The Most Effective Leadership Style for the New Landscape of Healthcare

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When leaders in healthcare organizations are asked, "What's the one word that best characterizes the impact of the Affordable Care Act (ACA) on the U.S. healthcare delivery system," most will answer "Change." And when mid- to lower-level employees in those same organizations are asked to describe the one thing they dislike or fear most about the ACA, they, too, say "Change." As if they are not already challenged by implementing the ACA, today's healthcare leaders are faced with the challenge of overcoming staff's resistance to change. Furthermore, too many leaders do not understand just how change resistant many of their employees are, although these employees are the very people who will be charged with implementing the tremendous changes the ACA will require.

Some leaders have tried to persuade their staff that surviving healthcare reform is the latest burning platform threatening the prosperity and security of their organizations. But they generally find that change management challenges, such as ACA implementation, do not come with a one-size-fits-all solution or that their staff do not view the ACA as "their problem."

WHAT'S A LEADER TO DO?

Changes in every aspect of healthcare delivery—from reimbursement to quality control to elimination of wasteful and inefficient practices—are having a tremendous impact on the U.S. healthcare delivery system, with many more changes to come. But the impact of all of these changes on the people who will be implementing them may get overlooked in all the haste for compliance. Add to the mix the initial rocky launch of the reform law and uncertainty regarding its sustainability, and the suggestion that a profound shift is ahead could easily be regarded as an understatement.

People at every level of provider organizations are stressed, confused, and bewildered by the blizzard of changes occurring, and many—perhaps most—are ill suited to absorb these changes, and the organizational dysfunction that will likely accompany them, easily or gracefully. The result is a growing insecurity, anxiety, and outright resistance among these workers, leading to a demoralized workforce and compromised compliance.

Healthcare leaders must understand the value and critical importance of delivering an *emotionally and behaviorally intelligent style of leadership* to ensure that their staff feel empowered and supported as they work through and implement some of the

greatest changes in the delivery of healthcare in this country since the introduction of Medicare. For many leaders, maintaining the status quo in their leadership style simply will not get the job done.

WHY EMOTIONALLY AND BEHAVIORALLY INTELLIGENT LEADERSHIP?

In 2003, the *Harvard Business Review* examined data supporting emotional intelligence. In that article, it stated that:

> In hard times, the soft stuff goes away. But emotional intelligence, it turns out, isn't so soft. If emotional obliviousness jeopardizes your ability to perform, fend off aggressors or be compassionate in a crisis, no amount of attention to the bottom line will protect your career. Emotional intelligence isn't a luxury you can dispense with in tough times. It's a basic tool that, deployed with finesse, is the key to professional success.

While some leaders may deem the subject of emotional intelligence to be too "squishy" for any practical value in leading people, enlightened leaders in business, industry, and even the military are finding strong value and return on investment in not just understanding emotional intelligence but incorporating it into their leadership style.

A study by the Center for Creative Leadership (2010) reported that the need to improve skills in leading employees and work teams was a top priority among senior healthcare leaders. However, those same leaders indicated that such skills—including self-awareness—were rated the *lowest* of those regularly demonstrated by leaders in healthcare.

In his book *Primal Leadership*, Daniel Goleman (2002, p. 8) refers to a concept he calls "leadership contagion." He states that "people take their emotional cues from the top. Even when the boss isn't highly visible—for example, the CEO who works behind closed doors on an upper floor—his attitude affects the moods of his direct reports, and a domino effect ripples throughout the organization's emotional climate." Imagine a leader who feels (understandably) overwhelmed by the implications of the ACA on his organization and unintentionally projects his angst onto his direct reports. Those direct reports then project that angst onto the people they supervise, and the entire organization is affected.

Of course, leadership contagion can also work in a positive manner. And that is where emotionally and behaviorally intelligent leadership can have a strong impact on an organization, starting at the top.

WHAT IS EMOTIONAL AND BEHAVIORAL INTELLIGENCE?

Because emotion is an internal process and cannot be seen by others (other than in the behaviors that those emotions generate), leaders must move from *emotional* to *behavioral* intelligence in order to realize the desired effects. And this is where the

leadership game is won or lost: It is not enough for a leader simply to understand the effect of emotions on his style; he must move from *internal* (and unseen) *emotion* to *external behavior*—what people see, hear, and respond to.

Self-Awareness

Emotional and behavioral intelligence (EQ/BQ) starts with self-awareness, or an objective understanding of one's emotional and behavioral wiring. Self-awareness requires recognition and acceptance of the effect that an individual's behavior has on others so that the individual can then mitigate those undesired effects.

Social Awareness

But self-awareness is only the beginning. The EQ/BQ leader must also be *socially aware*. That is, she must understand the behavioral attributes and needs of the people she leads. In today's change-oriented healthcare environment, it is critical that healthcare leaders understand (be socially aware of) the behavioral makeup of their organization's employees. One way by which to accomplish this critical task is to use a strongly validated 4-dimensional psychometric instrument. Such tools, when utilized properly, can accurately identify which individuals may be more affected by change than others. In fact, anecdotal evidence gathered by us over the past 12 years working with provider organizations of all sizes indicates that the preponderance of mid- to lower-level hospital and health system employees can be characterized as strongly change resistant.

These are often individuals who

- are sensitive to needs of other people (helpers), which is why they chose a career in healthcare;
- prefer to follow rather than lead;
- can be very uncomfortable with change, especially when pushed to conform or adapt quickly;
- often mask their true feelings to avoid conflict or confrontation;
- prefer a structured, organized, and predictable work environment; and
- want to do things "right" and require a suitable amount of time to do so.

The leader who implements the changes driven by the ACA without taking into consideration the behavioral needs of his employees will likely encounter resistance, confusion, and a demoralized workforce (Lazarus, 2013). Such individuals can needlessly complicate or hinder these efforts. By embracing an EQ/BQ approach to leadership, executives can mitigate many of the difficulties associated with change and foster an organizational culture of support, empathy, and shared success. When leaders drive emotions and behaviors positively, they bring out the best in the people who follow them.

A CASE STUDY OF EQ/BQ IN HEALTHCARE LEADERSHIP

To test the effectiveness of EQ/BQ training on the ability of leaders to address the challenges of healthcare reform, a program was created for a small management team at Loma Linda (California) University Health (LLUH). This team was composed of departmental leaders, all of whom will soon need to accept and initiate a broad range of changes that will affect every aspect of their operations, from actuarial modeling and forecasting for their health plan to integrating the focus on wellness into the care delivery models to the point of flipping the emphasis and resource allocations. To stay ahead of this wave of change, Chief Financial Officer Kevin Lang engaged a consulting firm to develop a program that included completion of behavioral assessments of leaders and their subordinates. In all, approximately 50 individuals were assessed across the multiple departments in LLUH, who then assembled to review the results, discuss implications, and plan new strategies for moving forward in the new landscape of reform.

"This was an eye opener," said Norma Oros, technical director of Information Services, expressing an emotion echoed by several other participants in the program. "I wish I had this training in my 20s," she added. Oros continued, "Until you understand EQ/BQ, you need to be careful to avoid causing frustration among others [whom] you are trying to motivate. I've come to realize the problem is not with them, it's with me." Norma's arrival to self-awareness was tantamount to, in her words, "being hit on the side of the head with a 2 × 4."

The team at LLUH went deeper into the assessment's findings to evaluate the makeup of subordinates on their teams. Some teams exhibited diverse behavioral styles among their members; some had an extreme concentration of change resistors. Leaders of these teams discussed the new approaches they would take in motivating their staff. "Even if you understood these concepts without knowing what [they are] called, you still need to understand what people need from you as a leader," said Richard Bridges, a supervisor of the IS Service Desk. "And some of those people just need a little more time to absorb the impact of changes we are asking them to make." With this observation, Bridges advanced to an understanding of social awareness.

CONCLUSION

To be sure, any competent leader will admit that the process of leadership development, like continuous improvement, does not end. Leaders in today's healthcare environment need to draw on all the tools available to them to mobilize their human resources and lead them into the new environment. This is not a time to take a one-size-fits-all approach to management. This is a time to apply the concepts of EQ/BQ—arguably a leader's most valuable tool set with which to overcome the most profound challenge of our times.

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