

Fitting In, Standing Out: Leading Effectively Within Your Organization

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As healthcare organizations implement EHRs, effective HIM leadership becomes more important than ever. Key to establishing a defining role within your organization is appreciating how groups interact.

Despite the excitement surrounding the impending arrival of the electronic health record (EHR), the coming transition will be an anxious time for healthcare organizations. The EHR is a disruptive technology. It does not merely represent an incremental improvement in how clinicians document patient care. It will transform the entire medical record paradigm, from redefining the legal medical record to empowering patients by enabling them to access their records, communicate with providers online, and correct or enter data into their records.

Medical record heresy, you say? Perhaps. Though EHRs are seen by many as essential for improving patient safety and reducing costs in healthcare, a more profound impact is likely. The EHR is important in the movement toward consumer-driven healthcare, which will lead to a fundamental change in the relationship between patients and healthcare providers. That is a huge transition, and it will provoke anxiety as people learn to adapt.

In every healthcare organization it is the responsibility of HIM leaders to clearly define the role of HIM in the organization's transition to the EHR. HIM leaders must envision, articulate, and lead the transformation of paper-based practices to e-HIM™. To ensure the best possible outcomes for the future management of health information, HIM professionals must be a *leadership presence*. Becoming a greater presence requires a commitment to professional development and personal growth. It requires that individuals gain insight into their own functioning as leaders.

Bowen family systems theory, a widely accepted theory of human behavior, describes families and other social groups (such as those in workplaces) as “emotional systems” with observable and predictable patterns of behavior. The term “emotional” refers to automatic, instinctual behavior that is hardwired into all forms of life.¹ Viewing the workplace through the lens of Bowen's theory offers a new way to think about leadership and one's own role in an organization's relationship system. Systems-based leadership™ can assist HIM professionals gain the necessary leadership presence to succeed in transforming HIM to e-HIM.

Systems Thinking

Bowen's great insight was the reciprocal nature of human behavior. Just as when one pulls a piece of a mobile and all pieces move in response, a change in behavior of one member of a relationship system automatically results in changes in the behavior of others in the system. Thinking about human behavior from this perspective is referred to as “systems thinking,” and it transcends the plethora of technique-oriented approaches to leadership. It suggests leadership is a reciprocal process in which leaders and members of the organization or group influence each other's functioning. This concept reframes the individual's role in leadership, suggesting that everyone in the organization is responsible for the success and survival of the entity.

Central to the concept of a living system is the recognition that every individual is balancing two competing life forces, the drive for togetherness and the drive for individuality. Togetherness is a way in which people reduce anxiety. When families come together during difficult times, the family members comfort each other. When people get upset with issues at work, they seek out like-minded individuals in the system with whom they can commiserate. When life is less stressful and emotional systems

less anxious, needs for togetherness are less intense. However, humans generally appear to be attracted to one another and usually choose some degree of togetherness to manage their anxiety and increase their comfort.

Individuality is a counterbalancing natural force to togetherness. As people mature emotionally they “differentiate” from their mothers and their families. From a position of total dependence at birth, humans become increasingly independent in their functioning, ultimately developing their own desires, goals, beliefs, and standards. As humans mature they automatically strive to define themselves as distinct individuals and to live their lives according to their own values and principles. This is the process of self-differentiation. People develop visions of how they want to live their lives and take the necessary steps to achieve their visions. They define themselves in relationships according to these visions. They learn to set boundaries to protect the integrity of the “self” so that only they change their visions, based on new information or life experiences.

The level of differentiation people reach, or how emotionally mature they become, reflects the extent to which they recognize they have choices and make their choices based on their own beliefs. The more successful people are at evolving to a high level of differentiation, the more likely they are to be successful leaders.

Establishing a Leadership Presence

Continuously developing greater emotional maturity is one answer to the question of what it means to be a responsible leader. Systems-based leadership suggests that individuals seeking to become more effective leaders can work toward a higher level of differentiation. Stating a position on EHR issues, defining self to a group by being clear about one’s beliefs and expectations, and making decisions in the best interest of the organization rather than one’s self—these are examples of how individuals can work toward a higher level of differentiation. At high levels of differentiation and emotional maturity, individuals are calmer and better able to manage their anxiety. They emerge as leaders because they are more attractive to others in the emotional system. Their presence calms others and elevates the system’s level of functioning.

The case study below illustrates how relationship patterns in the emotional system can undermine an organization’s effectiveness in implementing an EHR system. The following analysis shows how leaders with greater self-awareness and awareness of emotional process in relationship systems can lead to more responsible leadership and different outcomes.

Case Study

The director of HIM at a community hospital is having lunch with a few colleagues in the hospital cafeteria. The nursing supervisor from the intensive care unit sits down at the table and mentions casually, “We just got the go-ahead. The new computerized physician order entry (CPOE) system is going live in three months.” The director of HIM is momentarily stunned. This is the first she has heard of the project.

After lunch she calls her boss, the vice president (VP) of patient services, to ask about the project. The VP describes the project, but when the HIM director asks why the HIM department had not been involved, the VP sounds surprised by the question. She explains, “This is a system that affects physicians, nurses, pharmacy, and other clinical departments, not the HIM department. Why would anyone from HIM need to be involved?” The director takes a deep breath, slowly exhales, and calmly asks, “How will the signatures for verbal and telephone orders be handled?” The VP replies, “I’m not involved in that level of detail.”

After a moment of silence in which she controls her frustration, the HIM director continues. “Will the physician orders be kept online permanently, or is the HIM department expected to print them out and file them with the paper record?” she asks. Again, surprised by the question, the VP replies, “I haven’t given that specific issue any thought, but I’m sure IT and the others on the team worked it all out.”

The director goes on to explain that all these issues affect workflow in the HIM department. At the very least, she says, she will need to know the answers to these questions because she will need to start reengineering some of the HIM department’s work processes immediately. Becoming impatient,

the VP suggests that the HIM director talk with the project leader in the IT department for specific details on the system.

The director leaves several messages for the project leader, but a week goes by with no response. Finally, the director goes to the IT project manager's office unannounced to talk with him about the project. He is polite for a few minutes, then tells her, "The physician order entry system is an IT project, and it is near completion. It's really too late in the process for you to get involved."

Deflated by the IT project director's lack of concern, the HIM director sees no options and returns to the HIM department, seething and exasperated. She takes no further action.

A few weeks later, shortly after the implementation of the CPOE system, physicians start complaining to the HIM director about problems using e-signatures and increases in the number of their incomplete records. The director gets caught up in intense conflicts between the physicians and the IT staff, with all parties blaming each other for their miseries. The HIM department develops backlogs because her staff falls behind. Printing the physicians' orders has increased their processing time.

The VP is surprised and visibly upset when the local board of health assesses a fine for failure to sign verbal orders within the required time frame. Eventually the physicians threaten the CEO and board of trustees that if the CPOE system isn't discontinued, they will start admitting patients to other hospitals in the area. The CEO immediately aborts the project, and the CPOE system is "temporarily" taken down until the design problems can be fixed and the medical staff re-engaged in the project.

Case Study: What Happened?

The case study exhibits failures in leadership at several turns. These become especially clear when the scenario is considered in terms of emotional process.

The HIM director has not established a leadership presence for herself or her department. Her boss, the IT department, physicians, and other caregivers involved in the project never thought to include her in the project. She was blindsided by learning that a project of great magnitude had been under development and was near completion.

Left out of formal and informal communication loops, the director is emotionally cut off from other parts of the organization. She has not successfully defined herself, HIM, or the HIM department as critical to the success of the EHR team. The organization lacks a clear vision of the HIM department's evolution toward an electronic practice environment. Despite her concerns about how the CPOE system is being designed and implemented, the HIM director is unable to sound the alarm. She fails to create a sufficient sense of urgency within the organization.

The HIM director and her department are thus isolated and left in an underfunctioning position. They are vulnerable to being the "automatic" focus of organizational anxiety, further deteriorating their effectiveness within the organization. A lack of well-differentiated leadership has contributed to the HIM department being in a tough spot. However, the HIM director is not the only failed leader in the scenario.

The VP of patient services is not a well-differentiated leader, either. By failing to formulate and communicate a clear expectation of the HIM director's contribution to the organization's success, she limits the creativity and lively engagement of the leadership process. The VP has the responsibility to promote an environment that welcomes leadership throughout the organization. With both leaders caught up in emotional reactivity, neither demonstrates responsible leadership behavior, and the organization suffers the consequences.

The VP also fails to provide leadership presence as an executive leader for the project. She avoids responsibility for operational success with the excuse that she isn't involved in project details and hasn't given any thought to an important policy decision. When the HIM director thoughtfully challenges her with legitimate questions, the VP abdicates responsibility and accountability to the IT project leader. Her distancing behavior creates an anxious triangle with the HIM director and the IT

project leader, which is likely to increase organizational anxiety and depress functioning in the HIM director and the IT project leader.

And sure enough, the project leader also reactively distances himself from the HIM director. He tries to avoid communication by not calling her back for a week. When the HIM director finally confronts the IT project leader, though it is a half-hearted effort, the IT project leader's anxiety increases and he cuts off the HIM director. With anxiety escalating, the HIM director quickly backs off, failing to take a responsible position regarding the consequences of ignoring her concerns.

Overwhelmed by the anxious distancing and avoidance behaviors of the two people with whom she tried to communicate, the HIM director shuts down, allowing the consequences of the problems to materialize and threaten the organization and the patients whose safety depends on improved physician order entry methods. This is an example of a highly anxious, poorly functioning leadership process.

Case Study: What If?

With self-differentiated leadership, the scenario could have unfolded much differently. What if the HIM director had gone a step further in trying to avert anticipated problems? Instead of simply raising questions about design and policy, what if she had made firm recommendations in writing to the whole project team? What if she had a clear position about e-signatures on verbal orders and clearly communicated her objections to printing orders rather than making them permanently electronic? What if she had voiced that position to many more people?

If the HIM director had provided a written opinion and presented it with carefully researched examples from the literature or other institutions, she might have gotten the attention of some thoughtful or influential project team members or even executives higher up in the organization who could take action. Her leadership presence would have been felt.

What if the VP had accepted responsibility for initially having overlooked the HIM director's input? What if she asked the director to provide her professional expertise on the matters she raised? If the VP had reviewed the HIM director's concerns and moved from a passive to an active position on operational issues, she would have brought greater leadership presence to the project team by being a conduit for facts vital to success. She would have brought the information to the whole team rather than putting the IT project leader on the spot, creating an emotional triangle and increasing anxiety.

The VP should have recognized that the HIM director wasn't sufficiently visible or proactive. She could have chosen to mentor and play to the director's strength—her HIM expertise—thus enabling the director to shine and gain the self-confidence needed to grow as a leader.

And what about the IT project leader? Could he have been more self-differentiated and saved the day? He could have responded promptly to the HIM director's initial requests to meet. He could have listened and treated respectfully and thoughtfully the new information the HIM director provided. By understanding the potentially dire consequences the team had initially overlooked, he could have taken appropriate action or brought the information to the team for analysis and action.

Everyone in the scenario had choices. They had the choice to listen, think, and change their positions based on facts. They could have made the effort to overcome their own anxiety and had the courage to act in the best interest of the organization.

Each could have observed his or her own behavior and recognized the reactivity of others. Instead of distancing, the leaders could have chosen to stay present and accounted for in the system, managing their own reactions to modify the anxiety in the system. If they were disappointed by the late entry of the HIM director to the project, each person could have reflected on the role he or she played in the failure to include a major user of the medical record in a critical EHR project. These are the behaviors of well-differentiated leaders.

Calmer, more thoughtful, and aware of others without being reactive to them, highly differentiated individuals are clear about their beliefs, responsibilities, and positions on important issues. They are neither overbearing nor overly accommodating. Highly differentiated leaders observe and sense changes in their environments. Clear about their responsibilities and fully present in the relationship system, they catalyze change, which in turn has a transforming effect on them as leaders.²

Working to further one's emotional maturity, learning to observe the emotional process in one's organization, and answering the question "what does it mean to be a responsible leader?" is an ongoing, lifelong challenge. Leadership is always a work in

progress.

Notes

1. Kerr, Michael, and Murray Bowen. *Family Evaluation: An Approach Based on Bowen Theory*. New York: W.W. Norton and Co., 1988.
2. Friedman, Edwin. *A Failure of Nerve: Leadership in the Age of the Quick Fix*. Bethesda, MD: The Edwin Friedman Estate, 1999.

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