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The Situational Leadership for the Three Realities of Healthcare Organizations (A Perspective View)

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ABSTRACT

Over the past 20 years, the healthcare industry has experienced a volatile existence. This volatility is a direct result of rivalry, the evolution of managed care, client demand for quality measures and the high cost of new medical technology. These shifting environmental factors have forced healthcare organizations and healthcare managers to develop new strategies to respond. Thus, today, management is about developing a firm understanding of the relationship between the leadership styles and the healthcare organizations' administration level. The leader in healthcare organizations has different tasks and responsibilities. The most common challenges the leader has to face are the continuous change, the relations among the staff and the ability to achieve the targets. Thus, the major aspect of an effective situational leader is to facilitate and foster collaboration by pooling staff knowledge, defining who needs to participate in discussions, and asking critical questions. It is for this reason that the acquisition of sound leadership skills from a situational leadership approach is critical for healthcare. The following article addresses the advantage of the situational leadership approach in fitting with the realities of healthcare organizations.

Keywords: Situational Leadership, Healthcare Organizations (HCOs), Organizational Management Level

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INTRODUCTION

The observation of the actions and thought processes that lead to decisions in HCOs based on a particular situation is where the role of situational leadership or understanding what it means becomes confusing to the organizations and its clients. Changing situational variables and problematic scenarios have forced healthcare administrators, nurses, doctors, and other clinicians to develop new leadership strategies and behaviors to respond. The challenge of developing these leadership skills is thorny considering that they make sure hospitals, clinics, labs, and government organizations operate efficiently and provide adequate healthcare to patients at different times and also in various disorders. Their responsibilities are numerous, constantly changing, and sometimes require the assistance of supporting staff. Sometimes they act as liaisons between governing boards, medical staff, and department heads and integrate the activities of all departments, which means they function as a whole.

Consequently, there is a growing awareness among scholars, academics, and policymakers of the need to adopt a multi-perspective in healthcare management and policy. Less attention has been paid to the consequences of the nature of the HCOs for management and leadership. Leadership is the process of influencing others to understand and agree about what needs to be done and how to do it, and the process of facilitating individual and collective efforts to accomplish shared objectives (Schyve, 2009). When considering the situational leader model, there is no right or wrong, because it relies on the fact that there is no single appropriate leadership style for any situation (Hersey and Blanchard, 1992). In this sense, situational leadership emerges as an integrating concept, which aims that the subject appropriates his/her leadership process (Blanchard, 2011). These skills are demonstrated through an ability to apply experience-based, team-based, contingency-based, historical-based and formal problem-solving methods to situations (Bazerman, 2005).

The correlation of self-perception and perception of others is useful because it can help us interpret the actual leadership style in terms of the degree of appeasement based on these two interpretations. This theoretical model also addresses the principles of flexibility (the ability of leaders to move between styles according to a specific situation), variety of styles (the number of different styles a leader can display) and adaptability of leadership (the leaders' ability to change styles from one situation to another, but in an efficient way) (Hersey and Blanchard, 2005). HCOs and healthcare providers respond to changes in the environment and adjust their management practices on the basis of a new paradigm.

THE SITUATIONAL LEADERSHIP

The literature available indicates that the application of situational leadership depends on the job, team characteristics, interpersonal group relationships, and organizational culture characteristics (Hernandez et al., 1997). The leader has to outperform other group members by displaying anticipated habits and training and improving the abilities of others.

According to Blanchard et al. (2003), effective leaders may follow any style based on the situation and the people being supervised. Many have written about the complex and contradictory guidance for leadership. However, over the past decade, administrators have assumed many new roles, leaving them rightly confused about what leadership or management style they should adopt.

The premise of this model describes how, before leading, administrators should first consider the following three factors. Firstly, forces in the manager, which means the leader, must incorporate personal values, preferences, feelings of security, and trust in subordinates. Secondly, forces in the subordinates mean the knowledge and experience of the staff, willingness to assume responsibility for decision-making and to take an interest in the issue

and accept the goals of the organization. And finally, forces in the situation include the type of leadership style, the values of the organization, the extent to which the group works effectively as a unit, the problem and the resources needed to solve it, and the amount of time that the leader takes to make the decision (Bateman and Snell, 2004).

The Path-Goal Theory has two key situational factors: (1) the characteristics of followers (2) environmental factors. These factors help to determine which of the four behaviors will lead. The four leadership behaviors are; directive leadership, supportive leadership, participative and achievement-oriented leadership (Bateman and Snell, 2004). Successful healthcare leaders need to articulate the organization's priorities, influence the views of subordinates about those goals, and most importantly, direct their subordinates on the right path to achieving those goals.

The Leader of the Situation

Situational leadership allows individuals to become responsive to the potential benefits of the participatory approach to decision-making while also knowing that in certain situations, they will have to make decisions on their own. Administrators need to know which factors to consider when analyzing a situation and opt for the leader decision style that best fits the problem to be resolved. The ideal reaction would suggest that someone or a group who understands what the scenario needs can actually suggest something specific to this issue in order to be able to discover a solution.

Situational leadership theory suggests that leaders should adapt their leadership styles based on the readiness, current skills, and developmental level of team members. It provides the leader with the flexibility to assess the situation and adopt a leadership style that best fits the needs of the follower. McDonagh (1998) states that leaders need to use a flexible

approach in order to influence or respond to the traits and changing environment of the organizational culture. For example, among those changes are the move to managed care, the increasing complexity of the system, multidisciplinary models of governance, the need for more collaboration, the influence of human rights, a patient-centered orientation and the impact of technology, among others (McDonagh, 1998).

Hence, based on the situational analysis, the leader must determine which leadership style he/she must adapt to meet the changing situations at the organizational level. The motive of the situational leader is not self-interest but the growth and effectiveness of the organization. If the developmental level is low, the leader must exhibit higher concern, or should be directing the subordinates. It can be considered as "directive", which implies giving directions on how to proceed with the situation. Similarly, people-oriented behavior can be considered as "supportive", which implies a two-way communication with the leader. The followers actively participate with leaders in discussions while the leader actively listens and praises the followers.

Hoy and Miskel attempted to find the specific attributes of the situation that would result in the kind of leadership that emerges (Hoy and Miskel, 2013). Hencley (1973) explained that although leadership has his own individuals' characters, the situation approach maintains his style in accordance with the requirements of the social situation. According to the proponents of situational leadership, universal traits and behaviors do not exist, rather the success of the effectiveness of a leader is demonstrated on how well their behaviors adapt to different situations (Bateman and Snell, 2004). It follows then that the situational leader must identify the salient situational elements in the specific circumstances (Blanchard et al., 2003) in which care is delivered.

The Leader of Change

Leebov and Scott (1991) claimed that managers in HCOs are assuming new roles and therefore need to change their supervisory and leadership styles. Two of those changes involve a focus on patient service and empowering staff. Situational leadership makes sense for HCOs because, as Jobes and Steinbinder (1996) noted, these are turbulent times in the healthcare sector. This turbulence and lack of stability means that the dramatic changes in the roles of executives and leadership styles that were successful in the past do not meet the demands of today's environment (Jobes and Steinbinder, 1996). In the face of the rapid and dramatic changes experienced, one leadership style that has the potential for success is situational leadership.

Some authors reinforce the model of situational leadership by saying that leaders have to adapt their styles based on the workplace's physical and psychological elements and the task at hand.The linking model comes into play in the diagnosis and planning of the needs of the work environment and the staff (Sleeth and Johnston, 1996). Morrison calls it the second curve for leaders and states that forces that cannot be controlled such as new public policy issues of bioethics and the unpredictability of large-scale medical emergencies fuel it. The environment demands a leader who is a visionary and who learns how to anticipate the next round of changes, and who then quickly considers the contingencies and consequences and adapts the organization to meet them (Morrison, 1996).

In the healthcare sector, every step and decision taken needs to be planned and clinched well in advance. This planning is needed in order to have a more organized and structured healthcare system, with a more efficient decision-making process. Moreover, the majority of persons that a leader in the healthcare sector has to deal with are healthcare professionals, most of whom are highly specialized. A leader has to be aware that although

his subordinates can show high abilities, they might not be necessarily willing to do the task at hand (Galea, 2017).

The Leadership of the Relations

Once a leader has explained and communicated the vision, he or she can concentrate on serving and responding to people's requirements and guide individuals to attain the vision. The ideal supervisory leadership style is described in terms of the mixture of task-oriented and relationship-oriented behavior (Hersey et al., 2007).

Health workers, pharmacists, physicians, nurses and administrators play a crucial role in saving life and reacting to medical emergencies on the basis of their choices. These clinicians ensure efficient operation of hospitals, clinics, laboratories, and government organizations and provide patients with adequate medical care in times of emergency. They act as liaisons between boards of directors, medical staff and heads of departments and integrate all departments' activities in order to function as a whole (Burrel et al., 2010).

The author believes that a leader should be someone who influences the people around him to do what the leader wants, while recognizing the potential of members of his or her team to help them improve their own potential. A leader is required to understand how to execute and express his/her thoughts to the group. Relational behavior is "the extent to which the leader participates in two-way or multi-way communication when there are more than one individual" (Hersey and Blanchard, 1992). Relational behavior takes into consideration the leader's capacity to interact, listen and assist his/her contributors (Hersey and Blanchard, 1992). Blanchard (2011) considered the effect of leadership styles in different countries as an approach to identifying a customer and family care when it is of high quality, impregnated with trust, great communication, respect and reciprocity (Hanse et al., 2016).

Today's leadership is about managers and administrators gaining an understanding of the relationship between leadership style, organizational structure, and organizational culture. The organizational structure here means a framework defining the formal organization's boundaries within which it operates. This definition is in line with that of Hatch and Cunliffe (2006) which also refers to the relationships between the other parts of an organized system.

Such social networks are the building blocks for the community of an enterprise. Through and understanding these social networks, leaders are less likely to be frustrated and confused when there are challenges to staff behaviors and activities. Knowing the social structure of the staff groups is required to determine that an organizational culture is the product of a dynamic team learning process that is only partially affected by one leader's individual behaviors (Sonnenfeld, 1985).

The main aspect of a successful situation leader is to promote and encourage cooperation, pool awareness of staff, identify who needs to be involved in tactical discussions, and ask critical questions. Successful leadership in circumstances is about having direction and learning in a way that responds to workers both at the bottom and at the top of the organization (Bennis, 1992). Norris and Vecchio (1992) conducted a study to assess the efficacy of situation leadership in healthcare, which was one of the first studies conducted at this site. Situational leadership is perceived to be relevant to healthcare environments as there are very clear standards for supervisor-subordinate behaviors and clear authority hierarchy. The result stands in contrast to the motivation of those participating in their work process, supported by the principle of situation leadership. This can positively interfere with the leadership processes in the HCOs environment, as the prevalence of adopting guideline styles refers to the coercive power in which the leaders do not inspire their colleagues. Times have

changed and leaders who are open to listening to others and participating in a team are much more valuable (Norris and Vecchio, 1992).

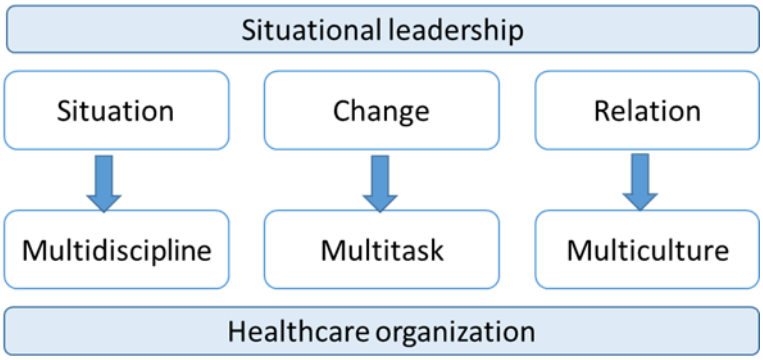

Figure 1: Situational Leadership and Healthcare Organization Perspective

THE HEALTHCARE ORGANIZATIONS

HCOs are worthy of attracting scholars' attention because of their complexity and importance in today's society. The humanization of services is one field that is constantly in the spotlight. Humanizing in complex organizations increasingly needs structural changes, particularly where powerful and stakeholders coexist. As a result, HCOs are undertaking various improvement initiatives to deal with the various situations. Most of these initiatives were industry-based principles. Nevertheless, only 10-40% of these efforts to improve are successful (Alemi et al., 2001; Berwick et al., 2003; Grol and Grimshaw, 2003).

Studies of top-performing organizations indicate that they share common characteristics, including a positive “organizational culture” (i.e., an organization’s expectations, principles and basic assumptions) that welcomes change. (Damschroder et al., 2009 ; Braithwaite et al., 2017; Weiner, 2009). This flexibility can speed up the adoption of care-enhancing initiatives. Furthermore, high-performing organizations often have comprehensive systems, led by dedicated people who support and value workers (Taylor et

al., 2015). While much is known in high-performing organizations about performance, a little is known about why low-performing organizations are struggling. Addressing this can help organizations recognize and address their challenges properly.

The new humanization strategy brings new meaning to the professional/patient partnership between healthcare providers, creating significant benefits for patients, groups and organizations. HCOs can be defined by the essence of their role as human organizations in a diverse, academic, and pluralistic institution (Perrow, 2014). Major policies and actions must focus on people and their health status. One of the challenges faced by the HCOs management is to assimilate patients who are concerned with medical care professionals. The result is a demand for major behavioral and cultural changes along with changes in the managerial procedures of the HCOs (Schein, 2010).

Multi-disciplinary of Healthcare Organizations

Healthcare organizations operate as formal bureaucratic organizational structures based on a professional perspective. The bureaucratic structure is the legal entity that holds corporate responsibility for the organization and includes the board of directors and senior administrators such as the president or chief executive officer. Expert members of the care delivery team and social workers who need to work together and interact frequently represent the professional structure.

HCOs teams are expected to represent the multiple disciplines on which patients depend for services. The team includes key members of the provider staff such as nurse, physician, and others as appropriate. While each member carries definite knowledge and skills to deliver care, they often represent different perspectives on what care should include and how it should be administered. The interactive leadership module is designed to better

prepare professions to resolve issues in a productive and positive manner which can contribute to the management of complex healthcare delivery environments as well as to their own career success.

The need for organized treatment over several departments grows as patients develop more complex conditions and co-morbidities (Mutlu et al., 2015). As a mixture of care from different disciplines or services, procedures are gradually coordinated (Vanberkel et al., 2010). In addition, patients are increasingly requiring quality treatment that is well-organized and personalized to their needs. All of these trends require an integrated approach in which multiple disciplines organize and optimize care pathways for patients (Leeftink et al., 2018)

Evidence shows that multidisciplinary teams play an important role in generating a wide range of benefits, such as increased learning and development of individuals and institutions, better use of resources, minimizing unnecessary costs, improving job performance and quality of work, and more effective results for patients and their families (Andreatta, 2010; Atwal and Caldwell, 2005). As a consequence, well-coordinated harmonization inside and across the medical profession is likely to be an increasingly important part of addressing the complexities of contemporary healthcare (Andreatta, 2010; McIntosh et al., 2014).

Several scholars of organization theory investigated the role of the system perspective (Von Bertalanffy, 2015), defined as the analysis and design of processes of change that view the organization as a highly integrated system. Indeed, focusing exclusively on the single subcomponents of the organization ignores the interaction between the various organizational dimensions, which can be misleading, or even counterproductive. The evidence provided by researchers in the field of healthcare management indicates that adopting a system-wide viewpoint is critical to understanding progress (Marsilio et al., 2017).

Multi-task of Healthcare Organizations

Healthcare systems are complex and require human-to-tech relationships to deliver health services. Because of resource constraints, complicated health actions, increased demand for service, and the demand for high quality of service, several activities in the healthcare system are carried out simultaneously, leading to a multipurpose setting for healthcare. There are growing numbers of research dealing with multitasking modeling in healthcare systems as well as evaluating the effects on multitasking efficiency from different variables.

Multitasking refers to managing various duties with conflicting requirements. A task is described as "a separate task performed for a separate purpose" (Cascio et al., 1991). An interruptive task that leads to degenerative primary task performance is one perspective on multitasking (Nagata, 2003). In healthcare systems, the presence of complicated and time-consuming duties requires the execution of numerous tasks simultaneously (Chisholm et al., 2000). Multitasking deals with task switching, which implies moving attention from one task to the next consciously and concentrating on the task at hand. The primary multitasking feature is the ability to handle two or more duties at a moment (Skerrett, 2012).

Although all of these concepts are linked to technology, Jez (2011) suggested that general conclusions cannot be drawn without going deeper into the context in which multitasking takes place, taking into account time constraints and complexity of assignments, as well as cognitive capacities related to simultaneous or sequential task execution.

Draheim (2016) defines task switching as "the ability to sequentially and fluently allocate careful resources from one task to another for multiple tasks". Task switching involves performing two or more different tasks in a rapidly integrated process and depends

on multiple factors including task complexity and task familiarity (Rubinstein et al., 2001). Because of resource constraints (e.g. human resources, budget and time), complexity of clinical procedures, increased demand for service, and high quality of service demands, multiple operations in HCOs are performed concurrently, resulting in a multitasking healthcare setting.

Multitasking can be understood from several points of view for healthcare providers. Many medical professionals "wear many hats"; besides their clinical care, organizational and managerial duties, they may do activities of teaching and supervision within a group practice, as well as ensuring ongoing technical skills upgrading (Eggleston, 2001).

Multi-culture of Healthcare Organizations

Conceptually, a subculture is a subset of culture and is therefore defined in a similar way as consisting of the shared assumptions, values and practices of an identifiable group of people within an organization, but at a sub-organizational level. In practice, an organization's relationship with its subcultures is likely to be complex. Subcultures may be aligned with the main culture, but they may not; alternative and even antagonistic relationships are feasible (Brown, 1995).

Subcultures are dissimilar to the integrated perspective of organizational culture, which emphasizes consensus, consistency and clarity across an organization (Trice and Beyer, 1993). Hence, there is a differentiation strategy that focuses on the presence of various subcultures within an organization (Trice and Beyer, 1993). According to Martin (1992), the later strategy indicates that behavioral norms and procedures are likely to differ across subunits of the organization and are not necessarily prevalent to all people involved. Van Maanen and Barley (1983) used the word subcultures to define subsets of organizational

members who frequently communicate with each other, define themselves as a separate group within that organisation, share the same issues, and take action on the grounds of a group-specific common manner of thinking.

Subcultures comprise key cultural aspects such as fundamental values, procedures and behaviors. They also have unique features, which reflect specific unit values. Later, subcultures could be aligned or conflicting with the organizational culture. Since subcultures are often stronger than the core culture, they can affect perceptions, attitudes and actions of the staff more than the main culture (Harris and Ogbonna, 1998). In reality, conflicts between culture and subcultures can trigger issues in the efficient leadership of human assets (Palthe and Kossek, 2003).

Ignoring subcultures is comparable to ignoring the characteristics of the employed individuals in the organization (Legge, 1994). Subcultures based on gender (Eberle, 1997), age (Lok et al., 2005), hierarchical level (Schein, 1996), tenure (Lok et al., 2005) and functional role (Dougherty, 1990) are examined in accordance with existing literature. Other than these, the sort of employment relationship was considered a prospective source of the subculture because staff shares common issues and circumstances depending on whether they are permanent employees or contractors.

CONCLUSION

In healthcare management, the characteristics of organizations and their staffs have obliged managers to behave in new ways of thinking. In this regard, high-performing HCOs continue to pursue strategies and find values through staying agile and adaptable. The compliance of organizations helps it to survive within the various internal and external conditions. If HCOs need to survive in our evolving world, continue to introduce services and

maintain staff, a more comprehensive and flexible style of leadership is to be adopted. The HCOs need this flexibility for two main reasons: the multi-dimensionality of its services and the diversity of its clients. Given the fact that situational leadership is based on the premise that leaders use different styles based on the situation and also on the maturity of the followers, this kind of leadership can guarantee not only the providing of services, but also investing forces of subordinates to be integrated on the organization's behalf. Situational leadership for HCOs with wide-ranging and humanized demands enables better harmonization between its components in two ways: be prepared internally for any events and adapt to external change in search of opportunities. This style of leadership is one where healthcare managers might have to develop skills to make sound decisions in HCOs precise time.

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