create and implement leadership programs; whether they are internal or external, in order for leaders to learn how to, and continue to, motivate and inspire team members. Thus these leadership programs will improve job performance and patient care. These programs should also be contingent on employment, and should require attendance. If implemented, the policies can only strengthen the organization's culture and mission of providing quality care for patients, and provide the support for growth and cohesion of team members; thus increasing team performance and improving and advocating for safe, high quality, patient care.

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ANALYSIS

Effective leadership at all levels in hospitals are crucial in cultivating a culture that is conducive to motivating employees and ensuring job high job satisfaction, which in turn increases employee performance as well as patient care. This collection of papers shows the relationship between leadership styles, leader traits, and organizational culture on employee and team performance, nurse leaders and nursing teams, and their impact on patient care.

The leadership versus management theories presented in the first chapter shows that there is a difference in behaviors between the two. Leaders are more effective than managers due to their ability to motivate and inspire employees to perform to their best potential. While managers focus on tasks, procedures, and use an authoritative style of leadership to reach organizational or departmental goals, leaders encourage the involvement of employees in daily operations.
The research shows that effective leaders utilize the participative leadership style to encourage the cooperation and involvement of employees in daily operations. They are willing to openly communicate with team members, share their vision, and show an active interest in developing employees and improving their performance. This further motivates employees, increasing their job satisfaction as well as team cohesion. The higher an employee's job satisfaction, the higher their interest is in improving their job performance, leading to the best possible care for patients. Leaders need the commitment of employees to ensure that organizational and department/unit goals are obtained and that patient care is of the highest quality. This means that there is a significant importance in building a relationship with team members based on trust, open communication, honesty, and integrity.

The research also shows that personality traits of leaders also play a role in their effectiveness to lead. Personality traits such as extroversion, emotional stability, attentiveness,

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optimistic attitudes, as well as charisma are more conducive to team performance as they relate to meeting the emotional needs of employees. This is related to the humanistic approach to leadership as seen in the Human Relations Model of the Competing Values Framework. While managers dictate, control, and lead through coercion and fear, leaders are attentive and sensitive to the needs of their followers which fosters employee commitment to the organization's goals, mission, and values. When team members are controlled by fear and coercion their only motivation is to avoid punishment or conflict with leaders when performing their tasks. Hence, employees are not concentrating on meeting goals or their performance. They are only focusing on avoiding any negative behaviors or consequences from any mistakes that are made.

The Competing Values Framework and its corresponding models can be utilized to further enhance effective leadership. Specifically, the Human Relations Model, in which leaders perform the role of mentor, can assist in building a cohesive team due to focus of this role on human needs such as the need for support, open communication, and inspiration. This role also encourages employee involvement in decision making processes which increases job satisfaction and morale, further increasing job performance and the quality of care that patients receive.

Similar to the role of mentor in the Competing Values Framework is the Theory Y approach to leadership. The research shows that leaders who adopt the Theory Y approach to leadership, versus the Theory X approach, are more effective in fostering the commitment and dedication of employees in turn increasing employee job satisfaction. These theories correspond with the management versus leadership theory. Theory X is similar to the behaviors of managers, which is shown as an approach that is not conducive to effective leadership. It is the Theory Y approach that has a positive impact on employee commitment and dedication to their jobs, as

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well as their satisfaction, thus motivating employees to improve their performance and increswe the quality of care they provide to patients.

Organizations need the energy and inspiration that high-performance leaders (such as those that utilize the participative style and Theory Y approach), exhibit in order to motivate employees and inspire them to reach goals as well as the organization's vision. High performance leaders do not lead through fear and coercion. They lead by setting an example for the team, showing flexibility and openness during times of crisis which is when effective leadership is needed the most. Thus, the research shows that the behaviors of leaders are vastly different than those of management. It is these behaviors that have a positive impact on employee, unit, and departmental performance which also has an impact on organizational performance and the attainment of goals and the vision that is set by the organization. Effective leadership utilizes the both the participative leadership style and Theory Y approach to leadership to improve performance which has a positive impact on patient care.

The leadership styles discussed in chapter one relate to all leaders within the hospital organization, to include hospital administration as well as physicians. Chapter two looks at the leadership in hospitals and the application of the theories from chapter one. This research has shown that leadership in hospitals, administrators and physicians, play a crucial role in meeting the organization's mission and goals, as well as encouraging and providing, the best care for patients. In order for hospitals to be successful in a rapidly changing healthcare environment, they need to support, motivate, and inspire commitment and dedication of the entire staff. The research shows that hospitals must invest in the knowledge and leadership skills of their employees in order to remain successful and carry out their mission of providing the highest and best quality of healthcare. The competition of hospitals in high, and the reputation of the hospital

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and the quality of care will have an impact on its success. Therefore, leaders need to understand the needs of their employees and provide the best leadership possible to ensure that all employees are performing at their best. In order to do this, both hospital administrators as well as physicians need to utilize the participative and Theory Y leadership styles. Since these styles involve the cooperation and open, two-way, communication with employees, this means that the involvement of all employees in feedback regarding processes and procedures should be considered in order to make the hospital more effective in providing the best services to patients.

The hospital's culture will also have an impact as to whether or not either of these styles will be utilized. Hospitals tend to have a rigid and bureaucratic structure which would support the Theory X or authoritative leadership styles. However, the research shows that if hospitals want to improve their performance and remain competitive, they need to improve the commitment, motivation, and performance of their employees. Thus, effective leadership through the utilization of the participative leadership style and Theory Y approach to leadership is what needs to be implemented and disseminated throughout the organization. Administrators and physicians need to set an example of this type of leadership in order to gain the commitment of employees to its mission and values and to improve employee performance and patient care.

Lastly, it is not only the administrators and physicians that need to adopt effective leadership styles to assist in improving organizational performance and patient care as discussed in chapter two. Chapter three is an integrative chapter that provides specific examples of how hospital leadership affects the performance of hospital staff. The leadership style utilized and the organization's culture play a role in how effective nurse leaders are in motivating, inspiring, and improving the performance and cohesion of their nursing teams. It is the nurse leaders that need to ensure that nursing teams are performing at their highest potential. While to err is human, and

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everyone makes mistakes, mistakes can be costly to the hospital, to those that make them, and to those that are the victim of them. This means that nurse leaders and nursing teams need to be inspired, motivated, and committed to being attentive to the needs of patients as well as improving their performance. The organization's culture should instill the value of learning from mistakes and improving performance rather than penalizing employees for them. Thus, the outcomes of patient care are dependent on the performance of nurse leaders and their team members which can be affected by the organizations culture and what leadership styles are considered the norm. However, in order to foster commitment and create motivation in employees, the research shows that nurse leaders who adopt the participative as well as transformational leadership styles are the most effective leaders.

The research also shows that nursing teams need a collaborative work environment that fosters the sharing of knowledge, and the knowledge that they can trust their leader and openly communicate with them regarding challenges, successes, as well as mistakes. When this environment or culture doesn't exist, this leads to decreased job satisfaction as well as a disinterest in improving performance. This can also lead to the problem of retaining nursing staff. If nurse team members are subject to bullying, harassment, or infighting and conflict among the staff, there is no incentive to stay. When nurses leave the profession, they take their years of knowledge and experience with them which can put patient care and safety at risk. It takes a great deal of time and money to invest in new nursing staff, not to mention the time it takes for them to acclimate to the hospital's environment. Therefore, the research shows that nurse leaders who implement the participative and transformational leadership styles motivate employees to increase their knowledge and performance, and can have a positive impact on the retention of staff, which has a positive impact on the quality of care patients receive.

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Since leadership style throughout the organization is critical to hospital performance as well as patient care, hospitals need to implement policies that assist in the development and knowledge of its leaders throughout the organization. This also include a possible change in the organization's culture if effective leadership styles such as the participative, Theory Y approach, and transformational leadership styles are to be adopted. These policies need to coincide with the organization's mission, goals, and values. It will be important for hospital administrators to not only implement these policies, but to ensure that these policies consider including all staff in leadership development opportunities.

In conclusion, chapter one focuses on the leadership versus management theories, leadership and team behavior, and effective and ineffective leadership. It was concluded that effective leaders utilize the Theory Y approach to leadership, and it is effective leadership that improves employee performance as well as the cohesiveness in teams which has a positive impact on patient care. Chapter one relates to chapter two by further expanding on these leadership behaviors in hospitals, to include administrators as well as physicians, and the role that the organizational culture plays in the utilization of the participative leadership style. It was concluded that a hospital's organizational culture must receptive to the participative leadership style and that it is the hospital administrators that can guide the culture to encourage the two-way communication between all staff members in order to improve organizational performance as well as patient care. This means leaders must utilize the Theory Y and participative approaches to leadership in order to motivate, inspire, and increase job satisfaction and performance in employees. Lastly, chapters one and two relate to chapter three which discusses the impact of effective leadership discussed in chapter one, and teamwork and the leadership of hospital administrators and physicians discussed in chapter two, on nurse leaders as well as nursing

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teams. It was concluded that nurse leaders also need to utilize the participative leadership style to encourage collaboration, motivation, morale, and job satisfaction in order to increase the retention of nursing staff. The retention of nurses, as well as the need to reduce medical errors, is dependent on the leadership style of the nurse managers. Job satisfaction has an impact on the retention of nurses, thus making effective leadership crucial to retaining nurses whose knowledge and skill adds a competitive advantage to hospitals due to an increase in the quality of care provided to patients. The three chapters are interrelated as they all coincide with the theories of manager versus leader behaviors as well as their impact on team member performance and job satisfaction, which further impacts the quality of care provided by hospitals.

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