

Virtual Mentor

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OP-ED

One Leadership Style Does Not Fit All

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James MacGregor Burns described leaders as either transformational or transactional in style [1]. Transformational leaders mentor and empower their followers to reach their full potential. They provide goals, constantly work to improve and innovate; and encourage their followers to contribute more to their organization. In contrast, transactional leaders appeal to their subordinates' self-interests through a process of give and take. They establish roles, reward when expectations are met, and reprimand when they are not. In modern organizations, leadership research has shown that the transformational style, coupled with components of positive rewards and incentives, results in the more effective leadership [2].

Can we predict which leaders will be more likely to employ the transformational style? A meta-analysis of 45 studies on these leadership types found that female leaders were likely to be more transformational than male leaders [3]. Men tended to be more transactional when it came to disciplinary actions, while women tended to be so in rewarding behavior. (The researchers also found a third style, more prevalent in men than women, termed *laissez-faire*: a non-leadership style with little interest in management.)

So, in theory, women may be better equipped to be good leaders, including in medicine. This does not necessarily mean they are in leadership positions: women account for 37 percent of faculty in U.S. medical schools, but less than half as many women as men in academic medicine reach the rank of professor; for full professors, it is only one-fourth as many [4]. If women are natural leaders, why aren't more of them in leadership positions? One cause may be social perceptions of gender roles. Women leaders are also often faced with a "damned if you do, damned if you don't" proposition. The Catalyst organization described the issue as one of competing social expectations. Women are expected to be compassionate and nurturing; traits psychologists would describe as communally oriented. Agentic traits (i.e., those associated with self-regulating, proactive agency) such as aggression, decisiveness, ambition, and individualism are seen as more male traits that, when utilized by women, are often viewed as harsh or self-centered [5].

Furthermore, though the communal traits of compassion, sensitivity, and concern for others are certainly behaviors sought in medical care, these attributes are not the exclusive domain of women. In reality, most successful leaders employ a combination of both transformational and transactional leadership strategies [2].

As we look into the future needs of health care, what type of leaders are best equipped to direct patient-centered medical homes? Perhaps we should look into what exactly the medical home entails. As originally defined, the medical home is a team-based health care delivery system led by a physician, physician assistant (PA), or nurse practitioner (NP) that provides continuous and comprehensive medical care to patients with the goal of maximizing positive health outcomes [6]. One of the most indispensable elements of the medical home concept is appropriate care coordination, a cooperative effort between the patient, the family, the clinicians, the informational technologies, and the clinicians' staff. In the patient-centered medical home, the patient-doctor relationship may be best served by relational approaches that vary depending on the circumstances and the patient's style rather than by a single paradigm. Patients need to be able to find clinicians who suit their needs and expectations, and all should be searching for someone they feel best cares for them. For some patients, that person will be decisive and assertive; for others, that person will be communally oriented and, perhaps, solicit more patient input. So is it appropriate to consider the notion that better care would be provided by cutting the diversity of the caregivers in half?

The quintessential physician in our grandparents' era, Marcus Welby, MD, practiced medicine in a world when expectations and standards might best be described by the old adage "to comfort always, relieve suffering often, and cure rarely." Today, however, it seems that medicine is focused on curing always, relieving suffering if we have time, and comforting rarely. The idea of the patient-centered medical home is to add comfort and compassion back into the patient care equation; and this will not be best accomplished by forcing everyone involved to conform to one model of clinician-patient relationship.

But we physicians have for years resisted standardization of practices because patients are diverse and their care often requires a variety of options. Twenty-first century medicine will be best served not by clinicians of a particular gender or demographic but by clinicians who are focused on the principles of the Hippocratic Oath that we swear.

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