



Leadership Studies in Healthcare (Fielding Monograph Series) (Volume 4)

*Marie Farrell, Maureen E. Gormley, Beth Smith Houskamp, Cheryl L. Mitchell, Cheryl Dean Nance, W.
Ellen Raboin, Steven T. Redmon, Paula Rowland*

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This monograph explores some of the challenges of healthcare leadership in a time of ongoing reorganization and consolidation in the healthcare industry and the transformative changes in the wake of government-mandated health insurance. • Dr. Paula Rowland addresses hospital safety, a perennial concern, in her analysis of patient safety discourses in a Canadian hospital. She argues that, whereas traditionally patient safety has been seen at the intersection between complicated systems and fallible human agents, it might be reframed as a multi-dimensional issue drawing from sociological and organizational studies. • Dr. Cheryl Nance presents an approach to changing an organized delivery system's culture. She examines the impact of a year-long intervention program among hospital leadership, using Action Learning, to manage the cultural transformation involved with opening of a new facility while remaining financially viable. Her research identifies significant differences among leaders across all departments in current and preferred culture types, and relates them to the factors deemed essential to the success of the system's change. • Dr. Ellen Raboin's research focuses on the phenomena of collaborative practice within a hospital's healthcare team. She examines the factors considered as legitimate and important enablers of a successful working relationship within an interprofessional team, and shows the ways in which the team's collaborative practices change over time in light of the presence of the patient and his or her family. Dr. Raboin uses methods from a communications perspective as well as from relational social constructionism. • Beth Houskamp turns our attention to the transformational leadership practices of Clinical Nurse Leaders, based on her research in five inpatient units. Her research indicates that, as a group, licensed personnel and those with advanced educational preparation perceived the transformational leadership practices of Clinical Nurse Leaders to be higher than did a group of unlicensed personnel and those with less education. • Dr. Maureen Gormley, the Chief Operating Officer of the National Institutes of Health Clinical Center in Bethesda, Maryland, addresses the ways in which attitudes towards individuals with intellectual disability (ID) were changed through an innovative program, Project Search, and how workplace stigma was experienced from the perspective of co-workers. Her findings suggest that participants who initially held negative perceptions related to the youths' anticipated capabilities and behaviors overcame those perceptions by identifying the positive contributions that youth with ID made to the workplace. • Dr. Cheryl Mitchell studied the dynamics of blame in a highly charged environment of the healthcare workplace—a subject about which a clear lacuna exists in the literature. Her study of 17 senior healthcare leaders exposes the often corrosive effects of the “blame game” when “things go bad,” and how a positive, reinforcing, feedback loop can help counteract the damage of trying to allocate blame. • Dr. Stephen Redmon concludes this monograph with an incisive inquiry into the experiences and effects on service-disabled veterans and their family members of a unique Entrepreneurship Boot Camp for Veterans Family Program (EBV-F). This program was designed to support veterans experiencing discontinuous life transitions while strengthening their entrepreneurial skills. The data suggested that participants experienced the program as being truly transformative, by strengthening their self-perceptions and their situations, and by engaging them in new roles and relationships.

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