LEADERSHIP STYLES: A CASE OF TWO HOSPITALS IN THE US

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ABSTRACT

Leadership in hospitals is important to explore because of its impact on employee performance, job satisfaction, teamwork, and patient care. This paper will focus on the importance of leadership styles utilized by hospital leaders at the administrative and physician level. The study uses the qualitative case study approach to show which styles can be utilized for effective leadership. The discussion will be supported by the analysis of two healthcare facilities and present the implications for physicians at these two facilities. In addition, conclusion and directions for future research is also presented.

Keywords: Healthcare management, Participative leadership style, authoritative leadership style, Theory X and Theory Y

INTRODUCTION

In the US, the health industry represents 15 percent of the nation's gross domestic product and per capita spending of nearly $5,000 [6]. The health industry is ranked thirty-seventh in the world for overall performance by the World Health organization and is not doing particularly well [6]. The role of leadership becomes important because leadership impacts employee commitment, motivation, and performance, as well as patient care. There are many leaders in the hospital setting which include executives/administrators, (e.g. CEO's), physicians, as well as nurse managers. As discussed in literature, the survival potential of hospitals depends on leadership [3]. Also, the survival potential of hospital leaders depends on application of various management concepts and work experience [3].

Organizational performance is directly associated with effective leadership in hospitals [32]. In addition, effective leadership has been identified as a means to achieve a competitive advantage [27] [28] [7]. In today's uncertain environment, hospital leaders are faced with many challenges such as high employee turnover, increased competition from other hospitals, technological advances, as well as a shift in patient expectations [5] [6] . Given such challenges, it is important for the hospital leaders to utilize an effective leadership style at all levels. This is because leadership styles are associated with increased motivation, reduced turnover, employee retention, job satisfaction, and increased performance [7] [41] [19] [34] [20].

This paper will focus on leadership styles utilized in a hospital setting at the administrative and physician level and discuss which style is most effective to support the hospital's values, mission, and goals. The specific styles to be discussed are the participative and autocratic leadership styles utilized by hospital administrators, and the Theory X versus Theory Y leadership style utilized by physicians. This discussion will be supported by analyzing two cases. Specific examples of the leadership styles utilized during the organizational transformations that take place in healthcare organizations for two healthcare facilities in the US will be discussed. The paper will also present implications for the physicians at the two healthcare facilities. This paper will close with concluding remarks and directions for future research.

THE IMPORTANCE OF LEADERSHIP IN HOSPITALS

Leadership in hospitals is important for two reasons. First, leadership has an impact on employee commitment and dedication in supporting a hospital's values, mission, and vision. Secondly, this commitment and dedication is related to both hospital performance and employee

performance which impacts the quality of care that patients receive. As Gunderman [12] states, the quality of leaders will have an impact on patient care and the way that medicine is practiced in the future. Poor leadership, or mediocre leadership, will have a negative impact on the performance of hospitals as well as the quality of care that patients receive. It is effective leadership that will enable hospitals to successfully convey their values, meet their missions, and obtain their visions and goals.

As the future of medicine is contemplated, Gunderman [12] states that one of the most important investments that healthcare organizations can make is improving the knowledge and skills of leaders in order to prepare for the opportunities and challenges that lie ahead. This is further supported by McAlearney [22]. This investment not only includes knowledge of current operations and the ability to adapt to changes in the healthcare environment, but the knowledge and skills to invest in employees who will add value to the hospital and keep job satisfaction at a high level in order to keep employees motivated while improving job performance, turnover rates, and patient care. Therefore, medicine, nursing, and the other health professions need to invest more in the development and knowledge of their leaders [4]. As discussed previously, healthcare in the U.S. is not doing particularly well, and there is a moral responsibility to ensure that healthcare is moving in the right direction [6] [12]. It is imperative that hospital leaders realize that patients are not just customers, and physicians, nurses, and other health professionals are not just employees of healthcare organizations. Patients and physicians are not just serving hospitals and healthcare systems. Instead, hospitals and healthcare systems are what enable these health professionals to provide patients and communities the best possible care. Hospital leaders need to acknowledge what is the most important about the work that they do every day, including finding ways to assist all healthcare employees in improving their performance [12].

Hospitals spend a significant amount of money investing in infrastructure, renovating facilities for improvements to healthcare, and purchasing new equipment, which is a necessity in order to keep up with the changing healthcare environment. However, what is often overlooked is the little time or effort that is spent developing an understanding of the people who work in hospitals, as it is the people that work in them that make a difference [8]. Healthcare organizations can only be as good as the people that work within them. Not only do healthcare leaders need to understand the nature of their organization, but the important roles that physicians, nurses, technologists, etc. play. If leaders do not understand the people that work for them, performance will suffer, which can have a negative impact both financially as well as on patient care [12] [10]. Key personnel are already in short supply, and if organizations do not make an effort to understand those who work within them, retaining employees, as well as recruiting new staff, will deem to be disastrous [16] [12]. When work performance suffers, this not only compromises the hospital's financial performance, but lives are endangered as well. In addition, morale and commitment to the organization will suffer because crucial needs and aspirations of employees are not being acknowledged [12].

Gunderman [12] concludes that the failure of leaders to understand human motivation, commitment, and dedication negatively impacts employee and organizational performance. To improve employee dedication, job satisfaction, and performance, as well as organizational performance, leaders need to examine the leadership within their organizations based on current leadership theories (participative vs. authoritative, Theory X vs. Theory Y, etc.) as they relate to professional motivation and employee performance. When it comes to effective leadership, as previously discussed by Kirkpatrick and Locke [18] and Belasen [2], motivation, communication, and collaboration between departments, employees, etc. will play a significant

role [2]. There are key questions that leaders need to ponder regarding employee performance and motivation [31]. Why do some people work harder than others? Are there steps leaders can take to enhance employee motivation? What are the most effective motivators - positive feedback, monetary rewards, and praise, or threats of termination, demotion, or a reduction in pay? Can worker performance be improved through dominance and control, or is it better to increase autonomy and encourage empowerment? Leaders cannot afford to neglect asking these questions [12].

It is apparent that the performance of healthcare organizations is a product of several factors. The first factor is the effectiveness of leaders within the healthcare organization, to include hospital administrators, physicians, and nurses in supporting staff as well as conveying the organization's values, mission, and culture. Secondly, it is the dedication, motivation, commitment, and performance of employees. Lastly, it is also the form in which the organization is structured. Even when organizations are made up of the very best people and have a high investment in human capital, they may perform poorly if they are organized in ways that create conflict and prevent employees from working together productively [12].

LEADERSHIP STYLES IN HOSPITALS

Hospital Administrators and the Participative vs. Authoritative Leadership Style

According to the research conducted by the Center for Creative Leadership [1], healthcare leaders are aware of the complex and changing environment in the healthcare industry, and as individuals they need to adapt to this turbulent environment. What is not addressed by organizations, and seems to be low on the priority list, is whether or not they have the leadership talent that is needed to set the organization's direction and alignment, and gain

employee and partner commitment as leaders seek to meet the hospital's mission in providing safe, high quality patient care [1].

According to Swedish [33], healthcare administrators must continually adapt to meet the demands of the changing healthcare environment. As the nation's healthcare grows to be more complex given the advances in technology and medicine, response to these demands are required by hospital and health systems leaders. Hospital CEO's must manage the new and diverse challenges in the healthcare industry [40]. They must also acknowledge that the communities that they serve depend on hospitals to generate new value and invest more resources (e.g. human capital) to advance the state of healthcare. Hospital administration must bring together physicians, nurses, and supporting staff whose talent and energy drive a sustainable health system through the hospital organization's mission and values [30]. Given these demands and challenges, as well as the need to gain support and commitment from hospital staff, and to support the organization's culture, mission, and values, it is important to determine the best leadership style to be utilized – participative or authoritative leadership style.

As previously discussed, the research conducted by House and Mitchell [15] on the participative and authoritative leadership styles shows that these two styles have different consequences on teamwork [29]. The participative leadership style focuses on team support, autonomy, motivation, commitment, and team member development, job satisfaction morale, employee performance, and group cohesion. The authoritative style of leadership focuses on controlling team members to get them to behave as the managers want them to behave. This style embraces fear and intimidation to motivate employees, and promotes isolation. Unlike the participative leadership style which increases productivity, performance, morale, and group

cohesion, the authoritative leadership style increases isolation and dictatorship which has a negative impact on team member performance [15].

The research by House and Mitchell [15] coincides with the research conducted by Evans [9], which focuses on the path-goal theory of leadership. Evans [9] found that the role of the supervisor as well as environment have an impact on the motivational behaviors of employees, the attainment goals, and job satisfaction. According to Evans [9], two factors that have this impact are the consideration of employees by the supervisor and the initiation of structure. Consideration relates to supervisor behaviors which include trust in employees, respect, open communication, and the concern for the needs of employees and their involvement in decision making processes [9]. These behaviors mirror that of the participative leadership style as well as McGregor's Theory Y. Initiation of structure relates to supervisor behaviors such as the definition of employee roles, task managing, and control over processes to obtain organizational goals [9]. These behaviors mirror that of the authoritative leadership style, as well as McGregor's Theory X. Evans' [9] path-goal theory emphasizes that supervisors are what set the path for employees to obtain their goals. If employees feel that the supervisor hinders their path to goal obtainment (e.g. authoritative leadership style), this will negatively impact employee motivation as well as job satisfaction. Thus, when employees feel supported and acknowledged by their supervisor (e.g. participative leadership style), this increases employee motivation in obtaining their goals, leading to increased job satisfaction [9]. The objective of this paper is to explore which leadership style is the most effective. The paper uses a case study approach to investigate this research question.

RESEARCH METHODOLOGY

Given that the study is exploratory in nature, this article uses a qualitative case study approach [21] [17]. This methodology is used for the purpose of this article because it maintains deep connections to core values and intentions and is ''particularistic, descriptive and heuristic'' [26]. The case study approach represents a detailed description of a phenomenon and understanding of various views from the researchers. Specifically, as pointed out by Y in [42], in this approach the researcher is responsible for developing theoretical concepts from the practical instances found in a case study. Using this approach the researcher focuses on gaining an in depth understanding of a particular phenomenon ([42]. As indicated by Y in [42] the primary sources of information for both case studies was based on document collection by the researcher. A variety of sources were used to collect information on the cases to further enhance the validity of the information [42].

Case Study 1: Hospital Sisters Health System (HSHS)

One of the ways to answer the question of what is the most effective leadership style is to discuss the transformational change in processes and leadership that took place at the Hospital Sisters Health System (HSHS) headquartered in Springfield Illinois. HSHS realized that leadership is essential when a health organization seeks to transform itself. The leadership team at HSHS engaged physicians as partners and participants in the change that was needed in order to transform their organization to an innovative method of service called Care Integration. This transformation not only needed the support from physicians, but the staff as a whole [24].

HSHS is a multi-institutional healthcare system that sponsors thirteen hospitals in twelve communities across Illinois and Wisconsin and an integrated physician network. Total employees in the healthcare system are 13,929, with 2,001 physicians. Their core values and

mission include creating a lifetime of value for patients, working collaboratively and creatively with physician partners who share in the passion of improving healthcare, maintaining a culture of quality by emphasizing patient care and tracking this quality of care, creating a new model of healthcare delivery, creating a superior work environment, and a commitment to integration, efficiency, and preventative health care [14].

Stephanie McCutcheon [24] FACHE, president and chief executive officer of HSHS, stated that the leadership of HSHS realized that challenging times were ahead, and while their hospital was running effectively at that time, they realized the need for transformation in order to keep up with changes in the healthcare industry. McCutcheon [24], states that understanding leadership today is more than having a vision, and the hospital felt that it was time to assess their current situation and plan strategically for the future. Early in the process of their transformation, the leaders decided on three guiding principles: 1) the system would focus on improving the patient experience; 2) the system would support their physicians and other clinicians; and 3) they would create a new system of care that could be replicated among all of their hospitals. Planned changes also included becoming a leaner organization, reducing waste and redundancy while designing care that is cost effective, of the highest quality, and focuses on the patient [24].

McCutcheson [24] conveyed that the hospital system's most important assets are their legacy and mission, as well as their people, which, in addition to physicians are the clinicians, managers, and support colleagues. The Sister's legacy and mission, which stretches back to 1875, emphasizes healing and caring, and they knew that the transformation would assist them in continuing this legacy, and they actually felt a sense of urgency to this mission. The goal was to create an environment in which the mission of the Hospital Sisters could be demonstrated in the way they cared for patients, their families, and communities. In addition, the hospital's leaders

represent all of the demographic groups in the area, including different age groups, genders, and cultures. The HSHS team purposefully set out to involve all of their leaders in the progression to the future via this transformation, and it is the mission and values of the Hospital Sisters that are the glue that unites people in the organization [24].

The participative leadership style was utilized by the leaders of HSHS to ensure that that they had the support to make their transformation a success by inviting physicians and other staff to attend the meeting and offer their views and opinions. To ensure the transformation's success, the hospital knew that they that they must get the physicians involved. A meeting was scheduled to discuss the future of the hospital, and eighteen physician leaders representing every community served by the system were invited to attend. Included were primary care physicians and sub-specialty and specialty physicians, many with university affiliations. Those present at the meeting recognized the need to embark on the journey of transformation and discussed plans to reform the traditional hospital/physician relationships. What was learned from these discussions was that the hospital was now a moving platform, as change is inevitable, ongoing, and part of daily leadership and management. Formations of leaders with the capacity to engage in constant adaptation, change, and transformation, means that learning will always be a part of this moving platform [24].

To manage this moving platform, HSHS noted that leaders needed to make talent management a high priority. Identifying the right people to support the Care Integration method of care during the varying stages of development was one way to ensure that the talent and knowledge that abounds within HSHS is used to the fullest. At certain points during the transformation process, certain skills and competencies were essential. Initially, the visionary, conceptual thinkers led the initiative, then leaders such as healthcare organizational leaders,

physicians, and individuals from governance, became critical to brainstorming and reaching a consensus of the Care Integration mission that would fit all HSHS communities.

The mission of HSHS is an important part of the moving platform and HSHS instills this mission into their leaders through Mission Integration leadership development sessions. The sessions teach leaders how to be exceptional leaders in healthcare delivery. Another important characteristic, in addition to HSHS's mission and legacy, is that leaders care about their employees. The hospital discarded their hierarchical, authoritative structure in favor of a more broadened view of leadership. Leaders accepted the fact that outcomes must be conveyed, supported, and clear to all employees. No longer is it efficient to enjoy one's leadership position, as in today's world everyone is accountable. This new participative leadership style recognizes and builds the talents and skills of both leaders and employees, involving all of them in the decision making which provides space for different choices in the decision making process [24]. During the transformation to the Care Integration method of service, a number of factors were identified as essential, one of them being the principles of relationships among all participants in identifying and clarifying shared goals, needs, and expectations. Another one being a baseline quality metrics to evaluate the effectiveness of services which includes satisfaction surveys completed by employees, nurses, physicians, patients, and their families which will provide important data to evaluate services related to the Care Integration method of care [24].

Case Study 2: Unified Ministry Model at Trinity Health

Another example of the utilization of the participative leadership style by hospital administrators is implementation of The Unified Ministry Model at Trinity Health, located in Novi, Michigan [33]. Trinity Health, one of the largest Catholic healthcare systems in the United States, bases their ministry on healing and hope and draws on a rich and compassionate history

of care extending beyond one-hundred and forty years. They serve communities through a network of 47 acute care hospitals, 401 outpatient facilities, 31 long term care facilities, and numerous home health offices and hospice programs in 10 states [39]. Just as HSHS, Trinity Health care aims to be transformational in their operations as well as their ministry, as they adhere to and exceed national performance benchmarks. The organization's culture and operating model are focused solely on how to create a superior patient care experience supported by operational and service excellence [39].

Just like the implementation of the Care Integration method of care at HSHS, internal support and networking with physicians and staff was utilized to transform the organization and implement the Unified Enterprise Ministry Model. The Unified Enterprise Ministry model was implemented by Trinity Health in response to the challenging and changing times in the healthcare industry, and to transform the organization into superior provider of care. The Unified Enterprise Ministry specifically addresses the unified desire to provide high quality healthcare within an affordable health structure, enterprising in their willingness to accept business risk to provide patients the best patient care experience, and ministering to everyone, especially those who are less fortunate and more vulnerable [38]. This model also reflects their culture which is a people-focused philosophy where associates rely on one another to deliver great care to patients through body, mind and spirit. This spirit of the organization arises from a 160 year legacy of Catholic congregations meeting the health needs of their time and place, and lives today in every associate, physician, nurse, volunteer, trustee, and partner dedicated to sustaining their healing ministry [38]. Trinity Health also builds on the collective strengths of its human resources toward the creation of a superior patient care experience, especially for those seeking affordable healthcare services [33].

Trinity Health provides guiding behaviors that set the culture of the organization, and also sets the expectations of employee behavior in the day-to-day workplace. According to Trinity Health's Guiding Behaviors, emphasis is placed on building collaborative relationships in order to engage in the sharing of knowledge and improving processes to ensure that patients are receiving the highest quality of care. Additional expectations of employees include open, honest, and respectful communication, accountability as well as trust between colleagues (e.g. physicians, nurses, support staff, etc.) [36]. These guiding behaviors also support the culture of the hospital which Trinity Health specifically refers to as Organizational Integrity. Their Organizational Integrity Program emphasizes not only the compliance with laws and regulations, but the commitment of all of its employees to act with integrity when making ethical decisions, and behaving and acting according to the hospital's mission and values [37].

In order to convey this culture and implement the Unified Enterprise Ministry model, the organization partnered with physicians and staff to assure quality outcomes as well as cost effective, compassionate, and accessible care, in which the participative leadership style is also utilized. In order to implement this model, Trinity required the support and knowledge of hospital staff, encouraging employee decision making in addition to ensuring that the organization's mission and values were conveyed throughout the organization and that employees would perform to these standards. It is Trinity Health's founding principles that establish the culture of the organization, which are conveyed by hospital administration to all employees to ensure that the hospital fosters the commitment of employees to its mission and goals, in addition to providing superior patient care [33]. These principles include employee commitment to the integration, assessment, and development of the hospital's mission in all activities, decisions, and strategies [35].

DISCUSSION

In sum, both SHSH and Trinity Health's transformations were supported using the participative leadership style [9]. Both healthcare organizations utilized the support and feedback of physicians as well as staff to make these transformations successful. If these organizations were to have utilized the authoritative leadership style, where knowledge and opinions were not shared, and employees were assumed to be of no value to the organization and should just adhere to directives, the transformations may not have been as successful. As with the participative leadership style, each organization's administration emphasized the importance of their mission, goals, and vision to employees and how they played a significant role in the transformation. Emphasis was placed on the importance of employees and the value that they add to the organization in terms of the completion of goals detailed in the transformation as well as performing in relation to each organization's missions and values.

Given the difference between the participative and authoritative leadership styles, one can conclude that the participative leadership style is best style to utilize to improve processes within the organization as well as increase employee performance and the quality and safety of care for patients. The above research and examples covered the importance of leadership at the administrative level and how leadership can impact an organization's goals. As previously discussed, using the participative leadership style, administrators partnered with staff as well as physicians to increase organizational and employee performance through the communication and support of the organization's mission and culture. While administrators communicate with physicians, it is up to the physicians to then communicate with nursing staff, clinical staff, as well as support staff regarding the values and goals of the organization and motivate employees to follow this vision and mission. It is important to decide what leadership style would be

effective, the Theory X or Theory Y leadership approach, when it comes to communication by physicians to effectively lead staff and encourage and motivate them to increase their performance and commitment, in support of the hospitals mission and vision

Implications for the Physicians at the Two Healthcare Facilities

Due to the changing healthcare environment, integrated healthcare delivery systems are being implemented, altering the way physicians relate to healthcare delivery. As a result, the role of the physician is undergoing a significant adjustment. Trained to be individual experts and individual decision makers, physicians now find themselves engaging in group problem solving and collaborative decision making. Physicians, who are used to being "captain of the ship", now must employ group leadership skills to inspire a shared vision, facilitate consensus, and ease the transition into the integrated health delivery system [11]. Successful physicians have many characteristics in common with their staff such as the shared value of the patient care process, the healing mission of medicine, and the view that the whole organization of care giving must work toward a common vision with common goals, in order to make a substantial effect on the health of people [13]. There is now a significant emphasis placed on physician leadership in terms of supporting and conveying the mission and goals of the healthcare institution, as well as exchanging information with employees and increasing their motivation and commitment given the changing and competitive healthcare environment. Physicians as leaders set an example for the rest of the staff, and the leadership style that physicians adopt will have an impact on both the level of support needed from all employees to meet the goals and mission of the organization, and employee motivation and performance. Which style would be better to implement to obtain these goals? The Theory X or the Theory Y Approach? According to Gunderman [12], the answer is Theory Y.

As previously discussed, McGregor's Theory X, or the rationalistic approach, is a leadership style that utilizes bureaucratic control, associated with the styles utilized by managers. The Theory Y, or humanistic approach, is based on human needs, associated with the styles utilized by leaders. Thus, Theory X and Theory Y is the management versus leadership view [2]. McGregor [25] argues that these opposite approaches to leadership are based on the negative and positive views of human nature, with the negative being Theory X and the positive being Theory Y. Leaders who favor Theory X prefer to work in organizations with a high degree of centralized control and tend to make negative assumptions about human nature (e.g. workers are lazy, have no ambition, need to be controlled). Leaders who favor Theory Y have much more positive assumptions about human nature (e.g. workers should be trusted and respected), and create work environments that match the needs and aspiration of workers with those of the organization [12].

According to Gunderman [12], Theory Y provides the best model of leadership for physicians in a healthcare organization. He states that since Theory Y relates to human needs, which matches the humanistic approach utilized by the healthcare industry, physicians can utilize this style not only with patients, but employees as well.

According to McClelland [23], the need for achievement is predominant in most individuals [12]. Physician leaders should acknowledge that most of their colleagues feel a relatively high need for achievement, and that it is important to understand and tend to these needs [12]. Physicians must not only motivate staff by providing them with autonomy to make the best decisions, but challenge them in their work and provide feedback on their performance in order for the staff to assess whether or not they are achieving their objectives and performing in support of the organization's mission and vision [12]. One of the important components of effective leadership for physicians is communication, whether it is regarding a challenge,

learning opportunity, or to share knowledge. Based on the Theory Y approach, communication is encouraged and welcomed by leaders, as employees are perceived as adding value to the organization and should play a role in its successes as well as its failures. However, if and when employees feel that they cannot share challenges or knowledge out of fear or retribution (associated with Theory X), then this can have a negative impact on the healthcare organization in ways such as the failure of team work and cohesion, or the compromised safety of patients.

Gunderman [12] provides an excellent example. Over a period of several months, a hospital's department lost two of its most valuable nurses. After an investigation was conducted, the hospital's chairman discovered that the reason the two nurses quit is due to a new faculty member that just joined the team. The two nurses felt that this team member was too difficult to work with. The new team member was counseled and staff relations began to improve. However, it took over a year to fill the two vacancies and clinical operations suffered. The reason these nurses did not voice their concerns is because they felt that their complaints would be ignored or that expressing them would create animosity towards them as well as a negative working environment [12]. When staff, physicians, nurses, or medical organizations fail in the effort to communicate, staff will not perform to their best potential. This failure can undermine the mission and goals of the hospital and their departments, including providing the best possible services and care for patients ([12]. Employees need to feel that mistakes, staff challenges, changes in processes, successes, improvements, and even failures, can be communicated to their leader and used as a learning tool to improve performance and overcome challenges.

In this example, hypothetically, if it was a Theory X leader that the employees refused to communicate with, the consequences could be disastrous for both the employee and the organization. As previously discussed, leaders who use the Theory X approach to leadership

instill fear and intimidate employees due to the need for control. If an employee deems a leader to be unapproachable, as in the example above, then mistakes can be made such as the wrong dose of medication, or a missed dose of medication, for a patient. These instances also apply if there is infighting among the staff. If staff isn't cohesive or working together as a team, then motivation will decrease and so will performance, with the result of patient care or lives being put at risk. This is why effective leadership on hospital floors, departments, etc. is critical in not only carrying out the mission and goals of the organization, but owning the values of the organization which focuses on the health, welfare, and well being of patients.

Effective healthcare leaders will use their organization's mission and values, as well as their human resources, to deliver services and ensure patient care. Interpersonal skills play a significant role in the Theory X versus Theory Y leadership style as both theories are dependent on the perceptions and beliefs held by the leader. Leaders need to be impartial in their thinking processes when working with both staff and patients. This is why Theory Y leadership works best in the healthcare environment. There are so many diverse individuals and patients in hospitals. There is no place for judgment in the healthcare environment and physicians and nursing staff need to work together, share information, and use the hospital's culture as guide to value patients and provide them with the highest quality of care. This is also why it is so important to continually emphasize the values, mission, and goals of the organization to leaders within the hospital (not at just the administrative level), as well as staff as this has an influence on the way employees in the healthcare industry think, act, and perform individually as well as in teams.

CONCLUSION AND FUTURE RESEARCH

Given that hospitals are now competing in a changing and turbulent environment, not only is financial performance for healthcare organizations of the utmost importance, but so is its reputation for the quality of care which can increase patient visits. By utilizing the participative leadership style, hospital administrators can create partnerships with physicians and share in decision making as well as knowledge in order to increase the performance of the organization, employees, and improve patient care. The authoritative leadership style would not work in cultivating the hospitals culture as you cannot dictate beliefs and values. They are instilled through the organization's environment as well as its people. It is the organization's culture, and its leadership, that can improve employee commitment, motivation, and performance which results in high quality care.

The Hospital Sisters Health System and Trinity Health's transformations provide an example of the successful utilization of the participative leadership style. These healthcare organizations sought the knowledge of physicians, as well as staff, and worked with them collaboratively to improve the quality of healthcare and create a superior work environment for employees, which increases motivation and performance as well as patient care. Both organizations were careful to detail what goals their transformations were to accomplish, how this goal was going to be met, and encouraged employee feedback and welcomed support. The leadership of hospital administrators is not the only leadership that is needed, as physicians too, are leaders as they work with multiple departments, units, etc. within the hospital.

The leadership of physicians is just as important as they also have an impact on organizational culture, hospital goals, as well as employee performance. Just like administrators, physicians as leaders set an example for the rest of the staff, and physicians are now finding

themselves in leadership positions that relate to healthcare delivery. Based on the above research, as well as the examples from SHSH and Trinity Health, Theory Y deems to be the best leadership style physicians should utilize as it relates to human needs. These needs include the needs of the staff (e.g. support) as well as the needs of patients. Physicians can motivate staff by acknowledging achievements that are made from the sharing of information. As physicians welcome employee feedback, contributions, and allow autonomy in the completion of objectives, employees have a sense of fulfillment, leading to increased motivation which in turn increases performance and the quality of care. Thus, employee beliefs, values, and their part in the mission and goals of the organization are positively impacted as physicians utilize the Theory Y approach to leadership.

One of the major limitations of this study is that it is focused in a western context. It will be interesting to look at the application of leadership styles in contexts of other cultures. Future research could look at comparing the transition of hospitals in other cultural contexts and this would be particularly meaningful for further generalization. Future studies could also look to investigate how follower learning capabilities impact leader behavior in a case analysis approach. Given today's uncertainty and added pressures of financial results, one size of leadership cannot fit all situations. Leaders must continually learn to adapt leadership styles to counter variety of situations. While the analysis of the two case studies revealed only certain specific leadership styles it is important to note that leaders demonstrate a variety of behaviors based upon different situations. Future research can look at leadership styles such as situational, transactional leadership, transformational leadership, servant leadership and charismatic leadership and their impact on the administrators and staff relationships.

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