

TITLE Transformational Leadership Styles of Laboratory Medical Directors

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OBJECTIVE The purpose of the study was to explore the leadership practices of medical directors and determine their consistency with exemplary leadership practices.

METHODOLOGY

Seven medical directors (all Caucasian males), the medical chair of each of the major laboratory divisions that make up the Department of Laboratory Medicine and Pathology (at a leading academically-based institution), with 62 specialty laboratories, participated in the study by completing the LPI (88% response rate), along with 110 of their constituents (33% response rate) completing the LPI-Observer. Internal reliability coefficients for the LPI-Observer in this study were .90 Model, .95 Inspire, .92 Challenge, .87 Enable, and .95 Encourage.

KEY FINDINGS

The medical directors reported engaging most frequently in the leadership practice of Enable, followed by Model, Encourage, and Challenge, and Inspire, and their mean scores were typically higher than those provided in the Kouzes Posner normative database. No statistically significant differences between the LPI-Self and LPI-Observer scores were found for constituents (combined as well as separated into categories of administrators, consultants, and others), with one exception (Model for administrators was lower than for medical directors).

Male constituents, compared with medical directors, were seen as engaging significantly less often in Model and none of the other comparisons were statistically significant. None of the leadership practice observations of female constituents were significantly different than those reported by medical directors. Overall, the average scores from male and female constituents were not significantly different from one another.

Examining differences between constituents and medical directors on the variable of "length of service of constituents" revealed no significant differences for those with five years or less, three differences for those with 6-10 years (Model, Challenge, and Enable), two differences for those with 11-15 years (Model and Enable), and two differences for those with 15+ years (Enable and Encourage). All of these differences were in a negative direction (lower frequency scores from constituents than from the medical directors).

Examining differences between constituents and medical directors on the variable of “age of the constituents” revealed significant differences for those 25-34 years of age on all five leadership practices, two differences for those 35-44 years of age (Model and Enable), no differences for those 45-54 years of age, and three differences for those ages 55+ (Model, Enable, and Encourage). All of these differences were in a negative direction (lower frequency scores from constituents than from the medical directors).

Examining differences between constituents and medical directors on the variable of “number of years the constituent has worked under the leadership of the medical directors” revealed two significant differences for those with 2 years or less (Model and Challenge), two differences for those with 3-5 years (Model and Enable), and no differences for those 6+ years of experience working together. All of these differences were in a negative direction (lower frequency scores from constituents than from the medical directors).

The author concludes: “Laboratory medical directors who are older, who have spent between 11-15 years employed by their current organization, have been in leadership positions for 6-10 years, fall short of normative scores of engaging in transformational leadership practices. Further, this entire group of laboratory medical directors compare less favorably to Kouzes and Posner normative means when measured against other leaders in the medical/healthcare industry” (p. 122).

The author notes: “The laboratory medicine and pathology department that is the subject of this study is considered by many to be among the finest clinical laboratories in the world today. The results of this thesis suggest that this same department and its medical leadership practice the transformational style of leadership. It is this author’s opinion that the active engagement in transformational leadership among its leaders, and the international recognition of a world class diagnostic laboratory department, are indeed causative” (pp. 126-127). “Finally, the results of this study demonstrate the importance of establishing and maintaining congruence of leadership values between leader and followers...Organizations need to develop leadership development programs designed to merge the values and expectations of both leaders and followers in a combined setting, rather than programs reserved solely for the benefit of leaders, which is absent the important input from followers” (p. 128).