

## The Art & Science of Leadership and Followership in Preventing Infection

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WHITE PAPER

### Moving toward Elimination of Healthcare-Associated Infections: A Call to Action

Denise Cardo, MD; Fenelope H. Denny, MD; Paul Halverson, DPH, MHSA, FACHE; Neil Fishman, MD;  
Mel Kohn, MD, MPH; Cathryn L. Murphy, RN, PhD, CIC; Richard J. Whitler, MD, FIDSA;  
HAI Elimination White Paper Writing Group

*“Elimination will require the implementation of evidence-based practices...”*

Strategies to increase adherence to CLABSI guidelines:

- 1) “leadership support at the highest levels of the facility”
- 2) “leadership and guidance from healthcare epidemiologists and experts in infection prevention...”

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## Outline

- Leadership
- Followership
- Preventing Infection
- Future Directions

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### Leadership: Definitions

- Leadership is “a process whereby an individual influences a group of individuals to achieve a common goal”

(Northouse in “Leadership: Theory and Practice” 2010)

- “Assigned” leadership = leadership that is based on occupying a position in an organization
- “Emergent” leadership = leadership that emerges from an influential member of a group regardless of the person’s title or position

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### Leadership Research 101: A Brief History

- Traits
- Style
- Situational and Contingent
- Transactional and Transformational

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### Leadership Research: Traits

- The “great person” approach to leadership
- Compare leaders with non-leaders: identify key traits
- Summarize 6 studies: 5 key traits
  - Persistence
  - Intelligence
  - Integrity
  - Self-confidence
  - Sociability

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### Leadership Research: Traits

- Strengths: Easy to understand, studied extensively, appeals to those who like to see their leaders as gifted
- Out of favor among academicians for several reasons:
  - Focus only on the leader (not the follower or situation)
  - Not terribly helpful in self-improvement

(Northouse, 2010)

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### Leadership Research: Style

- Focuses on the leader's behavior towards followers
- 2 main behaviors: "task" and "relationship"
  - Task: facilitate goal attainment
  - Relationship: help followers feel good
- "Concern for Production" vs "Concern for People"

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### Leadership Research: Style

- Strengths: Highlights the tension between relationships vs tasks; behaviors are easier to change than traits; extensive research (from both University of Michigan & Ohio State)
- Criticisms:
  - Unclear how styles are associated with outcomes
  - Unclear if high-high (9, 9) is the best style

(Northouse, 2010)

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### Leadership Research: Situational & Contingent

- Different situations require different leadership styles
- Situational approach: The leader should match their style to the follower's needs
  - "Directive" behaviors: Task-oriented
  - "Supportive" behaviors: Relationship-oriented
- Contingent approach: The leader should adapt their style (task vs relationship) also to the organizational context

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### Leadership Research: Situational & Contingent

Strengths:

- Makes intuitive sense
- Some empiric support

Criticisms:

- Not a "one-size-fits-all" strategy
- The leader must constantly adapt

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### Leadership Research: Transactional vs Transformational

Transactional:

- Transaction (or exchange) of something leader has that the follower wants
- Specifies roles and tasks
- Reward & punishment used as motivation
- "One-size-fits-all"

Transformational:

- Inspires followers to see beyond their self-interest
- Adapts to the needs and motives of followers
- Behaves in a way that engenders great trust
- The leader often relies on charisma

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## Question: What is the Secret to Good Leadership?

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## Followership

- Follower: “a person who accepts the leadership of another”
- An understudied area: Book search on Amazon revealed...
  - >95,000 titles on leadership
  - 792 titles on followership (mostly spiritual or political)
  - 120:1 in favor of leadership

(Bjugstad, 2004)

- Unfortunate asymmetry since leadership and followership are intertwined
- Most leaders are also followers!

(Kelley, Harvard Business Review, 1988)

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## Followership: 5 Key Types

(Kelley: The Power of Followership, 1992)

- \_\_\_\_\_: mavericks with a healthy skepticism of the organization; capable but highly cynical
- \_\_\_\_\_: the “yes people” of the organization; limited independent thinking; often seen in rigid bureaucracies
- \_\_\_\_\_: require disproportionate supervision relative to their contribution; lack initiative and sense of responsibility
- \_\_\_\_\_: hug the middle of the road; will do a good job but won't stick their necks out
- \_\_\_\_\_: independent, innovative, and willing to question leadership; critical to organizational success

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## Followership: “Speak Up!”

(Bennis: Managing the Dream, 2000)

- Good followers speak up and disagree with leaders
- Ineffective followers fail to give honest opinions, and become “yes people”
- If a group is going down the wrong road, it will get there faster if followers remain silent
- *Effective* leaders respect followers who speak their minds rather than withhold key information

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According to Peter Drucker in  
“The Effective Executive”...

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## Healthcare-Associated Infection (HAI)

- At least 20% of episodes are preventable; perhaps as much as ~70%

2003; Pronovost et al. ICHE 2011)

(Harbath et al. J Hosp Infect al. NEJM 2006; Berenholtz

- Medicare no longer reimburses U.S. hospitals for the additional costs of certain infections
- Preventive practices are variably used
- Infection prevention is a model for understanding implementation – both successes and failures

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### Why Some Hospitals are Better than Others in Preventing Infection

- Mixed-methods study – using both quantitative and qualitative methods – to understand why some hospitals are better than others
- Phone interviews and site visits to hospitals across the United States: CAUTI, CLABSI, VAP
- Interviewed over 100 people at various levels

*Much of the variability between hospitals is related to the people who work in those hospitals*

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### Findings: Key Barriers

- \_\_\_\_\_: people who prefer doing things the way they have always done them  
(Ford et al. Acad Manag Rev 2008)
- \_\_\_\_\_: passive-aggressives who undermine change without active resistance  
(Saint et al. Joint Comm Journal Qual Safety 2009)
- Culture of \_\_\_\_\_

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### What is a Culture of Excellence?

- Hospital wants to be superb
- Employees are rewarded for exemplary work
- Employees describe their hospital as “the best” and enjoy working there
- Clear goals that can be achieved

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### Culture of Mediocrity

- Happy to be “average”
- Constipators are prevalent
- Leadership is considered ineffective
- Over-performers are rewarded by ....
- Underperformers are not held accountable

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### Key Facilitators

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### One Key Facilitator: Collaboratives

- Collaboratives: align clinical silos and goals
- Examples: 100K Lives Campaign, Keystone



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### Collaboratives

- Tools used by collaboratives:
  - CEO buy-in
  - Spotlighting an issue
  - Identifying a champion within the organization
  - Using off-the-shelf solutions that have already been developed

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### Another Facilitator: Key Opinion Leaders

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### Finally, Leadership... At All Levels

- Applies not only to the Director...
- Works well with other disciplines
- Examples: Infection preventionists, hospital epidemiologists, hospitalists, patient safety officers, CMOs, nurse managers, etc.

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### 4 Key Behaviors of Effective Infection Prevention Leaders

(Saint et al. Infect Cont Hosp Epid. Sept 2010)

- 1) Cultivated a culture of clinical excellence
  - Developed a clear vision
  - Successfully conveyed that to staff
- 2) Inspired staff
  - Motivated and energized followers
  - Some, not all, were charismatic

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### 4 Key Behaviors of Effective Infection Prevention Leaders

(Saint et al. Infect Cont Hosp Epid. Sept 2010)

- 3) Solution-oriented
  - Focused on overcoming barriers rather than complaining
  - Dealt directly with resistant staff
- 4) Thought strategically while acting locally
  - Planned ahead leaving little to chance; politicked before crucial issues came up for a vote in committees

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### What about the Future?

- A final story
- Return to the 18<sup>th</sup> and 19<sup>th</sup> centuries...

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### What about the Future?

- Another (final) story
- In the 19<sup>th</sup> century...
- 21<sup>st</sup> century: what should be the role for those of us who want to improve the quality and safety of hospitalized patients?

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Thank  
you!

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