

REVIEW ARTICLE

Which leadership model holds well in emergency medicine? A comparison between three leadership models

Mustafa Y. Alhinai¹

ABSTRACT

For a healthcare system to be successful, doctors must be competent and leaders must be effective. The healthcare industry is often characterized by the presence of teams. To be a good team leader, one must possess certain attributes, which are often found in emergency physicians. Three leadership models are discussed in this report: the transactional, the transformational, and the situational leadership models. Situational leadership appears to be the most appropriate leadership approach for an emergency medicine scenario. Within the concept of situational leadership, there is not a single approach that is applicable to every situation and every circumstance. Therefore, it is extremely important for team leaders to explore the capabilities of the team members, determine the intrinsic motivators of each individual, and work toward ensuring that the team members are fully engaged.

Keywords: Emergency medicine, leadership, transactional leadership, transformational leadership, situational leadership, intrinsic motivation, healthcare workers, emergency department.

Introduction

Efficient healthcare systems require competent healthcare workers and effective leaders. While effective leaders are needed in all medical specialties, they are particularly important in the emergency settings of emergency medicine (EM). EM is a medical specialty responsible for the care of acutely ill and injured individuals, where time is of the essence and effective directions save lives.

In addition to multitasking and the ability to transition smoothly from peaceful to stressful situations, teamwork is an important EM physicians' attribute [1]. EM physicians work collaboratively in teams with other hospital departments and healthcare agencies to provide seamless and efficient patient care.

EM physicians use multiple leadership models to accomplish their clinical and nonclinical tasks. These styles originate from several leadership theories. While leadership theories try to study what makes a good leader, leadership models focus on bringing theory into practice [2].

This article compares three different leadership models and illustrates how they are applicable to modern EM. These are transactional, transformational, and situational.

Current Debates and Theory in Healthcare Leadership

There have been several leadership models that have attempted to explain what a good leader should look like.

The overall goal of leadership is to motivate, influence, and use the power of the leader to lead the team toward achieving the desired outcome. Leaders in the healthcare sector, unlike leaders in other industries, place the patient's safety at the forefront of their organization's priorities [3].

A common characteristic of all three models of leadership described in this article is the attempt to move the team (or organization) from one state to another. However, their methods for achieving this goal differ from one model to another. As far as motivation is concerned, transactional leadership encourages extrinsic motivation, while transformational leadership encourages intrinsic motivation. Later in this article, we will see how intrinsic motivations positively influence the culture and produce long-term results.

When making decisions, transactional leadership uses vertical approaches (hierarchical), whereas

Correspondence to: Mustafa Y. Alhinai

*Department of Emergency Medicine, Khawla Hospital, Muscat, Sultanate of Oman.

Email: alhinai08@gmail.com

Full list of author information is available at the end of the article.

Received: 13 February 2023 | **Accepted:** 07 April 2023



transformational leadership uses horizontal approaches (nonhierarchical). In either case, a one-size-fits-all leadership style is used to lead in all situations. In the former case, the onset and duration of the effects are rapid and short-lived, whereas in the latter case, they are delayed and long-lasting [4]. However, situational leadership appears to employ both approaches, allowing for flexibility.

Charisma is one of the significant differences between these three leadership models. Charisma is the ability of a leader to influence others through communication skills, persuasiveness, and charm [5]. In this regard, both the transactional and situational leadership models have ignored the role of charisma [6].

When critical decisions need to be made over a very short period of time, transactional leadership would be useful to follow. On the other hand, the transformational leadership approach is often used when a change is needed in the organization, and there is no time constraint on how quickly the change should be implemented. As far as situational leadership is concerned, it uses the strengths of both styles in order to get the best out of the team members [4,6].

Transactional leadership

Transactional leadership is a form of authoritarian or autocratic leadership style that was first described in 1947 by German sociologist Max Weber. It depends on reward and punishment to make followers accomplish the goals of the organization. It is widely used in the military, where the commander leads the troops using a hierarchy method [7]. Hewlett Packard, a multinational technology company with headquarters in California, is an example of a company that employs transactional leadership [8].

Decisions in transactional leadership are made using vertical approaches. As a result, it only takes a short period of time for the decisions to be made [7]. In healthcare, transactional leadership is not obsolete despite its hierarchical nature that removes physician's autonomy [9]. This type of leadership method is commonly applied during a stressful situation in an emergency department (ED). Afterward, the EM leaders have a chance to sit down together and use different leadership methods to solve problems and forecast the future.

Transformational leadership

Leadership in a transformational organization is defined as a leader who motivates his/her employees and knows how to integrate them into a cohesive unit that works well together. It was first described by sociologist James MacGregor Burns in 1978 [7]. One example of how this leadership style might be applied is to a company that is outdated and needs to be reshaped in order to remain competitive.

A key feature of transformational leadership is that decisions are taken from a horizontal perspective in order to achieve organizational goals. Leaders who are transformational should have high emotional intelligence and influence skills. These qualities motivate and engage the team before they can produce sustainable

positive results [9]. Consequently, leadership decisions in transformational environments take a longer time to achieve.

There are several stakeholders who contribute to the care provided in the ED during mass casualty incidents (disaster code). These include doctors and nurses, support services within the hospital, firefighters, prehospital personnel, and police officers. A transformational leader must possess a deep understanding of these stakeholders' roles within the healthcare system.

A disaster protocol illustrates the application of EM's transactional and transformational leadership. The preparation for disasters, the production of protocols, and the training of staff on how to use them require feedback from various stakeholders. Therefore, transformational leadership is required. On the other hand, the implementation of these protocols (also referred to as disaster response) relies upon the compliance of the team. In this regard, transactional leadership should be employed.

Situational leadership

In the situational leadership model, originally developed by Hershey and Blanchard in 1969, decisions are not made in a unidirectional manner (vertical or horizontal), as they are in the transactional and transformational leadership models [6]. Instead, decision-making in the context of situational leadership is circumstantial. Furthermore, situational leadership is not based on the skills of the leader, but rather on how he or she modifies the style of management to meet the requirements of the organization based on the situational factors [6].

A situational leader's role encompasses six styles, as outlined by Goleman [10], who wrote the Emotional Intelligence book. These styles are coercive, visionary, affiliative, democratic, pacesetter, and coaching.

Unlike other medical specialties, EM practice is based on the assumption that the exact number of patients and the severity of their illness is unpredictable. The situational leadership model is, therefore, most useful for guiding leaders in these types of situations.

The following list includes some of the EM applications of Daniel Goleman's situational leadership styles. Some of them are directly related to patient care, while others are related to staff well-being:

Transactional leadership entails coercion, whereas transformative leadership entails vision. A disaster preparedness and response example illustrates how both can be applied.

The affiliative style cultivates a sense of intimacy and harmony among the staff, which inspires them to work together as a team. In pandemics, when doubt is prevalent and fear is inevitable, affiliative leadership can help enhance effectiveness and consistency in response.

The democratic leadership style is useful to engage employees during times of uncertainty, such as when discussing a project that increases shift duration from 8 to 10 hours. In the long run, allowing team members to express themselves will probably result in greater loyalty and trust.

The leader in pacesetter leadership sets the targets and encourages the team to achieve them. This leadership style is one of leading by example. By using it correctly, it can foster intrinsic motivation among employees. On the other hand, if it is used too early and too frequently, then it tends to destroy the work climate and resemble transactional leadership. An EM physician often displays a pacesetter leadership style when taking over the care of a patient from a co-worker who is in need of assistance.

Remediation (re-teaching) of a staff member who is underperforming is an example of coaching leadership in EM.

Unique Features of EM

EM is a unique specialty that differs from other medical specialties in several ways:

Unpredictability: In the ED, physicians must remain vigilant and ready to manage any situation quickly and efficiently.

Time pressure: Time is crucial in the ED. With limited information, decisions need to be made quickly and accurately.

Lack of continuity: Emergency physicians typically have limited contact with patients beyond ED visits, unlike other medical specialties. Therefore, the ability to assess patients accurately and to obtain test results quickly becomes essential.

Wide range of skills: Among the medical procedures, emergency physicians need to be proficient in are intubation, central lines, suturing, and fracture reduction. In addition, they must be capable of interpreting laboratory results and imaging studies.

Interdisciplinary teamwork: An ED is a team environment, where physicians work closely with nurses, technicians, and social workers. Therefore, collaboration and effective communication are essential for optimal patient care.

Emotional stress: Emotional stress can be significant for emergency physicians as they deal with life-threatening situations.

The specialty of EM requires unique skills and abilities. A physician working in the ED must be able to assess and treat a wide variety of medical conditions quickly under time pressure, work in a team, and manage their emotions under stress in an efficient manner.

Most Suited Model for EM Leaders

EM physicians often work in teams. Effective team leaders should have a deep understanding of the responsibilities of each team individual. As seen in the resuscitation of polytrauma patients, surgeons, orthopedists, anesthesiologists, and EM physicians work collaboratively as one team. Furthermore, work in ED does not have one pace [11]. Therefore, team leaders need to adapt their leadership style according to the severity and urgency of the situation. Dr. Sanson believes that EM physicians are well suited to lead and to move forward in times of change because

they are naturally flexible and responsive, and they are trained to do so [12].

Of the three models mentioned in this report, situational leadership is the most inclusive and applies well to the EM environment. When it comes to carrying out clinical duties, an efficient EM team leader should be coercive, a pacesetter, and a coach. While performing nonclinical duties, he or she should play the roles of a visionary, an affiliative, and a democratic leader.

Leadership Practice in Motivating and Fostering Organizational Culture

An organization's culture is defined by a set of values, beliefs, and practices that guide the behavior of all team members within the organization. Schein [13], professor emeritus of the Massachusetts Institute of Technology School of Management, describes three levels of culture: artifacts and creations, values, and basic assumptions.

Artifacts represent symbols of the organization. Examples are dress code, mission and vision statement, and physical workplace environment [13]. In the EDs, these artifacts represent the external characteristics of the staff and space. They do not show the internal values and beliefs of the individuals in the organization. In other words, these symbols must be seen in action to be considered authentic representations of the culture. Furthermore, these artifacts are subject to interpretation by the clients (patients and families) since what is important to them is how we care for them during their stay.

ED values include accountability, integrity, and respect. Despite being inspirational, Schein [13] contends that these values and beliefs do not represent the true culture. It is the basic assumptions that shape the true culture of the organization. Assumptions consist of emotions, understandings, and beliefs that are unconsciously expressed while working. They are deeply seated within the mind of the staff [13]. Moreover, Schein [13] argues that assumptions have become so ingrained within a team that there is little variation within it. A basic assumption in EM is that physicians make difficult decisions within a limited period of time, using limited information. It is best observed when the ED staff work together during resuscitations and during mass casualty incidents. These situations uncover the bottom of the iceberg and show the actual organizational culture.

It is because of the basic assumptions that are ingrained deep inside the staff's mind it became difficult to change an established culture. Leaders should use different leadership styles to motivate their staff to adopt a positive culture for everyday practice inside the ED. Motivation is defined as a willingness to do something [14].

Motivations are classified as intrinsic and extrinsic. Intrinsic motivation arises from a passion for the work itself, when a task is challenging, interesting, or satisfying. In extrinsic motivation, external rewards or incentives are given to the staff to stimulate them to do the work [15].

The leader's goal should be to stimulate the intrinsic motivation of the individual team members to achieve

the desired outcome. Outcomes usually take the form of commitment (when the team is motivated), compliance, or resistance (when the team is not motivated). Committed teams often produce creative and long-lasting results, whereas compliant teams often produce short-term ones. Furthermore, nonmotivated teams tend to revert to the old culture when faced with application challenges [15].

There are three methods described by Amabile and Kramer [15] in their motivation progress principle to make teams happy and productive. Team members should have:

Sense of progress: Like the progress bar in video games, EDs should show updated important metrics (such as waiting times and length of stay) on every computer screen in the department.

Receive catalysts: Team should have all necessary resources to accomplish their tasks, including clear policies and procedures.

Obtain nourishers, appreciating good performers, and providing support for a stressed colleague in the ED are examples of nourishers.

Staff who are motivated are more likely to be engaged at work. In turn, engaged staff have a sense of loyalty to the organization and are able to take ownership of the department's activities. It is, therefore, important to employ different styles of leadership to motivate the staff in order to accomplish their goals and get the best performance from them.

Conclusion

A good healthcare system requires competent doctors and effective leaders. The healthcare industry often works in teams. Team leadership requires specific attributes often found in emergency physicians. Among the three leadership models discussed in this report, situational leadership appears to be the most appropriate for an EM environment.

Within the concept of situational leadership, there is not a single approach that works for every situation. Therefore, it is extremely important that leaders explore the capabilities of the team members, identify their intrinsic motivators, and work toward ensuring that they are fully engaged. Research is needed in this regard to measure the effect of situational leadership on patient care and staff satisfaction in the ED.

Conflict of interests

The authors declare that there is no conflict of interest regarding the publication of this article.

Funding

None.

Consent to participate

Not applicable.

Ethical approval

Not applicable.

Author details

Mustafa Y. Alhinai (MD, FRCPC)¹

1. Department of Emergency Medicine, Khawla Hospital, Muscat, Sultanate of Oman

References

1. Jordan J, Linden JA, Maculatis MC, Hern HG Jr, Schneider JI, Wills CP, et al. Identifying the emergency medicine personality: a multisite exploratory pilot study. *AEM Educ Train*. 2018;2(2):91–9. <https://doi.org/10.1002/aet2.10078>
2. Vasilescu M. Leadership styles and theories in an effective management activity. *Ann-Econ Ser*. 2019;4:47–52.
3. Albright B, Dayal R, Agrawala A, Pukenas E. Effective leadership and patient safety culture. *APSF Newsl*. 2020 [cited 2022 Nov 26];35(2):44–6. Available from: <https://www.apsf.org/article/effective-leadership-and-patient-safety-culture/>
4. Abele K. The new leadership is horizontal, not vertical. 2013. 5 p. Available from: <https://trustedadvisor.com/public/The-New-Leadership-is-Horizontal-Not-Vertical-2.pdf>
5. Lee S. What is charismatic leadership? *Torch*. 2020 July 30 [cited 2022 Nov 26]. Available from: <https://torch.io/blog/what-is-charismatic-leadership/>
6. McCleskey JA. Situational, transformational, and transactional leadership and leadership development. *J Bus Stud Q*. 2014;5(4):117–30.
7. Alavi ST, Rabah S. Studying transactional and transformational leader and leadership in government and private organizations in UAE. *Int J Manag (Kolkata)*. 2021;12(4):808–20. <http://doi.org/10.34218/IJM.12.4.2021.068>
8. Jaqua E. Transactional leadership. *Am J Biomed Sci Res*. 2021;14(5):399–400. <https://doi.org/10.34297/AJBSR.2021.14.002021>
9. Trastek VF, Hamilton NW, Niles EE. Leadership models in health care - a case for servant leadership. *Mayo Clin Proc*. 2014;89(3):374–81. <https://doi.org/10.1016/j.mayocp.2013.10.012>
10. Goleman D. Leadership that gets results. *Harv Bus Rev*. 2000 [cited 2022 Nov 26];78(2):78–90. Available from: <https://search.ebscohost.com/login.aspx?direct=true&db=heh&AN=2839618&site=ehost-live&scope=site>
11. Long JC, Pomare C, Ellis LA, Churrua K, Braithwaite J. The pace of hospital life: a mixed methods study. *PLoS One*. 2021;16(8):e0255775. <https://doi.org/10.1371/journal.pone.0255775>.
12. American College of Emergency Physicians. [cited 2022 Nov 27]. Available from: <https://www.acep.org/administration/personnel--team-management/how-to-develop-leadership-skills-in-times-of-change/>
13. Schein EH. *Organizational culture and leadership*. 3rd ed. San Francisco, CA: Jossey-Bass; 2004.
14. Cambridge Dictionary Motivation. [cited 2022 Nov 27]. Available from: <https://dictionary.cambridge.org/dictionary/english/motivation>
15. Amabile T, Kramer S. The progress principle: optimizing inner work life to create value. *Harv Bus Rev*. 2012 [cited 2022 Nov 27];5:28–33. Available from: <https://store.hbr.org/product/the-progress-principle-optimizing-inner-work-life-to-create-value/ROT157>