



**Pilot Study**

# **Adaptive Leadership in Healthcare: A Pilot Study**

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**Abstract**

*Adaptive leadership style is a style which is also known as the practical leadership style. It is defined as a leadership style that suggests leaders need to adapt and adjust to changing environment in a way they can identify, focus, and adapt to the important aspects of a problem to resolve it. There is a strong need for adaptive leadership in healthcare. Healthcare is forever changing and improving the way in which we deliver care to patients. We are at a time when the older work force is retiring, and a new younger work force is now entering the scene. Not only is healthcare itself changing but so are the people that are delivering the care. The reason these leaders are in demand is because we need new ideas and fresh new set of eyes, we need leaders who can adapt and change with the ever-changing environment around them.*

**Key words:** *Adaptive Leadership, Patients, Care, Healthcare, Leaders.*

## **Adaptive Leadership**

A perfect example of adaptive leadership is when Covid-19 started, as healthcare clinicians had to approach how we deliver care to our patients in a whole new way. Certain agencies implemented telehealth visits and provided their patients with iPad like devices to be able to deliver quality care but keep their nurses safe. Another example is implementing a hybrid or remote work style. During Covid to prevent the spread, clinicians were told to limit their interactions. In doing so they discovered that most of their jobs can be done remotely. Admin staff in healthcare can function at home. Nurses can provide telehealth visits, in some cases. Doctors can now perform assessments via telehealth video visits and patients can remain in the comfort and safety of their home. For companies and clinicians to be successful in this drastic change of healthcare they needed leaders who were ready and willing to adapt to the new threats presented to them. For the last two, almost three years, healthcare has survived in a remote hybrid model and employee's morale has improved with the newfound work life balance. Nursing retention in some sectors of

healthcare have improved with this new model when at the height of Covid nurses either retiring or quitting the profession were at an all-time high. The need for adaptive leadership is growing. The Adaptive framework has the potential to guide researchers to ask new questions and to gain new insights into how practitioners interact with patients at the point of care (Bailey Jr, 2018). With the newer, younger clinicians entering the workforce they need a leader they can relate to. They need a leader who will be willing to hear their ideas, listen to their thoughts and be supportive to the suggestions they bring to the table.

### **Literature Review**

There have been studies on adaptive leadership and its role in healthcare. There is research to show how adaptive leadership is crucial in the ever-evolving healthcare world and one of the areas where it is needed most is in chronic illness patients and how we care for them. In an article titled Adaptive Leadership Framework for Chronic Illness- Framing a Research Agenda for Transforming Care Delivery it discusses the transition from traditional healthcare to more patient focused care treatment and using adaptive leadership to help transition that change. The article is quoted as saying “The Adaptive Leadership Framework for Chronic Illness aligns with key features of patient-centered care; both aim to give patients a voice in care decisions that are also shaped by individual or family preferences and values” (Anderson, 2015). Most patient centered care focuses on giving patients the choice in how their care is provided but not much follow through after the fact. With using this adaptive framework method, they are looking at ways to improve patient health by having The Adaptive Leadership Framework for Chronic Illness guides researchers to develop the evidence base for extending patient-centered care through and beyond treatment decisions by focusing on the relationship between patient and provider as they co-manage chronic illness over time (Anderson, 2015).

In this Adaptive Framework method there are two broad challenges that patients face: technical and adaptive. An example of technical challenges is wait times and or scheduling while adaptive challenges are challenges that require a more in-depth research or more in-depth approach on how to manage the situation. Adaptive challenges require the patient (or family member) to adjust to a new situation and to do the work of adapting, learning, and behavior change (Bailey Jr, 2018). This would be where the adaptive leaders are crucial to patient care, while using this framework to structure how your organization provides patient care the adaptive leaders would come in and education and train patients and their families and would be their support system to guide them complete this adaptive work regarding their health and healthcare plan. The adaptive framework is potentially powerful framework for developing and testing a new generation of interventions to address complex issues by harnessing and learning about the adaptive capabilities of patients within their life contexts (Bailey Jr., 2018).

An example of how this framework method conducts research and studies best aimed at improving patient care, we will take a caregiver who cares for a loved one with dementia. A daughter caring for her mother who has dementia while working full time is not getting the adequate sleep that she needs to care for herself as well as her mother. Her mother is constantly waking to wander or void in the night which is disrupting the caregiver’s sleep, and this can potentially be putting the patient’s health and safety at risk. In order to assess the situation to determine the adaptive work the family might do we could ask the following research questions: Does teaching a family member stress management techniques reduce fatigue associated with care recipient incontinence (Bailey Jr., 2018)? The healthcare providers are not dealing with technical

issue, which is the problem of incontinence, but they are helping manage the adaptive issue which is the caregiver fatigue.

According to Kuluski (2020), on applying the principles of adaptive leadership to person-centered care for people with complex needs. This article discusses that while person centered care is a critical component of high-quality care some organizations or companies have a hard time operationalizing it into practice. The research argues that models such as adaptive leadership can be a critical lever to support person-centered care, particularly for people who have multiple complex care needs (Kuluski 2020). Adaptive leadership can advance person-centered care at the front-line care of delivery level as well as an organizational level. Nurses who work on the front lines can use these methods to better provide quality care to their patients. To be successful with this adaptive framework method you must be comfortable with being uncomfortable. You must be okay with failure, learning from that failure and trying again. This type of framework and leadership style takes an organization or a person with a growth a mindset. A growth mindset is basically believing that with this failure came a lesson and you take that lesson and build from it to grow from it and that is the type of leadership that is needed is an ever-changing environment such as healthcare. All the articles and their research go over the importance of knowing the difference between technical and adaptive challenges that patients will face and knowing how to effectively manage those challenges to best serve the patient and the organization.

### **Hypotheses**

We have two hypotheses' questions for our study regarding adaptive leadership:

Null Hypothesis 1) Based upon gender, participants will have similar scores for adaptive leadership.

Null Hypothesis 2) Based upon birthplace participants will have similar scores for adaptive leadership.

### **Methodology**

The type of methodology used for this study was mixed methods research. Mixed methods research methods are a mixture quantitative and qualitative research methods. Quantitative research methods have an emphasis on logic, objective measurements and statistical or numerical data analysis collected via surveys, questionnaires, or polls. Some of the pro's for doing quantitative research methods is that you get accuracy and objectivity because there is far fewer variable involved with this type of research. Qualitative research methods are a method used to understand people's beliefs, experiences, behaviors, and interactions. The survey also has an essay question that asks the respondent if they feel they are an adaptive leader? Why or why not? We have percentage calculations and numbers we had to review to analyze and interpret the respondent results. In doing so we were able to break apart the data based off those percentages and numbers, and we were able to create charts for our data to give an easier more visual interoperation of the data we collected. The reason mixed methods were chosen for this study was because we knew would be obtaining statistical or numerical data from our respondents as well as subjective personal experience data and we wanted to be able to analyze the data in the appropriate way.

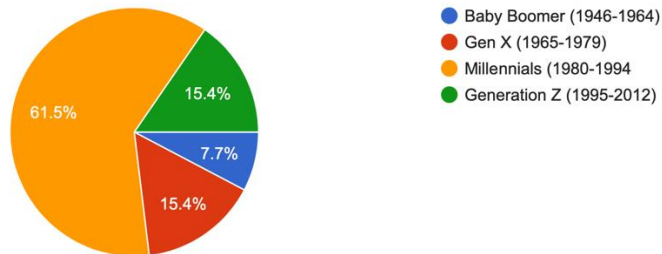
### Data Collection

For this research we created a survey with a series of questions geared to gauge the level of adaptive leadership qualities that are present within the response group. Our survey which was created via google docs and sent via email consisted of 13 total respondents who answered 20 multiple choice questions and one essay question asking respondents if they consider themselves to be an adaptive leader, why or why not? The respondents were given about 1.5 weeks to respond. Our recipients of the survey are all healthcare professionals currently, ranging from admin staff to the branch directors and educators. We are interested to see how the admin staff have scored themselves vs the branch directors and educators and if any of the hypothesis's questions will be proved via our test results. The questions were built to help us answer the following hypothesis questions: 1) Based upon gender, participants will have similar scores for adaptive leadership. 2) Based on birthplace participants will have similar scores for adaptive leadership.

### Data Analysis

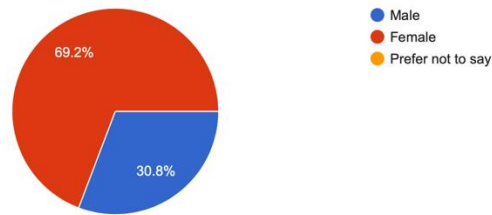
The type of data methods in which we collected data for this project was in quantitative survey form. As stated above we had 20 multiple choice questions and one essay question for the 13 respondents to answer to better gauge their adaptive leadership qualities. We had a mixture of respondents in different generation groups with the highest generation group of respondents being millennials at 61.5% and lowest generation group of respondents being baby boomers at 7.7%. Gen X and Gen Z are tied at 15.4% for their generation group. Below we have a pie chart to illustrate the difference in generation group responses that we received.

What is your generation?  
13 responses



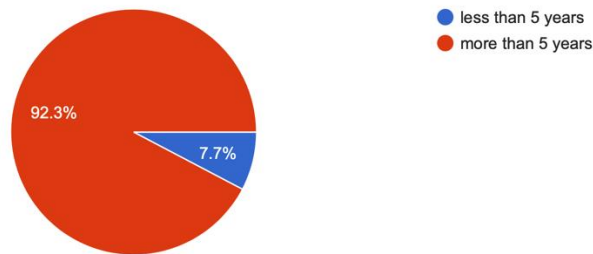
For the first question we have more female respondents than we do male, about 38.4% more. For birthplace we have 15.4% who were born outside of the United States while 84.5% were born within the United States. We have the table below to illustrate the female vs male percentage in our study.

What is your gender?  
13 responses



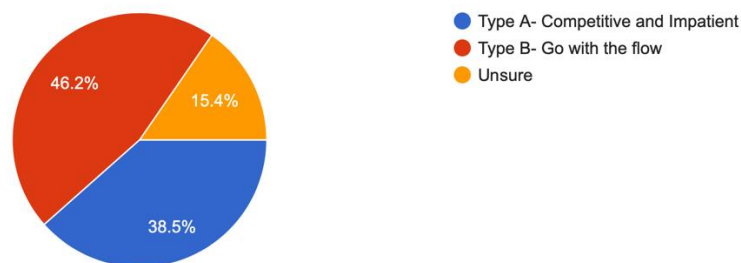
Lastly, we wanted to see how many years of work experience our respondents have. We have a mixture in generational responses ranging from gen z to baby boomer. The percentages for our respondents in regard to their work experience is as follows 92.3% respondents state they have more than five years of leadership experience while only 7.7% state they have less than 5 years of leadership experience. We have added a pie chart below to better illustrate the years of work experience they have.

Years of work experience  
13 responses



When asked about their personality type and whether if not they are type A impatient and competitive or type B more go with the flow the results were close in numbers. Respondents who feel they are type A personality were at 46.2% while type B was at 38.5% and 15.4% were unsure what personality type, they were. 100% of respondents had some sort of leadership experience. Below is visual breakdown on the personality type of our respondents.

Personality Type  
13 responses



With the question of education, we have a very diverse group of learners ranging from Associates degree to Doctoral degree with bachelor's and master's degree obtained in between. With the essay question of whether or not they feel they are an adaptive leader and why or why not, 100% of the respondents stated that they felt as though they were adaptive leaders, many of which attributed that to being flexible with change. Many of the respondents marked that they "strongly agree" with many of the multiple choices being asked such as: 1) When people feel uncertain about organizational change, can they trust that you as a leader will help them work through the difficulties? 2) Do you have the emotional capacity to comfort others as they work through intense issues at work? 3) Do you as a leader encourage your employees to take initiative in defining and solving problems? 4) Do you as a leader have an open ear for people who don't seem to fit in with the rest of the group? 5) Do you as a leader thrive on helping people find new ways of coping with organizational problems? These five questions had the highest level of respondents (about 8-10) all choosing "strongly agree" for their choice of answer. The questions with the most diverse answers, with almost every answer chosen that were spread between respondents were: 1) During an organizational change, do you as a leader challenge people to concentrate on hot topics? 2) To restore equilibrium in the organization, do you as a leader try to neutralize comments of out-group members? 3) Are you open to people who bring up unusual ideas that seem to hinder the progress of the group? In those 3 questions almost every category if not every category ranging from strongly disagree to strongly agree had been clicked.

### **Results**

From our research we can conclude for H1 - we fail to reject the null hypothesis that based upon gender, participants will have similar scores for adaptive leadership. The evidence showed that based upon gender participants did have similar scores for adaptive leadership. The males did score higher ( $M= 39.25$ ,  $SD= 3.8$ ) while the women scored just a bit lower at ( $M= 38.47$ ,  $SD= 3$ ). While males scored slightly higher, the results do show based on gender that participants did have similar scores for adaptive leadership. For H2 - we fail to reject the null hypothesis that based on birthplace participants will have similar scores for adaptive leadership. The evidence showed that based upon birthplace participants did have similar scores for adaptive leadership. Respondents who were born in the United States scored ( $M= 38.9$ ,  $SD=3.0$ ). While respondents outside of the United States scored ( $M= 38.5$ ,  $SD= 4.9$ ). Even though respondents born within the United States scored higher, the results are very close with only separation of 0.4%. The research did prove that based upon gender and birthplace that respondents would have similar answers regarding adaptive leadership, and we fail to reject the null hypothesis for those. From one of our female respondents regarding if she feels she is an adaptive leader she states "Yes, I would like to think so. I can adapt to new situations, leaders, processes, employees. So, I am open to change. We all have to adapt and continue to grow with changes in our work lives." Another respondent, a male respondent state "Yes. As times change, specifically with technology, not adapting will slow your knowledge and possibly with efficiency."

### **Implications**

For our first hypothesis our results indicate that based upon gender participants did have similar scores for adaptive leadership. For our second hypothesis our results indicate that based upon birthplace participants did have similar scores for adaptive leadership. Our

research would indicate that adaptive leadership skills are not bound to gender, birthplace, or any other category but rather the persons' willingness to learn new things and their ability to adapt to changes around them. A big component of adaptive leadership is how well the leader can adapt to the changes around them and how they can effectively lead their team or care for their patients successfully. While level of education and experience can be helpful in gaining knowledge and experience it is not the sole indicator of an adaptive leader. From our research we can conclude that males and females have the capacity to be adaptive leaders. We can also conclude that individuals born in the United States and outside of the United States are able to be adaptive leaders.

### **Limitations**

Some of the limitations from this study would be not being able to get at least 20 responses. We were able to get 13 responses from working professionals and conduct the study with the responses received but do note that having received a few more to compare different age groups and genders would have been beneficial. Respondents did have a variety in the generational group which was helpful in determining if a specific age group chose similar responses to the questions. There were more women respondents for this survey, about 38.4% more women than men. It is noted having more male respondents would have been beneficial to fairly calculate based on gender. Also noted is the fact there were only two respondents born outside of the United States for this survey, having more would have been beneficial to the study for a more even comparison. For our first hypothesis our results indicate that males scored higher than females in adaptive leadership qualities but only by 0.78% so based upon gender respondents did have similar scores for having adaptive leadership qualities. For our second hypothesis our results indicate that people born in the United States scored higher for adaptive leadership qualities but only by 0.4% so it does appear based on birthplace respondents share similar scores for adaptive leadership.

### **Conclusion**

From our research we can conclude that based upon gender and birthplace that respondents would have similar answers regarding adaptive leadership and that was proven to be true. Adaptive leadership is not based off gender or where a person was born, it is based off a skill set (either born with or acquired) that allows them to adapt to the changes around them. It allows them to progress with an ever-changing society in order to better lead their team and care for patients. It also enables them to be better educators for their team and patients as well by educating and guiding them through changes and challenges that occur within their career or with their health as a patient.

## References

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