

# Transformation and Transformational Leadership: A Review of the Current and Relevant Literature for Academic Radiologists

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With the US healthcare system on an unsustainable course, change is inevitable. Changes in the healthcare landscape impacting radiology include changing payment models, rapid adoption of digital technology, changes in radiology resident certifying exams, and the rise of consumerism in health care. Academic Radiology will be part of that change with none of its missions spared. What matters is not that change is coming but how Academic Radiology responds to change. Do we ignore, adapt, adopt others' practices, or lead change? Change management or transformation is a management skill set that can be learned and developed. Transformational leadership is a leadership style defined by the relationships between the leaders and the followers and the results they are able to achieve together to meet organizational goals. In this paper, we provide a review of key change management theories, as well as practical advice for self-reflection and development of leadership behaviors that promote effective change management and organizational transformation, particularly in a complex industry like Academic Radiology.

**Key Words:** Leadership; Transformational leadership; Academic Radiology; Emotional intelligence.

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## INTRODUCTION

The healthcare system consumes approximately 18% of the gross domestic product in the United States. The system is on an unsustainable course with an aging population, increasing chronic disease, and increasing consumption of the gross domestic product (1). Estimates of waste or nonvalue added activities in health care show significant opportunity for the transformation of the US healthcare system to improve cost, access, and quality with realignment of funds and activities. Berwick and Hackbarth (2) estimate waste in health care to be 20%. A 2012 report of the Institute of Medicine (3) estimated \$750 billion of the \$2.2 trillion spent on US health care to be waste. With the rollout of the Affordable Care Act in combination with the Supreme Court ruling to not require Medicaid expansion on a state level, the United

States has embarked on 50 natural experiments in change management to improve the health of the population.

Academic Radiology is not isolated from the external environment of healthcare management. Indeed, the move to increase the corporatization of academic medicine touches all disciplines and thus, change will likely impact all missions of the Academic Radiology department (4,5). Rapidly evolving payment reforms, the deployment of electronic health record systems, changes in American Board of Radiology certifying exams, and the rise of healthcare consumerism are major change agents impacting Academic Radiology. The Department of Health and Human Services has set goals of transforming 30% of traditional Medicare fee-for-service payments into alternative payment models by 2016, with a 50% target by 2018 (6). These forces will be major drivers of the transformation from volume to value in US health care. The rapid deployment of often problematic electronic health record systems, driven by Meaningful Use and the Health Information Technology for Economic and Clinical Health Act, is an added change driver in radiology (7). The recent changes in the timing and content of the American Board of Radiology certifying exams and Accreditation Council for Graduate Medical Education training requirements are driving changes in radiology resident training, evaluation, and education. The rise of consumerism and patient-centered care may be the most powerful transformational force impacting US health care over the next decade (8).

### Acad Radiol 2016; ■:■■-■■■

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<http://dx.doi.org/10.1016/j.acra.2016.01.010>

Approximately 70% of organizational change management projects fail, and failed innovation projects are particularly common in academic medicine (9,10). Whereas the legal and regulatory environment is rapidly changing, the adoption of new technologies and new practices demonstrated to improve patient outcomes is likely to be delayed for a variety of reasons. The Institute of Medicine (11) estimates that it takes 17 years for new knowledge to be adopted into clinical practice. Thus, currently deployed technology may not be the major driver in how Academic Radiology deals with the transformation in the US healthcare system over the next two decades.

This is keen evidence of the types of pervasive change in our discipline. Some aspects of change are rapid and others are slow and incremental, and that calls for transformational leadership where the focus is on visionary change as opposed to rewards for the maintenance of the status quo or minor accomplishments. In this environment, an understanding of different models of change management and the role of transformational leadership is critical. Transformational leadership, defined originally by Burns (12) and Bass (13,14) as a moral commitment to change for the betterment of an organization, engages followers in a way that traditional transactional leadership, or rewards and punishments for specific tasks, fails. Transformational leaders work with followers, generating enthusiasm and motivation for needed change. Transactional leaders primarily address their followers' self-centered needs and in this context do not accomplish effective transformation of industries and disciplines undergoing dramatic change. According to Kotter, the noted expert on leadership and business success, change management is the essence of successful businesses and the purpose of leadership is to produce useful change (15).

We are mindful of the complexity of healthcare reform and that some aspects of the system such as financing and regulation are changing rapidly and others like technology advancement into clinical practice are slowing. That means that there is a place for all types of transformational leaders, including those who deal well with extreme change and those who deal well with slow and incremental change. To that end, we discuss situational leadership and leadership styles. We stress the need for leaders to know themselves and their leadership styles so that they can recognize situations where they will be more or less effective. We promote forming alliances between leaders with different styles to increase the likelihood of successful transformation of our industry.

In this paper, we review and contrast models of change management and discuss in greater detail the concept of transformational leadership. We discuss potential applications of transformational leadership in Academic Healthcare and Academic Radiology. Finally, we provide practical advice for building transformational leadership skills, borrowing from the business administration literature.

**CHANGE MANAGEMENT MODELS**

We reviewed several seminal models of change to gain some insight into change and how to prepare for and lead change

**TABLE 1. Bringing Together the Change Models Based on the Idea of Change Management as Resisting Loss**

Kubler-Ross <i>On Death and Dying</i>	Lewin <i>Group Decisions and Social Change</i>	Kotter <i>Leading Change</i>
<b>Stages of Change</b>		
Denial	Unfreeze	Increase Urgency
Anger		Building the Right Team
		Get the Right Vision
Bargaining	Change	Communicate for Buy In
Depression		Empower Action
		Create Short-term Wins
Acceptance	Freeze/Refreeze	Don't let up
		Make it stick

effectively. As described in more detail in the following paragraphs, these models include works from Kubler-Ross (16), Lewin (17), and Kotter (18). We found that no one model of change has all of the answers. This is not surprising because George Edward Pelham Box, a pioneer in statistical methods, has stated “essentially all models are wrong, but some are useful” (19). The shared premise among all models is that humans are by nature resistant to change. Thus, all change can be viewed as loss, including the loss of the familiar, known, and comfortable current state.

The basic model for change is the five stages of grief as described by Kubler-Ross (16). This model explains the sometimes ignored human side of reaction to organizational change. Lewin (17) describes a more simplistic change model of unfreezing-change-refreezing. This model also focuses on the need to affect a follower's strong hold on the status quo and known situation. Kotter (18) and Kotter and Cohen (20) expanded this model into eight steps of change, subdividing each of the previous three steps into substeps that further explain the predicted human reaction to the change process. In Table 1, we compare Kubler-Ross, Lewin, and Kotter's more developed change models. The takeaway message from this comparison is that change is difficult, complicated, and motivated by psychology. The literature on the subject is still evolving. Kotter, in his more developed model, moved past the idea that we are inhibited by opportunities for change. He spoke of a mechanism for change (18) by creating a sense of urgency for change as the most important of all change management steps. A sense of urgency is the likely trigger for the willingness to move from the status quo, to unfreeze, and to get past a state of denial for the need for change.

The idea of the need for a sense of urgency is sometimes illustrated with the metaphor of the burning platform (20). The roots of this metaphor lie in a tragic accident. In July 1988, there was an explosion and fire on the Piper Alpha oil-drilling platform in the North Sea off the coast of Scotland. In that catastrophe, 167 people lost their lives. Andy Mochan was the only crew member who survived. He awoke to the

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