

LEADERSHIP PRACTICES FOR ENHANCING SAFETY CULTURE IN HEALTHCARE: INSIGHTS FROM THE IHI FRAMEWORK

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Abstract

Using the Institute for Healthcare Improvement's (IHI) Framework for Safe, Reliable, and Effective Care as a reference, this study examines the vital roles that leadership and employee involvement play in creating a strong safety culture in healthcare organisations. Building a culture of safety, increasing dependability, and improving patient outcomes all depend heavily on leadership techniques and staff engagement. Through the integration of the IHI framework's dimensions—learning systems and culture of safety—this study explores the ways in which engaged teams and capable leadership support the development of robust healthcare systems. Using a mixed-methods approach, the study assesses how workforce participation, leadership behaviours, and safety results interact, providing healthcare organisations with practical advice and tactics to attain long-term safety excellence.

Keywords: Leadership, Workforce Engagement, Safety Culture, Healthcare

Introduction

Leadership is described as "a process of social influence in which a person can enlist the aid and support of others in the accomplishment of a common and ethical task" in certain academic institutions in the United States of America. This definition is used to describe leadership. A another way of putting it is that leadership may be defined as a power link that is influential, in which the influence of one party (the "leader") drives movement or change among other parties (the "followers"). Some individuals have posed a challenge to the more conventional management perspectives on leadership, which represent leadership as something that is possessed or owned by a single individual owing to the job or power that they have. The alternative is that they argue for the multifaceted character of leadership, which can be found at all levels of institutions, in both formal and informal positions.

The Institute for Healthcare Improvement (IHI) is a non-profit organisation that works to improve patient safety, healthcare outcomes, and system efficiency by promoting and implementing quality improvement projects and practices that are supported by evidence. Our work began in the late 1980s as a part of the National Demonstration Project on Quality Improvement in Health Care, which was led by Donald Berwick, MD, MPP, and a group of visionary individuals committed to redesigning health care into a system that is free of errors, waste, delays, and costs that are not sustainable. Although the Institute for Healthcare Improvement (IHI) was officially established in 1991, our work began in the late 1980s. Since that time, we have developed from an original collection of programs that were financed by grants into an

organisation that is self-sustaining and has an effect all over the world. Now, with more than thirty years of expertise to build upon, IHI has developed to address the difficulties that are now being faced in the health care industry as well as those that will be faced in the future.

A Health Equity Framework for Healthcare Organizations

As part of the Institute for Healthcare Improvement's 90-day innovation process, we developed a framework over the course of the past year. This framework was published in the white paper titled "Achieving Health Equity: A Guide for Health Care Organisations" in 2016, and it was designed to provide healthcare organisations with direction regarding the ways in which they can directly influence health equity in their respective communities. Expanding the healthcare industry's own sense of its purpose and obligation to eliminate health inequalities and disparities, as well as recognizing that healthcare treatments are only one piece of the jigsaw, is a fundamental idea that is incorporated into this framework. The following is a list of the most important components of the framework, which serves as a guide for healthcare executives to prioritise health equity at the system level for their respective organisations. A commitment to enhance health equity at all levels of the organisation and the deployment of the necessary resources to incorporate improvement efforts into the organization's strategy, priority setting, and day-to-day work are both essential for such efforts to be successful.

Develop and implement particular plans to address the numerous factors that can have an effect on an individual's health and on which healthcare organisations can have a direct influence. The financial position, the physical environment, healthy behaviours, and healthcare services are all examples of these factors:

Socioeconomic Status

- It is imperative that all clinical and nonclinical workers be recruited, retained, and developed in order to guarantee that significant contributions are made at all levels towards achieving health equity.
- Encourage the use of procurement procedures from contractors and suppliers who employ a diverse workforce.
- Establish facilities in areas that are not adequately served.
- It is important to take into consideration the possibility of offering greater economic prospects, such as higher earnings, for the employees of the healthcare organisation, who frequently live in the community that is around the organisation.

Physical Environment

- Give some thought to modifications that may be made to the physical environment of the health system and clinics in order to make them more welcoming to the community and less harmful to the environment.
- Dedicate resources to the establishment of communal areas, parks, and walking paths.

- Make investments in healthcare that are not only beneficial to the community but also have the potential to be redirected back into the community

Healthy Behaviors

- Establish and support health ambassadors, who are people of the community who have been educated to become outreach workers in order to encourage healthy behaviours.
- The community should be encouraged to take responsibility for their own health by launching neighborhood programs that encourage healthy food and physical activity, for example.
- Establish collaborations throughout the community to promote healthy activities.

Healthcare Services

- During each patient visit, you should document the patient's race or ethnicity as well as their major spoken language. Devote resources to the analysis of variance, the identification of inequalities in health outcomes, and the reduction of such disparities.
- When developing work to increase quality, it is important to take into account the many factors that influence your health. In the process of designing quality improvement initiatives, it is important to take into consideration how the improvement may potentially assist marginalised communities. This is true even for programs that are particularly focused at increasing health equity.

Importance Of Leadership In Healthcare

It is exceptionally difficult to underestimate the significance of leadership in the healthcare industry, particularly in times of crisis. In the aftermath of Hurricane Katrina, Memorial Hospital had power outages, flooding on the floors, and a shortage of vital supplies. Elimination was not a viable option. In order to support patients, those in charge of healthcare had to make a decision. During the beginning of the COVID-19 epidemic, there was a lack of personal protective equipment, which compelled executives in the healthcare industry to take two different approaches: they sought to advocate for their employees while simultaneously working together with institutions from across the world to share limited medical resources. Leadership in the healthcare industry is important even during more typical times. When there were over 106,000 individuals still on organ donation lists in the year 2020 and 17 people died every day while they were waiting for organs, the leaders of the healthcare industry had to make difficult judgements about who should be prioritised for life-saving operations. At this point in time, healthcare systems are more interdependent and integrated than they have ever been before. What is the end result? Leaders in the healthcare industry need to be able to make choices more quickly, analyse a flood of data related to healthcare, routinely engage with a wide variety of stakeholders, and guide their teams through difficult situations in the healthcare industry.

Transformational Leadership : Transformational leaders are those that effectively convey the organization's vision and values to their employees, therefore inspiring them by assisting them in gaining a better understanding of what is important to them in their work. For instance, health administrators who are motivated by the feeling of making a positive contribution to the health and well-being of their

community may respond positively to an organization-wide effort to recognise how improved efficiency with behind-the-scenes responsibilities might minimise the amount of time that patients have to wait for care.

Collaborative Leadership: The goal of collaborative leaders is to create work environments that are synergistic, in which individuals from different teams and departments are able to interact effectively with one another and utilise data to make choices that are intelligent. The development of communication channels and the promotion of a knowledge of the many cultures that exist within an organisation may be the primary emphasis of these individuals.

Shared Leadership: The concept of shared leadership is based on the notion that leaders should give their employees the authority to make decisions for themselves. Specifically, it places an emphasis on the necessity of developing collaborative connections among staff members through the delegation of duties, continual learning in the workplace, and shared ownership of certain roles and responsibilities. As an illustration, a small group of medical experts working in a rural mental health clinic might decide the daily, weekly, and monthly activities that need to be completed, and then divide those jobs among themselves in accordance with the skill sets and availability of each individual member of the committee. As a result of the fact that shared leadership is predicated on the existence of a positive working connection between individuals, this style of leadership may be less suitable for organisations that are brand new or that have a high turnover rate.

Objective

1. To evaluate how well the IHI framework directs engagement and leadership tactics.
2. 5. To determine the obstacles and difficulties in putting into practice efficient safety culture procedures in the medical field.

A FRAMEWORK FOR ENHANCING WORK-RELATED HAPPINESS (IHI)

Health care burnout might be considered an epidemic from a clinical or public health standpoint. The numbers are alarming. Researchers found in 2015 that burnout affects over half of physicians. According to a 2013 study, 33% of recently graduated registered nurses hunt for a new job within a year. Morale and turnover have both plummeted. Burnout affects every aspect of attempting to enhance one's health and medical treatment. It makes workers less committed to their work, which in turn results in less patient services, lower productivity, and more workplace accidents. All of them have a significant effect on a company's financial health. The impact on patient treatment is much more worrisome. Burnout impairs a provider's capacity for empathy, which is a crucial component of effective and person-centred care, and lower staff engagement is linked to worse-quality patient care, including safety. What actions should leaders take to counteract this pandemic? The Institute for Healthcare Improvement (IHI) states that restoring enjoyment to the medical field is a crucial part of the solution. To address this, IHI developed the IHI Framework for Improving Joy in Work, which includes four actions that managers may take to increase worker satisfaction (the "how"). Together, they provide healthcare organisations, teams, and individuals a path forward to improve workplace morale.

Why Use the Term “Joy in Work”?

Why "enjoy in work"? Why now, too? Some people may believe that emphasising pleasure in the physically, cognitively, and emotionally taxing field of healthcare is an unattainable objective. However, there are three main reasons why it is crucial to concentrate on pleasure.

First, emphasising happiness rather than just burnout or poor employee engagement aligns with a strategy used to address other unsolvable issues in health and healthcare. It might be easy to focus only on gaps or deficiencies while analysing a situation. Joy is one of the greatest assets in health care, and it is crucial to recognise, comprehend, and use all available resources in order to arrive at answers. One of the few occupations that consistently offers its employees the chance to significantly enhance lives is the health care industry. Healing and caring ought to be inherently happy endeavours. Health care workers' compassion and commitment are important resources that, if fostered and unhindered, may result in happiness as well as efficient and sympathetic treatment. People may see problems from several angles when using this assets-based approach to development, which often results in the creation of more creative solutions.

Fairness and Equity Enhance Work Joy

Regardless matter the cause, injustice and imbalance at work or elsewhere weaken and disconnect people. Race and ethnicity have been linked to wellness, with certain groups reporting reduced job satisfaction. The National Health Service in England discovered considerable differences between white and black, minority, and ethnic workers' experiences. Further, facilities with the largest minority prejudice had the lowest patient experience rankings. Addressing workplace racism and inequalities is a quality-of-care need and indicates harmful conditions for people and teams.

Equity may also boost job satisfaction. Henry Ford Health System's health care fairness focus boosts staff engagement. The Gallup Employee Engagement poll indicated that health care equality workers were seven times as engaged than others. Achieving Health equality: A Guide for Health Care Organisations, an IHI White Paper, provides a framework for health care organisations to achieve health equality for workers and communities. Whatever the strategy, health care organisations require all staff members committed to the purpose. When people disconnect, group output becomes less varied, viewpoints are marginalised, choices and performance degrade, and patients suffer. In an egalitarian and varied atmosphere, everyone feels comfortable listening to patients and coworkers, asking questions, requesting assistance, or challenging what's occurring, and solving problems together. All of these make work enjoyable for the team.

Why Work Should Be More Fun

It contains the most vital parts of a pleasant everyday work life, which is perhaps the finest argument for boosting pleasure. By prioritising happiness, we can pave the way for more compassionate workplaces where individuals may thrive and discover their true calling. Improving happiness at work also has solid commercial implications. The business argument relies on workplace outcomes such as engagement, contentment, patient experience, burnout, and attrition rates to support the claim that pleasure does not currently have a single validated metric. We will delve deeper into this topic in the measuring section. As a rough but common substitute for happiness, engagement is a popular metric to employ. In order to build high-performing organisations, it is essential to have a workforce that is engaged and has a favourable attitude towards the organisation and its principles. Research into the factors that influence human capital

management has shown that conventional HR measures, such as the average time it takes to fill a job or the total number of training hours given, are not reliable indicators of an organization's success. Instead, what was more important was a set of human capital drivers that included things like employee engagement. Employee engagement is correlated with performance and profitability, according to a research conducted in the United Kingdom. Consistent with intuition, these and other research find that higher levels of involvement lead to better overall performance. It allows for reduced employee turnover and increased professional output. As a consequence, expenses are significantly reduced while patient experience, results, and safety are enhanced via joyful work.

Four Steps for Leaders

It became clear as IHI worked with partners to identify solutions to the problem of health care workers' lack of pleasure that many executives struggle to see a path from where they are now to a place of "joy in work." To chart a course for the future, here are four things top executives may do.

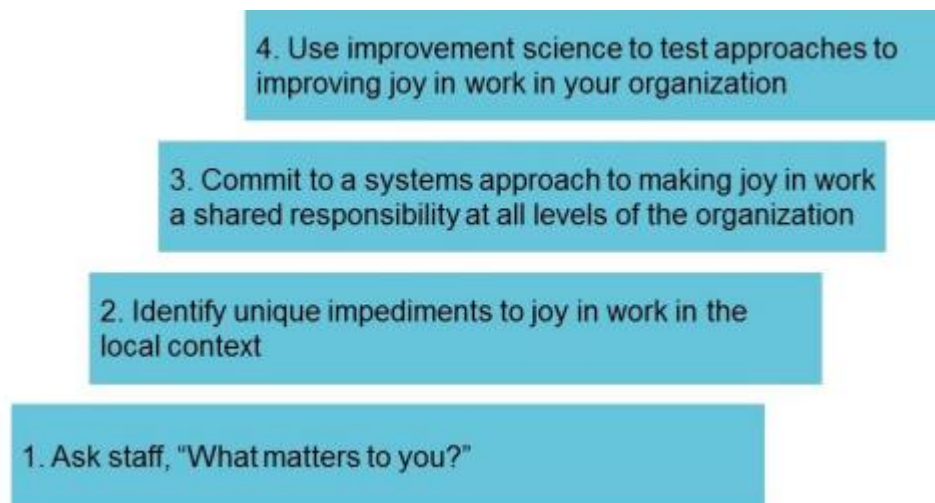


Figure 1. Four Steps for Leaders

To show how each step forms the basis for the subsequent phases, Figure 1 represents the steps as stairs. Leaders start by asking their coworkers what they value in their job (Step 1). Leaders next determine whatever procedures, problems, or situations are preventing them from achieving their goals — the "pebbles in their shoes" that prevent them from addressing their social, psychological, and professional requirements (Step 2). Multidisciplinary teams then collaborate and divide accountability for eliminating these barriers (concentrating on nine essential elements) and enhancing and maintaining happiness (Step 3). Together, leaders and employees use improvement science to expedite progress and create a more positive and effective work environment (Step 4). The four phases don't overlook the bigger organisational problems, or "boulders," that exist, such how the functioning of electronic health records affects physicians' day-to-day work or staffing and workload concerns. Instead, the actions enable local teams to identify and resolve obstacles that they can alter, and top leaders are also prioritizing and addressing more significant systemic problems that impact job satisfaction. Through this process, the discussion shifts from "If only they would..." to "What can we do today?" Everyone benefits from seeing the organisation as "us" rather than "them."

IHI Framework for Workplace Joy

The IHI Framework for Improving Joy at Work outlines the essential elements of a system for guaranteeing a happy, engaged workforce, even if the four phases are intended to provide leaders a roadmap for "how to get from here to there." As previously stated, four of the nine essential elements for enhancing job satisfaction—physical and mental security, meaning and purpose, autonomy and choice, and collaboration and camaraderie—are basic human needs that, maybe, need the most attention initially. Because of this, these four elements—physical and psychological safety in particular—are discussed in more length than the other elements in this section. As previously mentioned, fairness and justice are the fifth basic human need, and they help people succeed in all important areas.

Physical and Psychological Safety

- Physical Safety – During the course of their regular employment, individuals experience a sense of freedom from bodily injury.
- Psychological Safety – People have the sense that they are safe and competent of making changes; the interactions between all individuals are courteous; individuals have the sense that they are able to question, seek feedback, acknowledge errors, and submit ideas; and the organisation offers complete assistance to the staff members who were engaged in a bad incident (commonly referred to as the second victim).

Feeling protected from bodily danger at work is what we mean when we talk about "physical safety." In addition to having a high risk of both acute and chronic musculoskeletal injuries, health care workers—especially nurses—are also more likely to be exposed to blood-borne viruses and other illnesses, and there is a rise in violence in healthcare settings nationwide. 30 Care facilities may be situated in hazardous environments (e.g., working in areas with possible safety concerns or needing to trek to dark parking lots). Coworkers must believe that sufficient safety measures have been implemented in order for them to be completely present at work. We define "psychological safety" as the belief that no one will be humiliated or penalised for speaking out, the sense of security and changeability, and the freedom to concentrate on group objectives and problem prevention rather than self-defence. They are aware that, in keeping with a fair culture, employees won't face consequences for making mistakes in dangerous systems. Rather than being a personal quality, psychological safety is a collective trait. It is an environment where individuals may voice their opinions regarding dangerous situations or pertinent ideas and sentiments without fear of reprisal.

When discussing psychological safety, equality must be the primary emphasis. All team members, not just a select few, should feel valued and free to voice their opinions. Leaders must create a common feeling of psychological safety as a vital component of an efficient learning system.

- **Meaning and Purpose**

Does employment have significance for people? Do they have a sense of belonging to a greater good in the society than themselves? Do they believe their efforts had an impact? The reasons people choose to work in the health care industry are related to their daily tasks. Every individual has a direct line of sight from their daily tasks to the organization's mission and objectives, and leaders' words and deeds demonstrate a

consistent sense of purpose. Outside of the healthcare sector, businesses like Menlo Innovations and Hospitality Quotient prioritise their clients, or the people they serve. With a regular mission review, some organisations, like Barry-We miller, use a more iterative approach to embodying their values, behaviour, and purpose. Since they are essential to saving lives and maintaining patients' health and happiness, finding meaning and purpose in the healthcare sector may be simpler. The significance that each person contributes to their job is harnessed by leaders who regularly discuss the goal of group projects and promote discussions about the organization's individual and collective purpose.

- **Choice and Autonomy**

The setting encourages freedom and choice in both everyday life and the workplace. Do individuals believe they have some control over how they carry out their everyday obligations? Do they have a say in how everyday tasks are carried out? Do they participate in choices on procedures, modifications, and enhancements that have an impact on them? Do they possess the knowledge necessary to contribute intelligently to decisions made at work? Do team members possess the abilities and resources to enhance everyday work and performance? Two established methods that provide options are shared governance and participatory management. Starbucks, for instance, educates managers and leaders to listen to employees and include them in problem-solving. Employees at the Zappos contact centre are encouraged to utilise their creativity while interacting with consumers and are not required to follow a script. These salespeople are successful because they don't have to ask for permission.

- **Recognition and Rewards**

Effective leaders celebrate results, comprehend everyday tasks, and consistently provide genuine praise for colleagues' contributions to the mission. Rarely are some of the most significant benefits monetary.^{35, 36} Businesses that are more successful in enhancing employee happiness at work start to abandon conventional methods, which often don't perform as well. For instance, social meetings and parties are crucial for fostering camaraderie, but they are insufficient on their own to make work enjoyable. It is not the party itself that is validating, but rather the acknowledgement, friendship, and celebration of team achievements.

- **Participative Management**

As a crucial component of co-creation and participatory management, leaders who foster joy in the workplace must make time to listen, comprehend, and engage colleagues in decision-making. Making decisions requires reaching an agreement and communicating clearly.

Engage before acting: Before making changes, they enlist people in the early phases of an endeavour to garner support and explain why the effort is necessary.

Inform: They alert people of upcoming developments that might affect them.

Listen: They listen to people at all organisational levels and encourage colleagues to contribute. Not only when things are going well, they always listen to everyone.

- **Camaraderie and Teamwork**

Trusting connections, common understanding, and effective teams are the foundations of social cohesiveness. Is there a sense of camaraderie and solidarity among people? Do they believe that they are collaborating with others to achieve a common goal? Are they able to routinely get advice from a friend or someone they care about at work? Do they think the organization's leaders are trustworthy? Do leaders communicate transparently on a regular basis? Do members of the team consistently show gratitude for one another's efforts?

- **Daily Improvement**

For the purpose of identifying, testing, and putting into action changes to the system or processes, the organisation makes use of improvement science. The teams and the organisation as a whole engage in proactive learning on a regular basis, learning from both achievements and failures. The enhancement of procedures is an integral aspect of routine practice.

- **Wellness and Resilience**

This implies that the organisation places a high importance on the health and wellbeing of all of its workers. This encompasses not only the protection of workers in the workplace but also the development of personal resilience, which can be defined as the capacity to recover rapidly from failures, as well as the management of stress; the utilisation of practices that amplify feelings of gratitude; an understanding and appreciation of work-life balance, as well as the whole person and their family; and the provision of support for mental health conditions such as depression and anxiety. Taking care of oneself is not a stand-alone solution; rather, it is a component of a bigger systemic approach to achieving satisfaction in one's job.

- **Real-Time Measurement**

Regular input regarding the performance of the system is made possible by measurement systems, which in turn facilitates improvement. In order to guarantee accurate data for continuous development, it is customary to provide feedback on a daily, weekly, or monthly basis.

- **Responsibilities by Role**

Engagement and performance are strongly correlated with leadership attributes at all levels. Management style was the factor that contributed most to retention when researchers looked at the experience of nursing personnel.³⁸ Positive leadership traits of medical supervisors have an impact on the engagement and well-being of individual doctors, according to other research assessing supervisor burnout and leadership quality.

- **Senior Leaders**

It is the responsibility of senior leaders to create a work environment that promotes trust, growth, and enjoyment. Starting with strong, productive teams and processes, they make sure that increasing job satisfaction is a duty at all organisational levels. Even while top leaders are ultimately in charge of all nine components (Figure 3), they have the greatest power over certain of them. Following the establishment of bodily and mental security, they establish the goal and serve as an example for the change that is necessary for job satisfaction. Senior leaders are in charge of clearly communicating the organization's objective, making sure that work has meaning and purpose, and connecting each employee's effort to the

organization's overall goal. Additionally, they provide just and equal systems that reflect the basic human requirements that motivate happiness at work. Leaders can guarantee the efficacy of processes, identify chances for improvement, and celebrate results by having a thorough awareness of everyday operations.

- **Managers and Core Leaders (leaders at the program, department, and clinic level)**

Core leaders' main duties include using participatory management, fostering cooperation and camaraderie, directing and supporting everyday progress, including real-time assessment, and fostering resilience and wellbeing by paying attention to routines. Enhancing employee satisfaction at the point of service is a critical responsibility of core leaders. Together with their teams, they identify what matters, address obstacles by improving daily work performance, analyse what is and is not working well, develop strategies, co-create solutions with team members, bring system-wide issues to the attention of senior executive champions, and collaborate across departments or locations to find solutions. Meeting basic human needs is made feasible by the combination of collaborative process improvement and participatory management. Staff engagement increases and burnout decreases when obstacles are removed. While process optimisation boosts efficiency, participatory management boosts both individual and team productivity.

- **Individuals**

By pledging to do their best, interacting with others in a courteous manner, seeing possibilities for improvement, speaking out, being part of the solution, and developing their own resilience and well-being, everyone can contribute significantly to fostering pleasure in the workplace. Every team member has an obligation to model the fundamental principles of openness, decency, and respect as well as to be a good colleague.

Measurement Of Workplace Joy

How is "joy" quantifiable? There isn't yet a single, verified indicator of job satisfaction. In the interim, leaders must rely on other measures that are recognised to either contribute to or indicate issues with job satisfaction. Both system-level and local-level metrics are necessary to quantify job satisfaction: Two or three system-level metrics (like employee wellbeing, workplace injuries, absenteeism, burnout, turnover, retention, and satisfaction) that can be evaluated at least once a year to pinpoint problem areas and monitor progress over time; and more regular local-level metrics or evaluations that local leaders can utilise for daily or weekly improvement. The core leader of the department, clinic, or unit, as well as the employees themselves, start and monitor daily or weekly surveys of job satisfaction. It matters when these local evaluations are conducted. Evaluations may take place at random, after an occurrence, like a negative incident, or after a period of time, like a day or a week.

Conclusions

The findings of this study highlight the critical role that leadership and workforce participation play in the formation of a robust safety culture within healthcare organisations. This is in accordance with the IHI Framework for Safe, Reliable, and Effective Care. The presence of effective leadership cultivates trust, openness, and accountability, thereby establishing an atmosphere in which the priority of safety is shared

by everybody. When it comes to generating continuous improvements, minimising errors, and improving patient outcomes, healthcare teams that are engaged and empowered play a crucial role. Within the context of healthcare systems, the alignment of organisational practices with the IHI framework allows for the development of a culture that is not only secure but also flexible and resilient. As cornerstones of a solid safety culture, the findings underline the necessity of a persistent commitment to leadership development and staff involvement as essential components.

References

1. Gittell, J. H., Seidner, R., & Wimbush, J. (2010). A relational model of how Workforce work systems work. *Organization Science*, 21(2), 490-506. <https://doi.org/10.1287/orsc.1090.0446>
2. Glassdoor. (2015). Employee engagement: What is it really worth? Glassdoor Economic Research. <https://www.glassdoor.com/research/hr-tech-2015/>
3. French-Bravo, M., & Crow, G. (2015). Shared Governance: The Role of Buy-In Bringing About Change. *OJIN: The Online Journal of Issues in Nursing*, 20(2), 14-19.
4. Escovitz, G. H., Burkett, G. L., Kuhn, J. C., Zeleznik, C., & Gonnella, J. S. (1978). The effects of mandatory quality assurance. *Medical Care*, 16(11), 941-949. <https://doi.org/10.1097/00005650-197811000-00004>
5. Donabedian, A. (1988). The Safety Culture. *JAMA*, 260(12), 1743. <https://doi.org/10.1001/jama.1988.03410120089033>
6. Donabedian, A. (1996). The effectiveness of quality assurance. *International Journal for Quality in Health Care*, 8(4), 401-407. <https://doi.org/10.1093/intqhc/8.4.401>
7. Burns, A. C., & Bush, R. F. (2006). *Marketing Research*. 5th Edition. New Jersey. Prentice Hall.
8. Burns, A. C., & Bush, R. F. (2010). *Marketing Research* (6 ed.). Pearson.
9. Autry, A. (2019). 2018 employee engagement & loyalty statistics. The Access Perks Employee Benefits Blog. <https://blog.accessperks.com/2018-employee-engagementloyalty-statistics>
10. Avolio, B. J., & Gardner, W. L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *The Leadership Quarterly*, 16(3), 315-338. <https://doi.org/10.1016/j.leaqua.2005.03.001>
11. Baldwin, K. S., Dimunation, N., & Alexander, J. (2011). Health care leadership and the dyad model. *Physician Exec*. 37(4), 66-70.
12. Banner Health. (2013). Clinical Performance Report. <https://www.bannerhealth.com/-/media/files/project/bh/patientsvisitors/clinicalperformancereport2013.ashx?la=en>
13. Barney, J.B. (2000), "Firm resources and sustained competitive advantage", Baum, J.A.C. and Dobbin, F. (Ed.) *Economics Meets Sociology in Strategic Management* (Advances in Strategic

Management, Vol. 17), Emerald Group Publishing Limited, Bingley, pp. 203-227.
[https://doi.org/10.1016/S0742-3322\(00\)17018-4](https://doi.org/10.1016/S0742-3322(00)17018-4)

14. Bass, B. M. (1985). Leadership and performance beyond expectations. New York: The Free Press
15. Gierlinger, S., Barden, A., & Giammarinaro, N. (2020). Impact of a patient experience leadership structure on performance and engagement. *Journal of Patient Experience*, 7(2), 146-150.