Annotated Bibliographies

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Devi, a research scholar in management from Bharathiar University, India, and his colleague study various practices of human resource management to reduce turnover in the IT sector. The methods considered for the study are training and development, compensation, and organization culture. The author acknowledges the correlation between the three practices and the relationship to employee turnover. The results show the importance of a healthy human resource management practices in decreasing employee turnover. The research suggests that human resource management practices set the vision and culture of an organization.


The research from the author of this paper draws on life stage theory. The authors study the social bond development in two different age demographics. The first group was between the ages of 25-40 (emerging adults), working full-time regular hours. The second group ranged in ages of 18-21 (nonemerging adults) and primarily worked part-time. The study is unique as it looks at the relationship between co-workers and trust using the forces of attachment scale. The results suggest that the emerging adult group had constituent attachments in coworkers and turnover; therefore, it was lower than the
nonemerging adult group. This research is interesting in understanding the dynamics of age in attaching to an organization.


Feyerabend and Choi's research investigated the role of emotional intelligence related to job satisfaction and turnover in India call centers. The study measures EI by using a culturally adapted self-report instrument developed by Sing (2004). The quantitative data used was the Emotional Intelligence Inventory. Job satisfaction measured in the study was with 15 Likert-scaled items identified from Spector (1985), and Brayfield and Rothe (1951). The turnover intentions in the study measured were six items adapted from Bluedorn's (1982) Stay/Leave Index. The study adds value to research in EI in human capital. The methodology used for results was the connection to the article. The authors linked to job satisfaction through the quantitative results in the EI and employee turnover results.


Researchers Hale, Ployhart, and Shepherd studied the void between collective and individual turnover rate. The article stems from investigating the disruption in the turnover of one independent employee and studies the level of the employee(s) who leave. Stating there is a more significant disruption depending on the position of the position vacated. Another examination in the study is the collective performance of the
team and how it is affected by the change. The interest in this article was to research how an organization deals with a turnover. The researchers investigate the interdependence at a composite measure and team adaptation measure to develop a two-phase model of an individual turnover event on cumulative performance.


The researchers of this article look at classic and current research into the subject of turnover. They examine theoretical and methodical contributions to the turnover literature. The birth of the study first investigated the cost and causes of turnover. Then as the study continued, there were variables added to the organizational relationship of turnover. As the investigation continued, theoretical evidence and measures continue to show proof of multiple pathways to the eave. For the 21st century, the research changed to organizational performance, the need to understand how turnover affected the organization's productivity collectively. The use of this article shows how the investigation transitioned from the individual to the macro level.


The authors of this journal, Lam, Xu, and Loi, show the relationship of work engagement theory and self-control theory to LMX leadership theory. The article centers around emotionally demanding jobs. In the LMX literature, a leader develops individualized relationships with each follower. The research shows the importance of LMX as a valuable job resource for the emotionally demanding job. The study shows that high-
LMX followers receive better communication to leaders. The relationship proves to show higher emotional engagement and less intent to quit. This study shows a positive leadership theory related to turnover. Emotionally draining jobs can easily burnout individuals, so this article explains the need for training in an organization for managers to support their employees.


The researchers of the article follow a relatively short review of the turnover literature. Their research elaborates on organizational scholars who further enhance the understanding of turnover by probing the turnover process within a shorter time-period of a decade. The researchers study the role of voluntary control on employees’ leaving/staying in an organization. The study further investigates how the context in which employees reside influences quitting the organization, and opening up the destruction of the collective turnover processes. The article continues to show how research in a decade is growing. As contemporary research shows in retention and turnover, surveys completed in real-time can update the faster analysis to the causes of turnover in the organization embracing the research opportunities the methods and tools offer.

The authors of the article research the factors relating to early-career employees and job satisfaction. The study looks at the behavior for turnover intent in this population. The methodology used in the research was exploratory factor analysis, confirmatory factor analysis, a structural equation to show the relationship between job satisfaction and employee turnover. The use of this article was to look at how the methodology was developed and used to look at employee turnover. Learning the different methods for job satisfaction was the use of the article. Researching methods for studying job satisfaction factors include but not limited to, Minnesota Satisfaction Questionnaire (MSQ), Job Descriptive Index (JDI), and a five dimension scale for job satisfaction. In researching the subject of retention and turnover, investigating all factors and how the results came about are as important than the article findings.


The researchers of the article examine health and well-being in the workplace for individuals and the overall organization. The research proves to investigate leader identity on a team and the effect of burnout. The study shows that through the social identity approach, a leader can influence health and well-being in a team's organizational behavior. The study builds on bringing team members together developing their sense of shared group norms and goals. The use of leader identity entrepreneurship is likely to
lead to lower burnout among team members by identifying the typical behavior in a group. Leader identity entrepreneurship fosters control, social support, and self-efficiency. The use of this article helped to identify leader behavior is that affect follower's turnover intentions through work engagement and burnout.
II.


The authors of the article researched whether it was possible to identify employers who have turnover possibilities. The authors looked at the tenure of previous employment, referral to position linkage, and whether personal association increased retention factors. The study concluded that voluntary and involuntary turnover reasons could not be adequately validated. The study noted that like every retention study, there are different factors to emerge. Examples of such are quitting employment to return to school, relocation, or stating the truth for fear of possibly being a no rehire. The authors were unable to identify if one could predict turnover in a new hire.


The authors aimed to discover the factors which identified those employees who intend to leave and/or stay at the organization. The motive was to find those factors which are strong predictors of intention to stay so that employees who intend to quit are identified in advance, and counteractive measures were taken to retain them, uniquely if identified as critical performers. A questionnaire covering aspects relating to employee retention was given to employees chosen through incidental sampling. The authors reviewed seven-factor analysis’ to look at the organizations an implement a retention strategy for the organization.

The authors of the study wanted to unfold a foundational understanding of voluntary turnover. In the authors' research used a model to identify voluntary turnover into four main sections. They were scripts, shocks, context specificity, and the model as a whole. The pre-study thoughts were aimed at the possibility of recognizing those employees who showed signs of dissatisfaction. If this could be identified, could a manager have more time to prepare instead of the shock of exit? The authors also noted to not focus on the negative but to use the research as knowledge for the subject and a foundation to build.


The authors of the study explore employability paradox. The research was interesting in looking at investing in talent in an organization. The research looked at investing in the employees, and if it was opening the door for talent to walk out. As the results of the study, could not answer the questions, it was found in learning new skills. Retention increased in the organization as a whole. The study shows that investing in talent can be profitable and productive for an organization. This article was chosen because of the interest the employability paradox initiated. Training and development are factors in employee turnover, so the need to know, so does training and development have negative ramifications?

The authors of the research conducted a longitudinal study on 1,091 registered nurses in seven hospitals were used to estimate a causal model of turnover in organizations. The results of the study crossed over in four determinants: intent to stay, opportunity, general training, and job satisfaction. The results noted the more support from the leader, the more formal or informal recognition received, and the more fair work procedures were perceived to be, the higher levels of nursing retention, mediated by job satisfaction.


The authors investigated trust in a supervisor in the article. The article interested my research because trust is a characteristic needed in leadership. The authors correlated their research and the attribute by showing that when the trust was present in a supervisor/employee relationship, voluntary turnover was low. The study found the opposite when the trust was missing in the relationship, therefore, showing how important trust can be for an employee and an organization.


The authors of the article, investigate the behavior of the supervisor, as a primary
reason for employee turnover. The authors dived more in-depth into their research by using two commonly used influence tactics by managers to show a relationship between voluntary turnover and job satisfaction. The authors used a multilevel path model to show the relationship of influence tactics. The article was interesting in showing how emotion influences decision. The research showed an exciting model with themes to help broaden themes.


The authors of the study wanted to show a relational factor between a leader exit and low voluntary turnover. Although, the article does state all factors in the relational system in a subordinates organizational departure are relevant to the investigation. The authors state that a 360- degree perspective should be taken into consideration upon a leader exiting the organization to gather a better understanding of the morale of the organization as a whole. The authors' intentions were to gain more incite to retain employees during times of organizational shock.


The authors investigate the leader identity "we" and "us" on team member burnout, work engagement, and turnover intentions. The article explored the leader social identity in the team. The investigation of the impact of the leader in the team showed a decrease in turnover. It continued to reveal a stronger work engagement with a
decrease burnout phase. The article continues to answer the research as to how to retain
talent and decrease turnover. This article shows a leader in teams. It was chosen because
of the research into the leader aspect and how this relationship influences turnover in an
organization.

The authors investigated the research on employee turnover in the hospitality context.
The article was looked at due to the article stating there is limited research but researched
the topic for gaps in the literature. The article was chosen for my research because of the
findings in the relationship between coworkers. Again, the need to dive deeper into why
an employee stays or leaves an organization. Is the co-worker relationship a factor? The
research suggests that coworker emotional support was negatively related to turnover. It
did, however, show a definite relation to coworker instrumental support. So, the research
from the authors in this article, suggest that coworkers can influence turnover due to
tangible reasons.

III.

Acker, Joseph J. (2009). Building leadership capacity in Emergency Medical Services:
Developing future leaders. Thesis. Royal Roads University, Canada.

This study examined effective and efficient strategies to enhance leadership capacity in
Emergency Medical Services systems in Canada. Current literature explores the
definition of leadership, the components and value of a leadership competency profile,
and best-practice models of leadership development. Due to all relevant ethical
considerations and standards, data was collected using a qualitative and quantitative action research process that involved interviews and surveys of EMS leaders from every region in Canada. Based on the research findings, the project concludes that the EMS Chiefs of Canada should play a pivotal role in the development of current and future EMS leaders. Recommendations address the formation of a national leadership development sub-committee, the creation, and implementation of a national leadership competency profile, the establishment of collaborative partnerships with educational institutions, and the expansion of the use of executive and peer coaching for EMS leaders in Canada.


This study is based on Context-emergent turnover (CET) theory to examine the properties of turnover rates and the relationship and effects of the properties on unit performance. The research suggests both static turnover rates and turnover rate change inform organizations of prevalence, nature, and consequences of turnover. Both rates and rate changes provide unique and diagnostic insights and should be examined to determine best practices for an organization to avoid the adverse effects of turnover. When turnover is high, it can create an uneven workflow, customer dissatisfaction due to long wait or poor service, and unnecessary labor costs to the organization itself. The research which focused on a retail organization can be generalized and applied in different industries; however, the findings are somewhat limited based on the sample consisting exclusively of new hires. Statistics on new hire versus tenured turnover rates would be significant to
leaders within organizations to create specific practices that improve forecasting labor needs, hiring practices, and communication.


This article primarily discusses the importance of communication and training to effectively manage the complexity of organizations. Versatility and effective information sharing are vital strategies for an organization to adapt with the fast-paced nature of healthcare systems. It is essential to identify fragile systems in order to quickly respond to sentinel events that are likely to occur when there are sharp increases in workload, inadequate staffing, and/or high turnover. Due to optimization of processes, the flow of human capital, patients, and information has increased exponentially and overly complex systems can suffer as a result. This change in speed of key processes removes delays which had previously assisted in reducing sentinel events by restricting the flow. It is essential for organizations’ leaders to adapt and restructure the complexity of the processes to allow for better transparency so volatile situations can be quickly identified and assuaged. This research is helpful in understanding how internal processes can themselves be detrimental to an organization if communication and the ability to adapt are not monitored by leadership within an organization. Understanding the potential volatile nature of healthcare organizations and working towards a less fragile infrastructure can reduce sentinel events thereby increasing patient care and employee satisfaction which are integral components of an organization’s culture.

Francis, Mary E. (2010). Ties that bind: Examining the effects of social exchange variables on turnover intentions among executives. Thesis. University of San Francisco,
This research study examined the effects of leader-member exchange (LMX), team-member exchange (TMX), and perceived organizational support (POS) on an executive's intentions to leave an organization. An electronic survey, called the Executive Turnover Intentions Survey, was sent to 412 executives (Directors and above). The response rate was 38%, representing 158 completed surveys. This is the only study to date that integrates the three main social exchange variables in organizations: a) quality of the relationship with the leader, b) quality of relationship with the organization, and c) quality of the relationship with the team among the executive population. The findings of this study are significant because they show that this sample of executives give more priority to the quality of their relationships with their leaders when contemplating exiting their organizations, than they do with their relationships with their teams or organizations. These findings revealed are critical differences from the majority of past studies in regards to organizational support and turnover intentions.


Moss, Good, Gozal, Kleinpell and Sessler published collaborative commentary to outline the research available that establishes diagnostic criteria and awareness of burnout syndrome and its effects on critical care providers. Multiple studies were reviewed to provide analytical data on the prevalence of BOS in critical care health care professionals and the negative effects on caregivers, quality of patient care, and retention of employees.
in critical care positions. The paper presents an engaging call to action for the prevention and intervention of BOS and other psychological disorders in health care professionals, however, the distinguishing criteria varies significantly between studies. There are other conditions can overlap perceived BOS as well as variables considering leadership in the organization, emotional intelligence, and personal characteristics of the care provider making comparisons difficult for any definitive conclusion on the role of BOS in adverse events in a critical care setting.


The authors discuss the effectiveness, knowledge, and quality of management and how it effects performance within the healthcare environment and the relationship between job satisfaction and performance. Employees report higher satisfaction rates when their environments provide effective training, division of labor and the availability of tools or resources to complete the job at hand. To collect the data, a questionnaire was distributed to nurses and analyzed to determine the parameters that most influence job satisfaction. The research suggest the relationship between managerial satisfaction and manager administration and satisfaction of recognition was proportional to the increase in productivity or job performance. Likewise, self-satisfaction of work, productivity and improvements increased performance initiatives. These correlations highlight the effects of leadership culture within an organization on productivity as well as job satisfaction.


The authors establish a working definition for culture on which to base research on the effects of culture across key performance indicators in health care. To test the impact of culture on patient experience, employee engagement, and physician/provider engagement surveys were given and compared to benchmarking from national databases. To Measure the culture of the organizations a culture index was created and used when comparing data from the surveys. The results indicate the organizations higher on the culture index outperformed the organizations lower on the culture scale. Turnover is also significantly lower among organizations that were determined to have a higher culture index. The findings suggest culture can be used to drive organizational change and improve performance. There are insufficiencies in research overall measuring outcomes due to the varying ways health care systems measure and interpret engagement so it’s difficult to extrapolate the data, however, the findings are compelling for organizations’ leaders to pay attention to the cultures they are creating. Effective leadership can use workplace culture to effect change in hiring and retention, training, and performance gains.


The purpose this dissertation was to examine the relationship between organizational commitment and turnover intention of healthcare internal auditors. The research
hypothesized the types of commitment directly affecting the turnover intention with an organization to identify programs to attract and retain healthcare auditors and decrease turnover costs incurred by hiring and training new employees. Findings from this research can be extrapolated to other areas and contribute to improvement of business practice in the healthcare industry, however, there is a need for studies about organization commitment in healthcare workers who are not nurses and physicians. The existing research can still be applied in the industry to promote organizational change and to determine which organizational commitment internal leaders should promote in their organization.


The purpose of the research was to look a cognitive, social behavior in employee performance associated with customer service. The study shows a significant increase in employee productivity when the customer relation was strong. The study showed that when customer behavior was positive, the employee turnover intention was decreased. This relationship shows how as managers, it should be noted how the customer response increases employee productivity and loyalty. The need to show growth in education of communication was unusual in a need seen by the authors and how it directly affected employee commitment.

The authors research was interesting in looking at how customer service sets the paradigm for employee turnover. These results suggest that service-oriented enterprises (such as call centers) should consider employee turnover intention from the perspective of customer behavior and improve the climate of organizational support to more efficiently reduce employee turnover. The Price-Mueller turnover model was initiated. The results directly reflect the increase turnover rate from customer aggression and the need for a better support system from the organization.

IV.

Aguirre, B. E., Fann, L., Keith, V., Niederauer, J Wolinsky, F. D., (1992). Occupational Prestige in the Health Care Delivery System. *Journal of Health and Social Behavior*, 33(3). This study focuses on the healthcare system. It used 1980s census data, so may be outdated. It did use data form 19 health occupations in the 31 largest standard metropolitan statistical areas, so it does seem to be comprehensive. It found groups with greater qualified occupational distribution, greater political participation, advanced education, and higher sex ratios have occupational prestige in the health care delivery system. The article was researched to initiate an understanding of the change in the healthcare system.


This systematic review looks at both Lean and Servant Leadership. The inclusion criteria required being in English, published in a peer-review journal, study design as an empirical study or theoretical review, having a lean or servant leadership focus, and a
description of one or more aspects of leadership. Exclusion criteria included language (not English), lack of lean or servant leadership, and industries described other than healthcare. Helpful charts, especially Table 3, compare the leadership aspects of both lean and servant leadership. The aspects covered are origins, philosophy, characteristics, values, tools, organizational culture, and organizational performance. There are several parallels between servant leadership and fairness on the AWS: reduction in costs, enhancement of procedural justice, and trust in the organization.


This article provided a review regarding how health care systems can integrate cultural competency to improve overall patient care. This was helpful as it looked at the effectiveness of different programs and where further research is needed. It was also helpful as it helped me to expand and further understand the definition of cultural competence and its role in health care systems.


The current rapid change in the health care environment creates a great opportunity for physician leadership. Evidence suggests that physician leaders play a big role in providing high-quality patient care and they have a great impact on the performance of their hospitals. What distinguished physician leaders from other leaders is that they have deep knowledge about patient care, which can make them more sensitive to clinical staff’s needs, as well as patients’ needs. Their deep understanding makes it possible for
them to work together with other physicians to find a solution collaboratively. They are considered the bridge between management and medicine, with a patient-centered focus, instead of a financial focus. Their shared history and common language with other clinical staff help them build trust and support, which helps with organizational change. The article touches on several attributes that physician leaders have that make them great leaders due to their background, but it also highlights areas where they might lack skills. Ways the article suggests that making the transition possible is through servant leadership and leadership inclusiveness. The article finishes by identifying different competency areas for physician leaders.


Medical teams are putting more emphasis on interdisciplinary teamwork, collaboration, and communication. Each person of the team offers unique perspectives, training, and knowledge through their varied experiences. This has become an integral part of medicine but requires a “competence to collaborate”. Perceived status differences, role boundaries, and communication problems are only a few barriers that these teams can face. This study is done from interviews, surveys, and direct observation of the real work of multidisciplinary medical teams. It found that the physician leaders of the team were highly active in participation but physician and occupational therapists as well as social workers were rarely involved. Nurses were involved to a varying degree.

This reading was particularly useful in summarizing the lessons learned when it comes to using data to drive change in any setting but specifically academia. The research group COACHE implemented surveys to analyze how tenure-track faculty job satisfaction could define modes of change for campuses and junior level faculty. Again, discussion on importance of transparency of data arose. I particularly found important the description of transparency as the “warts-and-all” approach to data disclosure. I thought it was also important that the authors discussed the benefit of using data to disaggregate populations. Through demography classification, marginalized groups could be disaggregated and analyzed to bolster validity to disparities that previously were explained away as anomalies. Overall, this reading gives perspective to various case studies on how institutional and organizational culture can be improved through data driven decisions.

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Park, E. R. (2005). Cultural competence and healthcare disparities: key perspectives and trends. *Health Affairs*, 24 (2), 499-505. This article looks at cultural competence and how can improve access to healthcare and reduce health disparities. It looks at how different stakeholders can use their influence to improve cultural competency. I appreciate how this article looks at the balance of access, quality, and cost of healthcare and how these can all be improved through cultural competence. For each shareholder group discussed, the article talks about how cultural competence would improve the facets of healthcare most prioritized by these groups and what their role can be in expanding and improving cultural competence to better address these priorities. The group that I am most interested in from this article is medical leaders. Improving the cultural competence of the healthcare provider is incredibly important in reducing health disparities and increasing access to quality healthcare.

This article nearly perfectly addresses of how data science can be viewed as a leadership issue in an organization. First, six guiding principles were addressed on how senior leaders can “create organizational muscle in analytics.” I thought the final principle that all analytics should have a seat at the top table was most pertinent for my research. I have seen over and over that it is vital to empower leaders to have the capacity to promote data driven decision and analytics. By including a Chief Data Officer in C-level management, an organization clearly commits to pursuit of analytics and the priority using data analytics to address problems. This all draws back to empowerment and support of leaders in order to build a data-friendly organizational culture. I also thought it was important to address how an analytics leader may meet stiff resistance and how this can be overcome by slowly “weaving analytics into the fabric of the organization.” This article relates and aligns very closely with my research goals and will be thoroughly studied and utilized.


This article talks about a successful employee weight loss and fitness program that was initiated at a hospital. The idea was that the hospital was committed to community health and they wanted their employees to be living examples. This effort was fully supported by the president and CEO of Newark Beth Israel Medical Center showing program success with leadership support. They implemented the hospital’s health program to
others in the community including schools, churches, and a garden to grow fresh vegetables for the community.


This article by Buscemi et al. is a response to an earlier study conducted by Zwarenstein et al. which examined team interactions between doctors and nurses and the benefit of that teamwork for patients. Buscemi et al. take this study further, comparing five additional papers with a stronger emphasis on collaboration amongst teams of health professionals. They determine that such teams can yield more positive patient outcomes and that interprofessional collaboration is most effective when all professionals treat each other’s opinions with respect and communicate well. Because these last two items are not always a given, the authors encourage evaluation and preparation for collaboration before the team is launched. Buscemi et al. point out that very few studies have been done on team science in healthcare and ends on a call to action to create additional tools to facilitate teamwork among health care professionals.


This source provides extremely useful data and numbers to support the claims made by other literature sources. The Economist Intelligence Unit surveyed 607 executives globally to ascertain their opinions on big-data and decision making. This resulted in interesting findings and useful quantitative information. Almost 55% of executives say that big-data management is not viewed strategically in their organization. This is
important to note in the way an organization builds a culture to support big data usage. About 56% of survey respondents related the largest impediment to big-data usage and data driven decision making that data often occurs in silos where they are inaccessible across organizations. Again, we come back to the ideals and benefits of data transparency to support and bolster the trust of an organization in using big-data to drive decisions.


This is a useful article in definitely psychological safety and how the importance of having a safe environment can have on health care professionals and on patient safety as well. This source provides a cross sectional analysis on 2,319 nurses and 386 physicians; they reveal that effective organizational management and leadership strategies will vary across all health care settings; there is not a one size fits all approach.


Lessons from the perspective of a CMO: The first piece of advice is to tell no lies. Chief Medical Officers have many conversations every day, displaying integrity and telling the truth will keep them in their job. Second, relativity matters. Time references used by physicians and administrators are very different, while physicians make many decisions daily, administrative decisions take much longer. Third, be principled but not inflexible, compromises and negotiations are important parts of the CMOs job. Fourth, go to the problem and make your own assessments. Number five, never forget why you are there, CMOs get their position because they have a strong clinical background and they have
“earned” their spot in the administration. Six, leadership delivers ROI, key medical staff members and CMOs need to develop their leadership skills to achieve goals and objectives. Seven, be a life-long learner because you cannot go further than what you know. Eight, always ask for help. Nine, don’t go to a gunfight with a knife. Sometimes, conflict is inevitable and CMOs need to be prepared to handle it.

Clarke, N. (2007) Developing emotional intelligence through workplace learning:


This case study provided an excellent definition for what emotional intelligence is. One of the conclusions that stood out was the idea that emotional abilities are very tacit in nature. This means that it is hard to teach in a traditional sense. One way to potentially facilitate such learning would be to strengthen social structures. This would allow for more opportunity for colleagues to share emotional knowledge, and reflect on emotional topics. The article also covers a topic that we discussed in class of emotional safety. This is vital if emotional learning is to take place in the workplace. By promoting an emotionally safe environment it will allow for staff to feel safe discussing and exploring the emotional aspects of the job. In an organization that focuses on fixing weaknesses it may be intimidating or unsafe to explore such emotions and ideas. Thus promoting emotional safety in a healthcare setting can go a long way toward facilitating the development of emotional intelligence. Although this article cites many great sources the case study itself is a little weak, and would benefit from much more research and larger sample size. However, it offers a lot of valuable information from other sources that make it a valuable inclusion.

Retrieved from:

The Institute for Healthcare Improvement (IHI) is a well-known and well-respected organization in the healthcare industry. IHI discusses a method for leadership engagement in producing a culture of safety, which they call leadership walkrounds™. Leadership walkrounds™ provide an opportunity for leaders to directly interact with frontline staff to discuss important safety topics. During walkrounds™ hospital executives should weekly visit patient units to directly speak with staff members about safety concerns. In addition to walkrounds™, regularly scheduled safety briefings should be conducted. During conversations with executives, any identified issues should be discussed, however the staff member who identified the issue should remain anonymous. This is a strong source of information due to the reputable organization, the input from healthcare leaders throughout the country, and the tangible examples provided.


This article focuses on what makes a respected and effective CMO. Chief Medical Officers are clinicians but they also have training in business, management and leadership. They are able to bridge the gap between management and the clinical side, as well as cost and quality. They must be credible to both sides, they help medical staff
carry out their responsibilities, as well as implement new models that make the clinical and hospital side more successful. CMOs are charged with promoting a safe organization with high-reliability patient care. Lastly, they must have the right personality characteristics to be successful in their position.


This review examines the field of leadership development through three contextual lenses. Specific practices that are reviewed include 360-degree feedback and executive coaching, mentoring and networking, and job assignments and action learning. The authors comment on the important distinction between leader development and leadership development. Use of 360-degree feedback is valuable in both.


I really like this article because it reinforces the need for leadership intervention in health care settings to help motivate change. This call for change includes creating an environment of psychological safety that encourages open reporting, active questioning, and sharing of concern. This will be a helpful article as it also includes a case study on how one hospital’s organizational learning initiative suggests that leaders can empower and support team learning. The case study also identifies potential hazards that when removed, can reduce threat to patient safety. They also identify certain barriers that may cause medical errors in hospitals such as the climate culture does not promote speaking up and correcting human error before patients are harmed.

Flood, J., Minkler, M., Hennessey Lavery, S., Estrada, J., & Falbe, J. (2015). The

Health promotion has been finding success among collaborative models for some time, but the most developed in terms of track-record and other things is the Community Coalition Action Theory (CCAT). This theory helps support the Collective Impact framework, but there has not been significant research conducted over the success of the initiative. Like Collective Impact, CCAT promote collaboration to sustain change across multiple sectors while removing silos and duplication of efforts. On main difference is that CCAT focuses on community member involvement instead of CI model of non-profits. CCAT also focuses on sustainability in regards to PSE change interventions and advocacy. The case study of Tenderloin Healthy Corner Store Coalition, explained how CI was not planned, but the sense of urgency aligned with the framework. As most would expect, they still encountered issues with funding and shifting mindsets, especially business owners. With some tweaking, overall they found that Ci can be used for health education and promotion programs.


The National Institute of Health’s 2010 Field Guide to team science is a blueprint for collaboration between scientific researchers. The guide defines team science as “as a collaborative and often cross-disciplinary approach to scientific inquiry that draws researchers who otherwise work independently or as coinvestigators on smaller-scale projects into collaborative centers and groups.” The guide covers other important topics
such as how to identify a successful team, how to prepare a group for team science, and how to tell when the team science is working. The authors also spend significant time describing how to navigate and leverage networks and systems to be able to work across borders, whether they are spatial or temporal.


The healthcare industry has been resistant to move towards the big data culture that has revolutionized many other industries. This is due to inherent challenges in securing privacy and sharing information across the diverse players. However, this new era is gaining momentum and healthcare stakeholders can remain successful in this new market if they promote these ideals. This paper serves as a call to action by enlisting guiding principles that are applicable to advance the big-data agenda. Again, the ideals of transparency are promoted, in this case they are described as a vital way to create a culture with openness and trust. One initiative I particularly found interesting was, “setting a top-down vision and stimulating creation of bottom up innovation”. In this ideal, leaders are motivated to empower others to lead on big-data initiatives by creating an atmosphere that supports these goals. I also like the idea that leaders should set tiered goals of short, medium and long-term “horizons”. This is a tangible way that a leader can effectively drive big-data initiatives.

A little older than some of the other articles, this review article discusses different techniques that leaders can use to assess their employees and provide feedback to them. The author provides examples of different types of feedback approach to use according to not only corporate culture but also business strategy.


Adaptive leadership helps leadership organizations flourish in changing times. Crisis can be termed an “adaptive challenge”, they demand improvisation and experimentation that have not been needed previously. This is partly due to the leaps we are taking societally and technologically. The most important aspect of adaptive leadership is diagnosing a problem, usually individuals are so wrapped up in fixing the problem that the examination of the complication gets pushed aside. In order to diagnose effectively leaders need to separate themselves from the activity, this provides a different perspective than being in the thick of things and can help afford the correct measures to remedy the situation. First step is diagnosis, second is determining if the issue is ready to be addressed. If a crisis is happening, automatically assume that people are ready for change. Understand where you fall in things, people expect you to act in a certain way and changing things all at once can have unanticipated consequences. Determine how to dispel the information, giving clarity to why it’s important and how it will change things.
Last step is to let the initiative have time to work, change is not easy for a lot of people and it generally requires an interval to get ready and then make the adjustment.


Collective Impact is complex, but transparency can help combat that anticipated barrier. To explain this importance the analogy of birds flocking together was used; every organization involved can benefit and learn together which leads to coordinated responses. Since CI aims to address social issues, there is not a predetermined solution and requires multiple players including government, private, and nonprofit sectors. Creating a common agenda is an essential component of CI but this step does not mean that there is a common solution; it means that everyone has a common understanding of the problem. Complexity is reduced when the collaboration realizes the common goals or possible steps to achieve the common goal. Successful leaders of CI projects are seen to be as curious. They embrace uncertainty, but it never deters them from the end destination.


This is an article that uses responses from 73 healthcare teams to assess the use of group processes and the diver knowledge shared by multi-disciplinary team members to
develop new ideas. Healthcare teams must work together to create and provide suitable

care for the patient and every member of the care team. This requires a level of creativity

and high frequency of complex idea sharing. This can create a level of uncertainty and

interpersonal risk taking for which psychological safety is key to help overcome. This is a

survey based study that showed feelings of psychological safety in teams contributes to

creative performance, specifically through high levels of information and knowledge

sharing.


https://doi.org/10.1108/SL-06-2015-0054

This article does an incredible job of constructing the factors that set leaders apart from

‘strivers’ and ‘strugglers’ in organizational usage of big data and analytic tools for

innovation. First off, it is important to note that according to data from a 2014 survey,

more than 1000 business leaders agreed that using big data and analytics are necessary

for companies to innovate, compete, and take success to the next level. The best practices

of a leader are laid out and recommendations on how to emulate these ideals are enlisted.

A leader promotes data quality and builds a culture of quantitative innovation. This has

been a common theme across literature that leaders leverage their data across and

throughout a wide range of processes. In this sense, leaders work to include analytics into

every role which can be done by promoting training of all levels of employees.

Organization, Different Perceptions; Different Organizations, Different Perceptions.


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This article took a formal and analytical look at what perceptions about data-driven decision making (DDDM) must be in place for effective acceptance and support. The specific focus was on how to promote DDDM in non-for-profit organizations. This was accomplished by examining differences in perception and differences in an organizational culture that either promote or inhibit acceptance. One interesting finding was that different perceptions of DDDM came from differing definitions of data and DDDM. Therefore, it is suggested that one cannot assume or take for granted a common and shared value and definition system and that this will be unique across each organization. Most importantly for my research, the article discussed how to build a culture to support DDDM in an organization. Again, creating a common definition and understanding is important. Additionally, it is important to gain the trust of your organization that the “right data is being used to make the right decisions that support the right outcomes in the right moment.” I believe this article will be a useful framework addition to my discussions regarding organizational culture and acceptance towards DDDM.


This is a more modern study looking at why some medical specialties are seen with more prestige than others. It does not rank order certain specialties like the Schwartzbaum article but does conclude that specialties that needed more time invested for training,
higher rigor of training, having measurable skills, hands-on, and specialized medicine are all characteristics that contribute to prestige in medicine.


This article briefly discusses some aspects of leadership that are common among leaders. It specifically addresses skills that are important for leaders within health care, how to become an effective leader, and how to work with teams. Some of the skills the article highlights are the ability to explore personal and team motives in accomplishing a vision of success, ability to be critical of team processes and outcomes on the path to achieving a goal, and a constant fine tuning of self in response to the needs of the team and its individuals. This article discusses briefly how health care has evolved and its effects on leaders have had to change to keep up. The article has a short description of some of the different leadership styles common to health care and discusses how certain qualities from the different styles are required for different tasks. The article wraps up by mentioning management of change and some of its associated challenges.


In their review of the changes made at the Cleveland Clinic for the Harvard Business School, Porter and Teisberg emphasize the importance of working in teams in the healthcare field. After Delos M. Cosgrove, M.D. became the Clinic’s CEO in October 2004 he instituted many changes, starting with a stronger emphasis on patient care and satisfaction. He also reorganized departments from medical/surgical classifications to teams focused on specific organs or organ systems and developed 106 “care pathways.” While this initiative began as a way to improve the patient experience, it blossomed into
the formation of multidisciplinary care teams who were more cost and time efficient while also delivering a better patient experience. As a result, operating costs for the Clinic went down, patient satisfaction went up, and several other major hospital systems began adopting this model. Not emphasized in this review of the Cleveland Clinic but something I hope to find more information about is the management teams responsible for communicating information between the geographically dispersed hospitals that make up the Cleveland Clinic network.


This article is a compilation of interview data with multiple hospital CEOs. From these interviews, the researchers were able to identify trends in priority setting. Five domains of priority setting were identified including: vision, alignment, relationships, values, and processes. Using information in this article, my intention is to look at how the hospital goals set from the top are able to trickle down to increase morale for the front line staff. Especially exploring how employee safety is ranked in priority setting and its positive or negative effects on staff morale and trust. Hospitals are complex working environments with many layers of priorities. Care and commitment to staff wellness and safety can be transformed into better outcomes for patient care and higher patient satisfaction.


This article analyzes research that has been performed on the relationship between leadership and style in healthcare settings and quality of care. The authors conclude that
leadership styles play an important role in predicting quality measures in the health care setting and in nursing. Transformational leadership is viewed as the most effective management that helps to establish a culture of safety. I think this would be beneficial to include in the end of my chapter as a sort of “solution” to help resolve medical errors in the health care setting.


Offers an insight into the economic burden that medical errors have on our society. Also includes the adverse events that are the most costly in our society.


Traditional hospital wards are not specifically designed as effective clinical microsystems. This articles details how to redesign a hospital ward into a more effective clinical microsystem, which they term and “accountable care unit”. This is done by redesigning (1) unit-based teams, (2) structured interdisciplinary bedside rounds, (3) unit-level performance reporting, and (4) unit-level nurse and physician co-leadership.


The article builds a rationale for why developing physician leaders is important. Today, health care organizations face complex and dynamic environments. We continuously are
introduced to more and more technology, but the effectiveness of those technological
devices is not always clear. It is difficult to manage a professional workforce. And lastly,
a lot of times, goals of different stakeholders within a healthcare organization can be
competing. In addition to the health care organization itself posing a challenging
environment for leaders, the article suggests that physicians, due to the nature of their
training and history, might be “disinclined to collaborate or to follow,” which are
important characteristics of leaders. The article also touches on the fact that advancement
on the medical side is often tied to improving clinical, or academic skills, not leadership
skills and competencies. Lastly, the article discusses that little is being done to improve
physician leadership skills at the time of the study. Therefore, it is important that more
emphasis is being placed on physician leadership training and physician leadership
development, so that they can respond to the many different challenges surrounding
them.

Organizational and Psychological Dynamics That Inhibit System Change. California

The authors analyzed 239 hours of observation and 26 nurses at 9 different hospitals in
order to understand the relationship between organizational learning and process failures.
The hospitals that were selected were referred by nursing governing boards for being
hospitals that managed reputations for nursing excellence. The results revealed that
nurses experienced 5 broad based problems including missing or incorrect information,
missing or broken equipment, waiting for resources, missing or incorrect supplies, and
simultaneous demands of their time.

While Collective Impact is seen to be a new and preferred framework, there are some downfalls as identified from this article. First, some coalitions miss the grassroots perspective which still produces results, but fails to see the view of those affected in the actual community. This is where community based participatory research is more beneficial because the community presents the issue that leads the efforts/change. The other concern with CI is that it might still take a top-down approach which involves the highest in power for organizations involved, instead of those doing the work on coalitions at the community level. While CI does indeed result in changes, the framework does not address the systems or policy changes to make impact sustainable without dispute. On top of all these concerns, CI fails to have research to back up such practices and only has a few case studies to explain the successes of implementing. Also, backbones are assumed to have sources to funding, but many have to apply for the amount to truly carry out the project.


Across physicians, there can be a lot of variation in practice patterns because physicians are usually the ones who have the decision-making power. The lack of guidelines, or simply not adhering to guidelines can lead to higher costs and lower quality care. Physician leaders can help implement more evidence-based practices, but the issue is that
not a lot of organizations devote a lot of resources to physician leadership development. The study in this article looks at the relationship between medical directors’ education and how their supervisors perceived their leadership styles and leadership effectiveness. Directors with a MHA, MPH, or MBA degree, or at least 30 days of in-service training were significantly more likely to have transformational and transactional leadership skills and they were perceived as being more effective. They were also less likely to have laissez-faire leadership skills.


This article guides leaders through data analytics by addressing different facets of implementation and emphasis of data in organizations. First, there is a focus towards how data is collected and that this should be always purpose driven to address specific problems or questions. There is also importance to understand the data-generation process; what is empirically driving your data. This relates back towards awareness and organizational silos. Everything is connected and trends or decisions occur for real world reason. Most importantly in this source is the reiteration that data and analytics should be shared across an organization to create a “disciplined, data-literate company”. Again, we see the common thread that everyone needs to feel empowered to ask questions and answer them and then use that knowledge to drive action using data. This requires openness and willingness to share data and be transparent that not everyone is an expert
on everything. This source will help add some insight on how leaders can use a working knowledge of data science to bolster data friendly culture in their organizations.


This study conducted is one of the few studies I found that finds a need for improved leadership/teamwork in a field of healthcare (emergency medicine, in this case) and implements and analyzes such extensive changes. For this study, 172 interventions were implemented across 42 hospitals as part of the aligning forces for quality programs. Two-thirds (28) of the hospitals from the study saw improvement on one or more metrics.

Many of the truly impressive changes achieved through this study (reduction in patient wait time, rates of patients who left without being seen, unnecessarily long stays, etc.) were improved through changes in leadership and the introduction of teams, even if only for educational and not collaborative purposes.