Leadership and Organizational Behavior in Health Care Section– A Literature Review

Name

Course

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## 1. Leadership

The objective of the study 'Literature Review on Leadership in Healthcare Management' was to evaluate the impact of different leadership styles in organizational performances in health care management (Chatterjee et al., 2018). In the study, a descriptive design was used, from exploring a range of the literature. The literature discussed about the different leadership styles and models used in healthcare management to progress the quality in the healthcare field.

A leader can act as a catalyst. A leader can accomplish the effective change to remain prosperous in an ever changing, competitive environment. According to Baldwin, Bommer & Rubin, (2012) a leader is the one that has followers and exhibits certain behavior in the life. Transformational leadership style states that people take a leader that motivates from vision, keenness, and passion. Distributive leader owns interdependent physiognomies of intelligence, visioning and creativity.

The information will use to improve the professional performance in the current or future position in the healthcare field. A leader can adopt different leadership approaches to the health care setting to optimize management in the highly multifaceted environment. The initiative of quality improvement will be successful when healthcare leaders feel ownership of the task. Leadership promotes change in the continually evolving healthcare environment.

The actions that will take include realizing leadership potential and coordinating the activities towards a common objective and adapting to change. An intricate set of practices will develop within specific organizational and inter organizational cultures. Collaboration will develop with multifaceted groups to work together. As a result, a leader can support future goal of reducing illness and improving the health status of a community.

The aim of the study 'Importance of leadership style towards quality of care measures in healthcare settings: a systematic review' was to identify the relationship between leadership styles and quality of care in a healthcare setting (Sfantou et al., 2017). The systematic study was designed and conducted meta-analyses. The study was found that leadership styles were strongly correlated with quality care and measures.

A transactional leader acts as a manager of change. A transactional leader makes changes with employees that lead to an improvement in the healthcare service. An autocratic leadership style is considered best in emergencies situation. According to Baldwin, Bommer & Rubin, (2012) the leader makes all decisions without taking into account the staff opinion. The laissez-faire leadership style involves a leader that does not make decisions. In the laissez-faire style of leadership, staff acts without supervision. However, a hands-off approach results in changes.

The information will use to improve the professional performance in the current or future position in the healthcare field. Quality of care is a vigorous component in line with updated professional knowledge and skills within health services. The information will use to build up professional and technical expertise, capacity, and organizational culture. Further, balanced leadership primacies and current skills require improving indicators of quality in health care.

The actions that will take include the behavior of directing and coordinating the activities of a team of people towards a common goal. Further, the actions involve planning of work activities, clarification of roles within a group of people, and setting of objectives. Also, the action will include continuous monitoring and performance of processes. Likewise, the action incorporates support, development and recognition of the staff.

## 2. Communication

The objective of the study 'Communication in healthcare: a narrative review of the literature and practical recommendations' was to review the quality of written communication, the impact of communication inefficiencies and recommendations to improve written communication in healthcare. A research was carried out on the databases like PubMed, Web of Science and The Cochrane Library. The study was found that poor communication can lead to a range of adverse outcomes like discontinuity of care, ineffective use of valued assets and so on (Vermeir et al., 2015).

The practice and delivery of healthcare is fundamental and dependent on effective and efficient communication. Face-to-face communication is recommended in practice. However, written communication remains the most usual means of communication among healthcare professionals (Baldwin, Bommer & Rubin, 2012). Anticipations on the modalities and communication issues can differ in phases in particular diseases.

The information will use to improve the professional performance in the current or future position in the healthcare field due to receiving personal and contact information of patient. Also, the information will use to collect introductory information, case history and social situation, present state and results, past and ongoing treatment and the professional network. At primary and secondary level, low quality of a majority of referral letters, considered as a health danger.

The actions that will take include electronic communication that often needs as an alert system in the absence of the direct telephone communication. Successful communication will lead to better results, like better patient outcomes, better gatekeeping and standardization of work processes. Hospital resources should be efficiently used like physician and nurse time.

The objective of the study 'Patients' perceptions of their experiences with nurse-patient communication in oncology settings: A focused ethnographic study' was to explore patients' perceptions of experiences with nurse-patient communication in an oncological clinical environment. The study was a focused ethnographic study; carry out in two oncology wards of a hospital in Hong Kong. The study was found that the psychosocial needs of patients could be optimized from providing good physical care. An efficient care can become possible from effective communication within an oncology setting (Chan et al., 2018).

The spheres of attributes of patients, healthcare professionals, and external factors identified as barriers to effective communication. Also, the characteristics of patients, nurses, and the environment identified as influences on communication. The attributes of patients are, including adverse feelings, an absence of particular information about the illness, and insufficient communication skills. The attributes could destabilize the self-confidence of patients in communicating with healthcare professionals (Baldwin, Bommer & Rubin, 2012).

The information will use to improve the professional performance in the current or future position in the healthcare field. Healthcare professionals may become more conscious of key problems that have been scientifically overlooked in the clinical realms. As a healthcare professional, it can become psychologically better administer medications.

The actions that will take include being empowerment of patients and a healthcare professional could become more proactive at engaging in self-care activities. Patients will engage in active discussions on psychosocial problems like arising out of worries about the finances. Patients will encourage to openly discussing sensitive topics with healthcare professionals. Hospitalized patients will encourage to more actively involving in the care and

often initiated conversations and approached healthcare professionals for information pertaining to the illness and self-care.

## 3. Problem-solving

The purpose of the study 'A problem-solving routine for improving hospital operations' was to carried out an empirical examination of the important role of a systematic problem-solving routine in the process improvement efforts of hospitals. The data was collected from semi-structured interviews, reports and artifacts. Hospital workers have a tendency to enact short-term solutions. Also, a set of self-reinforcing behaviors was more likely to address reappearance of a problem (Ghosh & Sobek II, 2015).

The level of scientific problem solving and dominance of short-term approaches to address problems is diminishing in the healthcare field. Field members presumed the reasons of an issue without previous examination (Baldwin, Bommer & Rubin, 2012). Further, healthcare members did not measure the performance of the implemented solutions. First-order problem-solving strategies fixed the immediate problems and allowed the members to carry on the work.

The information will use to improve the professional performance from analyzing the erratic level of job performance and restricted communication within and across functional department. As an individual, work expectation will better understand and produce consistent and superior performance. Process failure will far analyze that has a frequent direct impact on the performance. The root cause of the problem like time constraints will identify, accordingly.

The actions that will take include requires time away from regular work activities to engage in the compulsory actions. The actions will require investigating, developing, discussing, and

implementing ideas. As a manager, it will require free up worker capacity to conduct the supplementary problem solving. The actin will carry out either from limiting workload or bringing in help from outside. The action will involve taking immediate steps without any delay from the healthcare professional.

The aim of the study 'Problem-solving behavior of nurses in a lean environment' was to investigate the extensiveness of a lean implementation across nursing departments in relation to second-order problem solving behavior of nurses (Gemmel et al., 2019). A vignette-based survey was used in the study. In the hospital with an extensive lean implementation, the nurses show more second-order problem-solving behavior than the hospital with a stand-alone approach in a single department.

The nurses aware of the lean program and perceived the contribution of the program to problem-solving behavior. The occurrences of various second-order problem-solving behaviors will possible, except for "implement change." Nurses and healthcare professionals are sharing ideas about the cause of a problem. Standardized problem solving approaches will adopt to say 'Yes' or 'No' to a problem.

The information will use after analyzing the applicability of a problem to a situation. A range of problems will identify in a natural setting like missing information, broken equipment, waiting for a human resource, incorrect supplies, and simultaneous demands of workers' time. Also, the information will use in the healthcare field when facing a certain organizational problem.

The actions that will take include discussion of the scenarios with nurses, care managers and doctoral researchers. Communication will develop with the head of nurses, responsible healthcare professionals, and verify and approve changes, accordingly. A range of problem-

solving actions will categorize, and devise solutions. Preventive control, learning action and double-loop learning will manifests into actions to find and remove the underlying causes of problems.

## 4. Group Management

The purpose of the study 'Teamwork in health care: Maximizing collective intelligence via inclusive collaboration and open communication' was to review the factors that make a collectively intelligent team (Mao & Woolley, 2016). The study was reviewed the importance of two communication processes; when expertise can become helpful and influence on the team's work.

Group structures and processes facilitate the use of available expertise for more effective decision making, negotiation, execution of tasks, creativity, and overall team performance. "The common knowledge effect" highlights the tendency for team members to focus on knowledge that is commonly shared among group members. Group norms will establish for critical thinking rather than norms for forging consensus that leads teams to engage in more effective information sharing.

The information will use to categorize team members' social or professional level that can also affect the influence on team. A belief will promote from team members in the value of informational diversity that can improve communication exchanges and the processing and integration of information. The information will use to look different from others in a group that can increase the influence as a member.

The actions that will take include promote learning in interdisciplinary action teams. As a team member, especially in leadership position or with higher status, should actively invite input to ensure that team members voice all of the information. As a healthcare leader, a role model will establish in expressing appreciation for diverse knowledge from all sources to ensure that team members' input.

The objective of the study, 'Collaboration in health care,' was to distinguish between multifunctional and interdisciplinary teams (Morley & Cashell, 2017). Secondary date was used to collect information for the study. The results found that team vision and strategies help the team find clarity and direction as a cohesive group that values the diversity among its members.

The study identified that a culture focused more on group tasks rather than individual roles would promote collaboration from shared goals, experience, knowledge, and shared power relationships. Processes are the organizational structures where the team operates, including tools, procedures, policies, and management influences. Mutual trust and respect, willingness to collaborate, and communication are the building blocks of a group.

The information will apply to the health care when the professional disciplines involved have varying education, roles, responsibilities, authority, prestige, pay, and supporting organizational structures. A ''psychological environment'' will establish to include culture in a broad sense (attitudes and behaviors) and at all levels (organizational, professional, team, and individual). Group management will develop among professional groups that have distinct cultures because of the specialized training, professional identity, and positions and roles within the health care system.

The actions that will take include promoting behaviors that are the internally driven actions and interactions of the team members. A collective action will construct to address complex patient needs and an inter-professional team relationship involving respect and trust. Interdependent professionals will structure a collective action toward patient's care needs. A process of working together, negotiating agreement and managing conflict will develop, both valuing and understanding one another.

## 5. Motivation

The aim of the study, 'Work motivation among healthcare professionals: a study of well-functioning primary healthcare centers in Sweden' was to evaluate the effect of work motivation in healthcare due to the external pressures and implemented reforms (Kjellström et al., 2017). The study applied a qualitative deductive design, whereby five primary care units were selected from public and private facilities. The results found that appreciation and support from the management or peers also contributes to increased motivation.

Training outside the healthcare center tends to be an activity of great significance for motivation. The study shows that factors affecting work motivation, i.e. individual, organizational and cultural aspects interact and strengthen each other in a multi-layered interplay. Commitment can also be conceptualized as motivation. A particular work tasks contribute as different sources of motivation.

The information will apply to the health care from the aspect that local leaderships understand professional motivational factors. The information will use to establish discretion in professional autonomy and collaborative teamwork, and an improvement culture. As a future

healthcare decision maker, the knowledge can use to design reforms consistent with professional values, and facilitate leadership development and professional autonomy.

The actions will take in the form of the successful integration that requires systematic translation work. Leaders talk, and with concrete actions, help the staff to translate indicators into practices and values in terms of quality for both the patients and healthcare unit, while maintaining good financial results. The actions will take from combining the performance measurements with quality improvement activities along with good conditions for professional work motivation.

The objective of the study, 'Measuring three aspects of motivation among health workers at primary level health facilities in rural Tanzania' was to measure three aspects of motivation Management, Performance, and Individual aspects among health workers deployed in rural primary level government health facilities (Sato et al., 2017). The cross-sectional study was conducted and performed multivariate regression analysis. The results found that motivation was associated with marital status, having a job description, number of years in the current profession, and salary scale.

Worker motivation is the result of the interactions between individuals and the work environment, and the fit between the interactions and the broader societal context. Worker performance largely depends on the motivation level. Both intrinsic (job satisfaction, commitment, job security, and workload) and extrinsic factors (salary, managerial support, and the policy environment) influence health worker motivation.

The information will use to provide the highest level of education before professional training to healthcare workers. The information will use for the health workers during the first

year of professional service where health workers have higher motivation scores in Management Aspects. The information will use to provide financial incentives, career development, and management issues that are the core factors affecting health worker motivation.

The actions will take in the form of the motivation of the medical attendants because medical attendants are often the ones that remained at the facility to cover for the more skilled health workers when left to participate in training activities. Different level of motivation techniques will apply for public health nurses, laboratory assistants, nurse midwives, and assistant nursing officers, as well as clinical officers and assistant medical officers.

# References

Baldwin, T., Bommer, B., & Rubin, R. (2012). *Managing organizational behavior: What great managers know and do*. McGraw-Hill Higher Education.

Chan et al., (2018). Patients' perceptions of their experiences with nurse-patient communication in oncology settings: A focused ethnographic study. *PloS one*, *13*(6), e0199183.

Chatterjee et al., (2018). Literature Review on Leadership in Healthcare Management. *Journal of Social Science Studies*, *5*(1), 38-47.

Gemmel et al., (2019). Problem-solving behavior of nurses in a lean environment. *Journal of nursing management*, *27*(1), 35-41.

Ghosh, M., & Sobek II, D. K. (2015). A problem-solving routine for improving hospital operations. *Journal of health organization and management*, *29*(2), 252-270.

Kjellström et al., (2017). Work motivation among healthcare professionals: a study of well-functioning primary healthcare centers in Sweden. *Journal of health organization and management*, *31*(4), 487-502.

Mao, A. T., & Woolley, A. W. (2016). Teamwork in health care: Maximizing collective intelligence via inclusive collaboration and open communication. *AMA journal of ethics*, *18*(9), 933-940.

Morley, L., & Cashell, A. (2017). Collaboration in health care. *Journal of medical imaging and radiation sciences*, *48*(2), 207-216.

Sato et al., (2017). Measuring three aspects of motivation among health workers at primary level health facilities in rural Tanzania. *PloS one*, *12*(5), e0176973.

Sfantou et al., (2017, October). Importance of leadership style towards quality of care measures in healthcare settings: a systematic review. In *Healthcare* (Vol. 5, No. 4, p. 73). Multidisciplinary Digital Publishing Institute.

Vermeir et al., (2015). Communication in healthcare: a narrative review of the literature and practical recommendations. *International journal of clinical practice*, *69*(11), 1257-1267.