Transformational Leadership Plan for the Hospital Information System

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Abstract—Researches show that the management gaps plays a crucial role in weakness of all health related procedures for many years specially in Hospital Information System. Transformational leadership in hospitals environments and such that because of its special sensitivity is vital and primary. This paper presents the core values and enabling technologies for developing a new transformational leadership plan in a hospital environment. Transformational leadership plan for hospital environment is based on the IT integrated system and aims to change the environment to comfortable reliable situation as the main objective. The transformational leadership plan, can minimize the cost and overheads and cause the stabilities economics if accomplish corrective and competence.

Keywords—Management Information System, Hospital Information System, Transformational Leadership Plan, Leadership, Management, Human Resources, Hospital Leadership

I. INTRODUCTION

This paper presents how we will develop a new transformational plan in a hospital environment. Transformational leadership plan for hospital environment aims to change the environment to comfortable reliable situation as the main objective. The plan will focus on the hospital environment because of its vital role in society.

Transformational leadership, defined as a set of practices employed for developing relationships between leaders and employees, was measured by the IPI. This instrument measures leadership behaviors that are consistent with the transformational leadership style, which has been emphasized as Ideal for Promoting Innovation (Jask, 2004).

II. TRANSFORMATIONAL LEADERSHIP ATTRIBUTES

Figure 1 shows the major unique attribute of a transformational leader. Transformational leaders are future-oriented, open-minded, dynamic, and concerned about planning (Harris, 1985). They renew employee commitment to the organization by redefining organizational mission and vision (Roberts, 1985). Transformational leaders expect employees to think beyond themselves and to become high performers and leaders themselves (Bass, 1985). They use charisma, individualized consideration, inspiration, and intellectual stimulation to stimulate creativity and enhance employees’ capacity to innovate. Transformational leaders seek to unite employees and encourage them to make the organization’s vision a reality (Bryman 1992).

Kueser in 2002 clarified that most successful leadership plans in hospital environment should be considered the following specific aspects:

- Selecting participant methods to identify potential leaders who focus on future management competencies rather than current clinical expertise,
- Selecting facilitators or presenters to devote the right mix of internal and external expertise on guiding particular management topics and competencies,
- Integrating development efforts into practice to create a “sticking” factor that bridges didactic learning into actual practice and ties leadership development to quality of care (Kueser, 2002).

Some of plan types are Missions, Objectives, Strategies, Politics, Procedures, Rules, Programs Budgeting, and in transformational leadership every planner has to considered these categories and characteristics of each one. On the other side for a good planning process, doing some phases is recommended, such as opportunities determination, goal setting, assumptions, review the options, evaluations the options, solutions selection, sub-plan setting, quantity
translation (See Figure 2). Instead of the aforementioned long way, the article follows an approach to cover important outline to mention important hidden notice in transformational leadership.

![Figure 2. Traditional Planning Process](image)

**III. INCREASING STAFF INVOLVEMENT**

Each member of the organization should be involved in developing the plan. Thus the plan has to be explained for employees; also it is better to clarify the goals to them. As Boyd mentioned (Boyd, 2005) the best way is to share the ideas and get help from several universities to obtain their experiences as a practical workshop. Collaboration with a university has been initiated to explore ‘unanswered’ questions or questions requiring greater resolution than is presently in the literature. Obviously these initiatives will have contributed positively to staff development and involvement in the multidisciplinary team; in particular, questioning how practices benefit the patient. The benefits of the journey have become evident with the cultural shift in all practices.

There are three involved groups. First, doctors second, personnel, and the last, patients. These all should cooperate in all aspects and communicate interactively.

It was important for staff learning opportunities (involvement with study conception, design and data collection) that a clinically focused research project relevant to both staff and patients was initiated. There was significant interest in a project that investigated the duration necessary for patients to be in a supine position (Boyd, 2005).

**IV. CULTURAL CONSENSUS**

The role of the Cultural Consensus is inevitable in plan success. In cultural view the leaders themselves should be experienced. Nemeth referred that in organizations with strong cultures, the directive ness and strength of the leader can prevent the expression of diverse views (Nemeth, 1997). Leaders of strong cultures are concerned with the set of beliefs and values they hold and in making sure these beliefs are inculcated in the people around them. In other side, protecting the people in one’s organization—taking care of them in times of sickness, giving them full employment and being otherwise responsible for the lives of those over whom you have stewardship. Briefly it can be said that not permitting them to fail in any way (Deal & Kennedy, 1982, p. 56).

Howell and Higgins had an excellent research in this subject. The results of studies showed that leadership practices inspiring a shared vision, enabling others to act, encouraging the heart, and modeling the way, supported values of stability, teamwork, detail orientation, and people orientation and were significantly positively related to cultural consensus.

Cultural consensus, characterized by stability and team orientation, in turn, was negatively related to organizational innovativeness. They declared that was only challenging the process, characterized by such leadership acts as seeking challenges, staying up-to-date, challenging the status quo, looking for the ways to innovate, asking, “What can we learn?” experimenting, and taking risks are leadership practice that was not related to Cultural Consensus.

A number of research studies demonstrated that leadership practices characterized by similar acts showing in figure 2 promoted innovations. (Howell & Higgins, 1990; Pierson, 1994; Schin & McClomb, 1998).

- Risk taking,
- Looking ahead to future,
- Being creative,
- Providing recognition for creative ideas,
- Searching for innovation and potential influence,
- Experimenting with new concepts and procedures,
- Studying emerging social and economic trends,
- Committing to vision-supporting innovation,
- Pursuing unconventional action plans,

Although Shin and McClomb explained in 1998 that some important aspects were not related to innovation, such as task master, analyzer, and motivator styles, which focused on increasing productivity and efficiency, building cohesion, and teamwork, achieving goals, and showing care and empathy to people (Shin & McClomb, 1998).

For a good practice in cultural aspects, Spears (1998) describes the ideas of Greenleaf (1970), the founder of the servant as leader theory, suggesting that a great leader must first experience the role as a servant to others. He believes that this behavior is a long-term transformational approach. Ewens (2002) argues that transformational leadership is focused on the interpersonal process between leaders and followers and involves an empowering process. Through empowerment Kuokkanen and Leino-Kilpi (2000) conclude that nurses are able to believe in their own power and ability to instigate change, consequently adapting to different ways of working (Hyett, 2003).
Kotter has an important discussion about cultural conflict in transformational leadership in hospital and health care organizations. He wrote “Healthcare organizations that actively seek physicians for leadership positions often aim to be more patient - and outcome-focused. However, the different foundations of medical and administrative training frequently result in culture clashes between the groups. Physicians who take on leadership roles in their organizations must learn to recognize and manage these cultural conflicts, both within themselves and within the groups of individuals that they will likely lead. Organizations seeking to promote physicians to administrative roles must also manage these cultural conflicts. Developing physician leaders and executives in healthcare organizations is a process that involves and requires transformational change” (Kotter, 1996).

V. Driving Changes and Competition

A Competition, not only is one important aspect in nongovernmental hospitals but also in this competitive world, still in organization with non-benefit objectives, economics is very important and vital aspects to stabilities. So it is necessary to control and manage the changes, if not they will have harmful influences on the plan development, and the cost will increase exponentially. McAlearney (2005) announced eight-stage process of leading change (Figure 3).

Organizational Innovativeness, Cultural Consensus, Innovation, Outcome Orientation, Attention to Detail, Aggressiveness, Team Orientation, Stability, People Orientation, Leadership Total, Challenging the Process, Inspiring Shared Vision, Enabling others to act, Modeling the Way, Encouraging the Heart (Jask, 2004). Some of aforementioned subjects are discussed in this article.

VI. Effective Execution

This part of plan recommends instructions and guidelines to make plan more executable. As Cummings says, the biggest problem facing companies today is a gap between what they want to achieve and their ability to achieve it. Poor execution causes this gap; it prevents firms from implementing their strategies, no matter how good, and delivering on their commitments. This makes them less competitive, prone to mistakes, and slow to change and improve (Cumm, 2006). Three important sides are leadership, people, and culture. Leaders need to be “deeply and passionately” involved in execution; they must put their “heart and soul” into making things happen. Leaders must not only have a comprehensive understanding of the firm and its environment but also be actively involved in the details of running it. They constantly must stress execution’s importance, clarify what is required to achieve it, model, and reinforce the requisite behaviors.

Plan effectiveness considerations can categorize as below:

Time considerations: avoidance untruthfully scheduling.
Communications: the hierarchy relationship should be clarified for each stakeholder.
Cooperation: dogmatic, individual decision is not acceptable.
Change the inconsistency organization cultural: Organizational integrated activities to driving and leading the cultural change has to design.

Predominance on resistance: every person in organization has residence to change the current position and responsibilities. Clarifying the goals and benefits of plans will be caused tranquility.

Corrective evaluations and estimations: many of events and unexpected phenomenon may impact on the estimation. The well structured plan is included risk management part to cover these anomalies and minimize estimation diversions. Focus on human faults: still the best plan may change to worst plan with human faults. More attention to the human resource process is recommended.

Execution neglecting: matching the plan to organization objectives and mission is the best way that will be guaranteed the execution.

Other important features are Comprehensible, Conceivable, Practicable, Accepted and granted, Smooth change considerations, Inexpensive.

VII. INNOVATION, CREATIVITY, AND IT ORIENTATION

Transformation plan without enough attention to Innovation, creativity, also IT/IS Oriented approaches, would not be succeeded. “Innovation was defined as the implementation of an idea, service, process, procedure, system, structure, or product new to prevailing organizational practices.” (Gopalakrishnan & Damanpour, 2000).

Hyett (2003) published an essay in Journal of Nursing Management that says creativity in leaders approach in necessary. He mentioned that the main reason is the limitation of resources. Considering the innovation causes supporting and developing staff. Also his researches show that: the management gaps plays a crucial role in weakness of all health related procedures for many years. Health visitors do not have a formal document, therefore they act as self-leaders. Without an effective control mechanism, the innovative approach does not meet the quality objectives.

There are many ways to improve innovation aspects in a hospital environment. The first and most important step is defining a position box in organizational chart for Research and Development Department. This department has responsibility for focusing on methods, procedures, and processes used in other departments and suggest the evolutionary issues to improve them.

Concurrent activity plays a role of sub-plan to make personnel involved in innovations and creativities manners. For efficient evolving the best suggestion is encouraging them by rewards or promoting.

Elaine Dundon published an outstanding article in 2005 and has expressed that Innovative thinking can be taught, nurtured, and improved. He introduced Innovation Triangle model for building skills in innovative thinking includes the integration of following three core skill areas (Dund, 2005).

1) Creative thinking: discovering new connections and ideas.

2) Strategic thinking: choosing the “best ideas,” ones that will add the most value and are aligned with the strategy.

3) Transformational thinking: engaging others to support and implement new ideas.

Nowadays, Information Technology, and other related technologies could not consider in separated manner or project. Every team that works on a part of plan has to responsible to use advance technologies and every team should be arrange as IT teams. Each person has to evolve in information maturity short term and long-term plans.

VIII. COMMUNICATION AND LEADERSHIP

Having effective relationship is the remarkable point of this plan. The communication should be considered in some eras as below:

A. Formal Communication

Formal communication appears in a form of pre-designed sheets, forms, and reports; concluding ID and all important issues. Documents will be categorized in special order, store, and retrieve whereas they are needed according to their sorts.

B. Informal Communication

The players of informal communication are investigators. They communicate informally to each stakeholder in order to explore the hidden facts which, knowing them is necessary for stability of the plan. As Boyd (2005) described, In busy health-care services, informal communication likely reveals some hidden vital information those are useful for treatment process.

C. Electronic Communication

All groups and people who are contributed in the plan, adding to those experienced ones although they are not directly involved, interact in an electronic virtual environment to share their knowledge and skills. It is worth mentioning that the last defined model, which is named electronic communication, would not be used instead of two others.

IX. PEOPLE ORIENTATION

The two distinct concepts, people, and public, are assumed. The word “people” refer to each person with characteristics, features, personalities, specialties, skills, and all abilities. Besides those publics, discusses about union, and huge number of humans. In general services the point of view naturally is public, but in professional areas people are players. Therefore, defining special disciplines are suggested in order to improve plan’s teamwork. These disciplines are some guidelines for all members that mean accomplishing classes and defining training courses are necessary.

So, learning procedure will be recommended to improve the trend of plan development. Principles of adult learning
that defined by Argyris and Knowles (Argyris, 1991; Knowles, 1998), declare that an interactive class format quickly engaged the participants, enabled them to learn from one another, and upheld the fast learning pace of the program. Instructors were required to include interactive questions within the presentation as well as case-based scenarios.

X. Conclusion

Transformational leadership in hospitals environments and such that because of its special sensitivity is vital and primary. Thus the creativity should be considered besides IT technology, the system will operate successfully, if all members of a system be involved. The plan should cover maturity except general knowledge and information.

For successful planning and execution correctly, the issues below have to be considered as well: Time considerations, successful Communications, Cooperation, Change the inconsistency organization cultural, Predominance on resistance, Corrective evaluations, and estimations -Focus on human faults and minimize it - Execution neglecting – Comprehensible– Conceivable – Practicable- Accepted and granted, Smooth change considerations, Inexpensive implementation.

Another important issue is driving change. The plan has to be flexible in order to handle predictable and non predictable changes. In today competitive world still in the organization that their objectives are not befit, such as hospitals and health care environments, there are sound, and authentic competitions. The transformational leadership plan, can minimize the cost and overheads and cause the stabilities economics if accomplish corrective and competence. More studies and researches in mentioned area can continue this article in correct way, if the way is correct.

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