



Effective Team Leaders and Leadership Skills in Healthcare

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Abstract

The aim of this study is to critically analyse and compare the different leadership styles of three leaders in healthcare. This was achieved *via* interviews which explored the leaders' personal experiences working as part of a team, how they mold themselves to be an effective leader and how they integrated their own vision and goals with those of their team and their larger organization. The leaders' strategies for developing team members and their use of critical judgment in tackling different issues within their organization is also examined and analysed.

Keywords: Leader; Leadership; Healthcare

Background

Three leaders were interviewed for this study; two from Ireland and one from Dubai. All three leaders are clinicians who now have senior roles within large hospitals. The leaders chosen were known to be well-regarded with a reputation for effectiveness, innovation and emotional intelligence. They also share the recent challenge of leading and supporting their teams and organizations through the ongoing COVID-19 pandemic. Leader A is originally from a nursing background, and she is now the Chief Executive Officer (CEO) of a large teaching hospital in Dublin, Ireland. Leader B is from a surgical background, and he is now the Chief Medical Officer (CMO) and Medical Director of a tertiary multispecialty hospital in Dubai, United Arab Emirates. Leader C is a Consultant in Psychiatry for the Elderly, she established and now leads a Liaison Psychiatry Service for the Elderly in a large teaching hospital based in Dublin.

Methods

The three leaders interviewed for this study were selected from a range of candidates as they were determined to have met the inclusion criteria of being effective and experienced team leaders in large healthcare organizations. Interviews were completed in person and with a video link; with one interviewer and two observers. The leaders were each asked the same four questions (Appendix 1). The interviews were recorded and transcribed. The transcriptions were then analysed to determine common themes emerging from the interviews. A word cloud analyses (Appendix 2; Figures 1-3) was completed for each interview to aid the thematic analysis. Themes emerging from the interviews were further explored by linking to concepts in the leadership literature. The possible personality type of each of the leaders was also explored; this was done via objective analysis of the interviews and without psychometric testing.

Findings and analysis

Personality and Psychometrics

A leader's personality type influences their leadership style, their experience of leadership and their team members' experience of being led by them [16]. The Myer's Briggs Personality Type Indicator (MBTI) remains the most widely used personality inventory and divides people according to their preference for Extraversion or Introversion, Sensing or Intuition, Feeling or Thinking and Perceiving or Judging [1]. Although the interviewees were all known for being effective and compassionate leaders; they each had a range of different personality types and preferences. The impressions formed by the researchers of the possible personality types for each leader were as follows: ENFJ for Leader A, ESTJ for Leader B and ENFP for Leader C. One personality trait they all share is extroversion- they each enjoy and are energised by speaking with, spending time with and networking with others. This was particularly emphasised by Leader A, who underlined the importance of "coffee mornings, where a work-related talk is not allowed" and other team building opportunities.

Leaders A and C both appear to be intuitive (N) and feeling (F) types; they prefer operating by understanding broad theory and concepts and when making decisions they give high priority to relationships, emotions and values. Leader A expressed "trying for a 'win-win'" in all negotiations and focusing on maintaining relationships, while Leader C often referred to monitoring and responding to the emotional state of her team members; whether they were "happy," "overwhelmed," "anxious" or "confident." Leader B appears to prefer sensing (S) and thinking (T); he emphasised making decisions based on facts and evidence and the importance of having clear protocols which work in reality; avoiding personal opinion or bias. All of these traits are valuable in different ways, and they all influence a leader's particular style.

Theme: Leadership style

Sinek (2019) and Brown (2018) define a successful leader as seeing a person's potential and helping build and grow that ability, essentially creating the next great leader [4,14]. All three leaders spoke of the importance of delegation and empowering staff choice based on competence. Empowering staff choice increases collaborative productivity, innovation, and personal accountability [12]. Leader A leads with "confident humility", which blossomed through her career. Leader C feels 'Regular self-assessment and revision of leadership styles' are important.

Leader A also spoke about leading with a servant/compassionate leadership style, focusing on serving others [14]. This is a non-hierarchical, trusting leadership style approach, helping staff grow with support [5]. Leader A believes her approach changes based on the situation. West (2012) and Goleman (2020) depict leadership approaches changing based on team dynamics and situations [10,18]. Leader C, similarly, spoke about her leadership styles changing over time from 'micromanaging to loosening the reins', wanting everything 'tip-top perfect for all patients' and with experience allowing her leadership style change, trusting the ability of staff to provide high standards of care.

Leader B similarly aims to lead with a 'collaborative, people-orientated approach'. Leader C has 'learnt to listen more and talk less'; a key element of emotional intelligence and communication [10]. Considerable research reveals that staff actively listened to feel appreciated, resulting in effective, innovative teams [3,10,12]. Leader B pointedly noted, 'By listening, I can extrapolate a lot of information; the best feedback about my leadership style comes from my peers'.

Theme: Work/life balance

Leader A spoke about the pandemic 'clarifying a lot of stuff' in the way she leads. Work/life balance is essential for all staff and 'COVID has brought these values to the fore'. Leader A felt the pandemic heightened 'kindness, positivity and a collaborative team approach'. The challenge now is to 'maintain that culture in the workplace as we move into the second year of a pandemic' where staff are tired and burnt out. UK research revealed one-third of employees work longer hours due to increased workloads and staff shortages associated with the pandemic [19]. This study indicated staff morale worsened even further from previous years resulting in moral distress. Leader B acknowledged the pandemic allowed staff to work with 'mutual relationships among hierarchies. Being an effective leader in today's healthcare setting poses many challenges and has been referenced as a crisis [12,19]. A compassionate, emotionally intelligent leadership approach is widely acknowledged in reducing work-related stress, increasing staff morale, leading to better patient outcomes, and reducing staff turnover [12,14,19].

Theme: Decision-making

The world is facing a second year of a global pandemic, reinforcing the impact on staff shortages, workloads, impacting

staff morale and moral injury [12,14,19]. 6.1% staff turnover in 2020 alone, a leader's decision-making ability has never been of more importance [11,19]. Leader A spoke around 'trusting your gut' to make decisions with which you can 'look in the mirror with the decisions you have made'—relying on facts whilst thinking in a clear, informed manner [15]. Leader A expressed the importance of transparency, leading a collaborative, motivated team.

Leader A felt 'constructive conflict' essential to decisions making. Leader B expressed similar views 'making informed decisions based on evidence-based facts, actively listening to all viewpoints and ultimately what's best for the patient'. Leader C based decisions on 'taking positive risks' with constructive conflict. Constructive conflict involves a shared understanding, active listening, helpful criticism, objectivity and staying aim focused [5,15,19].

Theme: Understanding and mentoring team members

When asked about how they, as leaders, were able to develop their team, both Leader A and the Leader C strongly emphasised the importance of getting to know the team members, in order to help their development. This is step is important in both transformational and servant leadership styles. In transformational leadership, the leader acts as a mentor to followers and encourages their growth and development [9]. All three leaders emphasised the importance of team member development mainly for the benefit of the team member themselves, rather than for the benefit of the organisation- which would fit with the model of Servant Leadership [16].

Leader A described creating ways to get to know her team well; their skill sets, personalities, how they like to operate "and see how their goals can be aligned with the organisation's goals". She described doing this both formally and informally. She described creating yearly performance development plans for each team member and as CEO she described an interest in "developing the team up and down the organisation".

Leader C's approach is to meet with team members (both nurses and junior doctors) individually and plan with them "With these nursing staff it is very much about figuring out what their strengths are and where their areas of interest lie." This allows for a personalised mentoring relationship; focused on the growth of the team members' skills and confidence. "I've tried to facilitate and

encourage the nursing staff who are with me to focus on areas of interest to them. Another thing I try to establish at the outset is what they feel their weak areas are and then we try to focus on those areas to help them to build confidence and overcome and concerns they might have".

Leader B, also discussed the benefit of providing individual mentoring to team members, however he did not have the same focus on getting to know team members well in order to help them develop. Here it is relevant to note that a leader's gender has been shown to impact on their approach to leadership; with female leaders being more likely to use a transformational leadership style, particularly showing a preference for coaching and developing team members [6]. However, other studies have shown no gender difference [13]. Leader B also strongly emphasised supporting team members in practical ways; particularly ensuring that they were aware of what their role and responsibilities were, and that they were practically capable of fulfilling these obligations. He explained that he would support team members in obtaining whatever training and education was needed. Leader C, also, underlined the importance of practical support, such as managing a team member's workload by getting extra resources for the team, for example.

Theme: Reflective leadership

When asked about time out to review and reflect on the team, all three leaders showed a great interest in the reflective practice and leadership, although the style and approach were different. Leader A demonstrated the reflective practice through coaching and mentoring, leader B was more of building trust, providing support and showing his availability for his team. Leader C held regular meeting and gave the opportunity for the team members to express their concerns if any. The leaders demonstrated their reflective practices in different ways according to their organization's culture and situation. This is a good example of situational leadership which proves that no one style of leadership can fit all situations, and a smart leader must be flexible and adaptable, [17]. Being flexible and adaptable were common behaviors amongst all their leaders who have proven to belong to relationship based organizations through their reflective leadership.

Reflective leadership has three main components; flexible responses, power of observation and self awareness. Leaders must

have insight into their own strengths and weaknesses so they can determine how to be flexible and adaptable to different staff personalities and how to approach them. This was discussed by Leader C and it came natural to her leadership and is built into her daily practice. A good leader must develop the power of observation, to be able to observe the reactions and different body languages of the team members to be able to guide them and mentor them. This knowledge was demonstrated by Egleston, Castelli and Marx, 2017, as they attempted to test a model on reflective leadership and was an apparent style for Leader A's leadership. Leader B mentioned that his reflective practice was demonstrated not only by regular meetings, but giving the team members all the trust to perform the tasks without causing intimidation by his continuous presence although he made himself available immediately as soon as the need arose. Dinh et al, 2020 explained that for team members to trust their leader they must be lead to believe that their leader cares about them and is being authentic with them. They must also believe in their leader's efficiency and competence. This environment of trustworthiness was apparent with all the interviewed leaders.

Ashe and Kenny, 2020 explains that reflective leadership has a unique impact on a team's spirit and function. They describe reflection to be both a personal and a collaborative process which happens naturally in a leader's daily life and practice. This was clearly demonstrated by Leader C when she said "reflection is built into the practice". All leaders demonstrated reflective leadership, although with different styles and outlook. Eventually the final outcome of reflection is learning and development, and for the team to gain insight into their behaviors and attitudes. This leads to more efficiency and effectiveness of the team's performance.

Conclusion

The leaders selected to be interviewed for this module's assignment are considered experts and highly experienced in their disciplines. They have senior roles within their healthcare organizations and their leadership has evolved through many stages of maturity during their respective careers. The interview questions were selected carefully to allow the leaders to express their thoughts and opinions freely to be able to develop the insight into their leadership styles. The three leaders had several points in common, such as being supportive and trusting to their teams and their interest in staff development, coaching and mentoring. They

shared the common goal of continuously developing their teams and improving the services which they provided, diluting out their own powers and authorities as leaders. This authentic style of leadership, where the leader is a people's person and part of the team, as well as being the driver is described by Collinson (2020) as having a positive impact on team spirit and performance. This was demonstrated by all three leaders, who balance pushing their teams forward with providing a high level of individual support. They each, in their own distinctive way, provide an inspiring example of leadership in healthcare during what has been a particularly challenging period of history.

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