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Report of Chief Medical Officers (CMOs) Experiences and Leadership Styles

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Abstract

This article continues the project of current authors [1] who learned about the leadership styles, preferences, and experiences of Chief Medical Officers (CMOs). Subjects (CMOs) completed an online survey responding to questions related to their leadership styles and experiences, using descriptive and open-ended questionnaire. It was found that seventy-five percent of respondents used a coaching style when managing their employees, and fifty percent used a democratic leadership style when working with their organization's top executives. All participants agreed that healthcare organizations would benefit most from a servant leadership model. This exploratory study reveals that among the participants the most employed leadership style was coaching, situational, and servant leadership especially when supervising their direct subordinates. The research also revealed that when working with their peers and/or senior executives, CMOs tended to adopt democratic, bureaucratic, and transactional leadership philosophies.

Background and Rationale

This article continues the project of current authors [1] to learn about C-level executives' practiced leadership styles in a healthcare setting. Self-reported survey results from their article (September 2022) gave a general leadership style profile of Chief Nursing Officers (CNOs). Their summary profile demonstrated that "…transformational, servant and situational leadership styles were predominantly being practiced among the participants…….participants believed that transformational for magnet and servant for non-magnet hospitals were the best-suited leadership styles" ([1] p. 6). The specific aims of their initial work were to 1) Identify which leadership style is predominant in magnet and non-magnet hospitals and 2) Determine if the servant leadership style was more suitable in the healthcare environments than the transformational leadership style? ([1], p. 2).

The purpose of this project was to gain more knowledge about Chief Medical Officers (CMOs) practicing leadership styles, specifically about their prior experiences in a healthcare setting. In the majority of sizable healthcare systems, the CMOs play an important role in management. Between the medical personnel and the non-physician administration. When it comes to usage review, assuring compliance with rules and regulations, peer review, credentialing, and privileging, the CMO often plays a significant role [2]. CMOs are therefore present in the majority of healthcare organizations. Their primary responsibility, if you stop to consider it, is to provide information that would help the healthcare firm grow in the market that it was operating. Yet with COVID, every CMO in the nation was suddenly required to double as an epidemiologist and a workplace safety expert and to significantly contribute to the company's commercial plan. Although this has always been the case—where you work, how you work, and how you show up to work all have an impact on your health—the pandemic truly brought this to light. It was made obvious for the first time that if you didn't care for your employees and their dependents' safety and health, you wouldn't be able to achieve the organization's goals. Thus, the CMO's function in particular underwent a significant transformation from being primarily concerned with the healthcare organization's aims to being one of business strategy [3].

CMOs make important choices in the establishment of policies and procedures, clinical and patient standards, and staff numbers. The workplace is impacted by their leadership style and the organization's culture is impacted by them. They have an effect on hiring, retaining, and staff morale. This would inform and help Chief Executive Officers (CEOs) and senior administrators who are responsible for designating roles and responsibilities. In addition, it would benefit those who may be interested in developing or adopting different leadership styles to accommodate their specific situations and provide positive experiences for their staff as well as ensure positive patient care outcomes.

Purpose and Specific Aims of This Study

This article provides a follow-up to previous work by current authors to learn more about the CMO's leadership style and experiences [1]. The leadership style of executives such as CMOs in hospitals plays an important role in delivering successful and healthier work conditions which lead to better patient health outcomes. There are various leadership styles and each can lead to a very different outcome for organizations. The purpose of this empirical research was to identify what leadership style was being practiced among the hospital's CMOs. The results might help senior executives and administrators in coaching and mentoring their direct reports and should be helpful to other CMOs who may be interested in adopting different leadership styles for their organizations and teams.

Review of Research

All medical professionals, from foundation trainees to board directors, should develop their leadership abilities. Literature is replete with chief medical officer leadership styles, traits, the effect of leadership styles on the workplace, and physician leadership styles; however, it fails to mention if a broader range of leadership styles were covered as well and there is a lack of knowledge about the tool which were leveraged to hone-in on the leadership style of the CMOs. As was stated in the prior research, the authors claim that they are not aware of any extensive literature reviews of publications on CMO's leadership styles and experiences that have been published in journals using a novel tool as the current authors of this research have developed in their previous work. In the few articles published, the authors superficially note that this is an area that has been studied. A good starting point in a review of the literature was to recognize MacAulay and Yashadhan's recently published article [4] where the focus of their research was primarily on the role of CMOs. Authors stated: "….disagreement concerns whether CMOs should act independently of the government: while some argue CMOs should act as independent voices who work to shape government policy to protect public health, others stress that CMOs are civil servants whose job is to support the government……" ([4], p. 100). Similarly, Lena [5] focused her research on three distinct approaches to leadership analysis. The three leadership theories and traits of CMOs were the central point. Furthermore, much of the other existing research was focused on transformational leadership styles.

In another article Williams [6] did a great job in discussing the techniques to increase a doctor's effectiveness as a leader and how leadership style impacted their performance; however, the author neglected the fact there are multiple leadership styles and it is important to rapidly identify and understand the leadership styles of senior leaders such as CMOs, so CEOs can endeavor toward making a bigger impact in their organizations. Frazier [7] leveraged the theme and multifactor leadership questionnaire approach, and their focus was on transformational leadership areas and safety. Furthermore, similar to Frazier, the authors seemed to lean toward a particular leadership style "…transformational leadership models could influence positive social change by improving system safety practices in the transit rail industry." [7]. Contrasting previous research and authors, the goal of the current project is to increase the understanding of CMO's leadership style and their experiences as well as to take the aims in a different direction. Identifying a CMO's leadership style, and preferences is one goal, for instance. Another is to learn about the experiences of a wider group of CMOs who have been serving our healthcare systems. This should provide administrators with helpful information for development as well as how to leverage different styles within their organizations.

Method

To map individuals' experiences toward leadership style as well as their preferences we developed a qualitative survey (self-report) approach. We utilized a Qualtrics survey with 32 questions, which took about 60 minutes to complete. The survey is divided into three sections: 1) Basic descriptive data on the participants' demographical preferences such as their present situation and any former job in the healthcare industry 2) self-reported questions to assess one's leadership preferences, 3) self-reported questions to assess one's leadership style, 4) open-ended questions about their preferences and experiences; and 5) self-reported inquiries on the leadership style that is most effective for various businesses. The results of the survey were reported in an earlier published article [1].

Potential participants were recruited via previous research. To create our invitation list, we first knew of CMOs who had expressed interest in participating in the study based on previous work that was done with their organization's Chief Nursing Officers. These naturally became part of our subject prospect list. After that, we sent emails to chief nursing officers from previous work who made the connection to chief medical officers of various = hospitals. Third, we sought recommendations from other Chief Executive Officers (CEOs) regarding any CMOs who could be potential prospects.

To identify candidates and to be effective in excluding those who did not match the study's criteria, a standard recruiting email that had been authorized by the university's IRB was used for all interactions. We never mass-invited participants to complete the survey or requested their names to gather information. These techniques generated a list of 27 potential subjects to whom we would issue a survey invitation. Following the creation of the prospect list, an email invitation was sent to the 27 prospects with the following information: a) an invitation to participate in the survey; b) an explanation of the survey's purpose; c) a list of the questions that would be asked; d) an estimate of how long it would take to complete the survey; e) a statement that the survey was voluntary and anonymous; and f) information about the IRB's approval. There were no rewards offered for completing the survey. After three weeks had passed since the initial invitation, one follow-up email was sent to the subject prospect list. The survey was active for one month.

The statistical analysis was carried out utilizing SPSS 28.0, Statistical Package for Social Sciences. To determine the proportion of responses that fit into particular categories, demographic characteristic questions were examined using a nominal scale frequency distribution. Every participant gave their consent to participate in the study, and they were free to withdraw at any time. Before beginning the interviews and observations, informed verbal consent was sought.

Results

Demographic

There was a total of twenty CMOs (20) for whom there was some indication that they would be willing to participate in the study and were invited to take the survey. Twenty responded to the survey with a response rate of close to 100%. Three participants held their current position for less than <5 years thus not meeting the inclusion criteria. Five participants began but did not complete the study. This left an "n" of 12 CMOs for this study.

As you see from the tabulated demographic results summarized in Table 1 below, fifty-eight percent (n=7) were

females and forty-two percent (n=5) were males. Forty-two percent (n=5) were White/Caucasian, forty-two percent (n=5) were Other, eight percent (n=1) were Black/African and the remaining eight percent (n=1) were Asian. Eighty-three percent (n=10) were full-time and seventeen percent (n=2) were retired. Sixty-seven percent (n=8) were 40 to 50 years of age. Thirty-three percent (n=4) of participants' age range was from 60 to 79 years old. One hundred percent (n=12) of the participants had a doctoral degree (Ph.D., MD/DO, DHSc) and had the title "Chief Medical Officer (CMO)." In addition, one hundred participants (n=12) were in administration functions within their organization. On average, all participants (n=12) work 75 hours a week in a typical work week in their current role. Furthermore, on average all participants were in their role for approximately eight years.

Gender	**Frequency**	**%**
Female	7	58
Male	5	42
Ethnicity	**Frequency**	**%**
White/Caucasian	5	42
Black/African American	1	8
Asian	1	8
Other	5	42
Employment	**Frequency**	**%**
Full-Time	10	83
Retired	2	17
Age	**Frequency**	**%**
40 - 59	8	67
60 - 79	5	33
# of Degrees	**Frequency**	**%**
Doctorate i.e., Ph.D., MD/DO, DHSc,	12	100
Participant's Title	**Frequency**	**%**
Chief Medical Officer	12	100

Table 1: Tabulated demographic results.

Believed and Practicing Leadership Styles with Peers and Senior Management

Pre-study, fifty percent (n=6) participants believed that they practiced servant leadership style, thirty-three percent (n= 4) believed they practiced transformational, and the remaining seventeen percent (n=2) participants believed that they practiced visionary leadership style; however, post-interview it was determined that seventy-five percent (n=9) practiced coaching, seventeen percent (n=2) practiced situational leadership, and eight percent (n=1) practiced servant leadership style while interacting with their direct reports. Moreover, fifty percent (n=6) practiced democratic, thirty-three percent (n=4) practiced bureaucratic leadership, and seventeen percent (n=2) practiced transactional leadership style while interacting with their upper management and peers i.e., C-level executives (Table 2).

Participants believed they practiced this leadership style	**Frequency**	**%**
Servant	6	50
Transformational	4	33
Visionary	2	17
Participants actual leadership style with their Direct Reports	**Frequency**	**%**
Coaching	9	75
Situational	2	17
Servant	1	8
Participants actual leadership style with Upper Management	**Frequency**	**%**
Democratic	6	50
Bureaucratic	4	33
Transactional	2	17

Table 2: Tabulated leadership style results.

Best-suited Leadership Styles for Healthcare Organizations

Fifty percent (n=6) of the participants were from the magnet and the remaining fifty percent (n=6) were from non-magnet facilities. Sixty-seven percent (n=8) of the participants believed that the servant leadership style would be best suited for their organization while the remaining thirty-three percent (n=4) believed the coaching leadership style would serve the best for their organization. One hundred percent (n=12) of the participants believed servant leadership style would be best suited for non-magnet facilities; on the other hand, fifty percent (n=6) of the participants believed the servant while the remaining fifty percent (n=6) believed transformational leadership style would be best for magnet organizations. Furthermore, one hundred percent (n=12) of the participants believed the servant leadership style would be best suited for "any" healthcare organization (Table 3).

Participants' organizations'	**Frequency**	**%**
Magnet	6	50
Non-magnet	6	50
"Best Suited" leadership style for participant's organization	**Frequency**	**%**
Servant	8	67
Coaching	4	33
"Best Suited" leadership style for non-magnet facilities	**Frequency**	**%**
Servant	12	100
"Best Suited" leadership style for magnet facilities	**Frequency**	**%**
Servant	6	50

Transformational	6	50
"Best Suited" leadership style for Healthcare Organization	**Frequency**	**%**
Servant	12	100

Table 3: Tabulated best-suited leadership styles for healthcare organizations result.

Table 4 provides a conceptual framework, particularly the leader's behavior which pairs with their styles, emerging themes, and quotes: 1) Communication 2) Supportive 3) Empowering 4) Helping others find themselves 5) Modesty 6) Listening 7) Offer Guidance instead of giving Commands 8) Flexibility 9) Change according to the Situation and 10) Delegation.

Participants	Communication	Supportive	Empowering	Helping Others find it themselves	Modesty	Listen	Offer guidance instead of giving commands	Flexibility	Change according to the situation	Delegation	Leadership Style	Emerging Themes	Quotes
P1		x		x			x				Coaching	Supportive, Self-aware, Helping others find it themselves, Ask guided questions	"I am supportive and always offer guidance instead of answers."
P2		x		x			x				Coaching	Offering guidance instead of giving commands, value learning	"I am self-aware and a firm believer of helping others find themselves."
P3		x		x			x				Coaching	Helping others find it themselves	
P4		x		x			x				Coaching	Offering guidance instead of giving commands, ask guidance instead of commands	"I try to probe and ask guided question to help them develop as a mentor."
P5		x		x			x				Coaching	Helping others find it themselves, Ask guided questions, value learning	"When it comes to my direct reports, I see myself as a teacher who is helping them find their way."
P6								x	x	x	Situational	Flexibility, Change according to the situation, Clear Vision, Courage	"Situational Leadership Style would be best suited for healthcare organization one works or reports into."
P7		x		x			x				Coaching		
P8		x		x			x				Coaching	Supportive, Offer guidance instead of giving commands, Balance relaying knowledge	"I try to balance information so I don't influence and instead let my direct reports figure it out unless or until they seek my advice."
P9		x		x			x				Coaching	Value learning, Supportive, Self-aware, Offer guidance instead of giving commands	
P10	x		x		x	x					Servant	Motivating team, Encourage collaboration, Promote engagement, Personally, care about the team	"I believe in listening, helping by showing, and the growth & development of my team."
P11								x	x	x	Situational	Directing/Coaching/Delegating, Change according to the Situation	"I believe in assessing the situation and then following through by offering solutions."
P12		x		x			x				Coaching	Helping others find it themselves, Ask guided questions, value learning	

Table 4: Tabulated conceptual framework concept with leader's behavior.

Discussion

There was a collection of interprofessional healthcare workers from many disciplines that collaborated and worked together toward the same objective to offer quality treatment and outcomes for patients. In this study, all participants were titled CMOs and assumed multiple responsibilities in various critical functional areas of the hospitals. For instance, there several interdisciplinary personnel who crossed boundaries from one hospital area to another. The CMOs' roles and obligations were made up of fifty (n=6) percent of interdisciplinary professional tasks and responsibilities who managed physicians, nurses, quality care delivery, administration, and operational side of their hospital. Interdisciplinary work is challenging as it requires many people to collaborate to provide high-quality treatment. Overall, CMOs are an important bridge between the hospital's medical, nursing, operations, administrative, and upper management as well as other divisional internal and external responsibilities. In some instances, CMOs also assumed Chief Operating Officers' (COOs) responsibilities. For instance, CMOs were responsible for medical organizations, human resources, commercial, sales, marketing, and operational infrastructure.

This research found that those who participated in this preliminary study predominantly practiced coaching, situational, and servant leadership styles while interacting with their direct report; however, they opted to practice democratic, bureaucratic, and transactional leadership styles when working with senior members of their organization. This research's findings also demonstrated similar trends that were mentioned in Malak & Rundio et al., where the participants who worked in magnet organizations stated that transformational leadership is the best style for their organization; while those who worked in non-magnet stated that servant leadership is the best leadership style for their facility [1]. It is a key observation that statements of those who practiced coaching, situational, and servant leadership style with their direct report directly reflected the five qualities of a coaching, situational, and servant leader that were presented in Table 4. Participants who practiced coaching leadership demonstrated the following

qualities: supportive, helping others find themselves, and offering guidance instead of giving commands. Furthermore, participants who practiced servant leadership frequently demonstrated the following qualities: listening, empowering, and communication. And lastly, those who practiced situational leadership style demonstrated: flexibility, change according to the situation, and delegation. Based on the interviews and collected data, it can be concluded that there is a pattern among the participants based on who they are interacting with as far as which leadership style they predominantly practice and/or believe should be practiced.

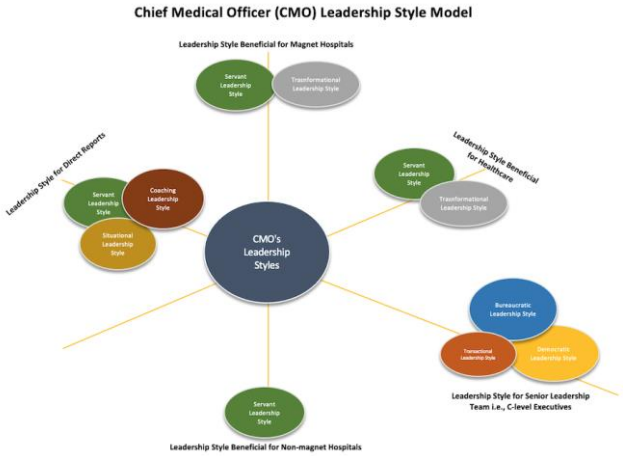

Figure 1: Predominantly practiced leadership style and preferences.

Conclusion

The findings showed that the hospital's CMOs mostly used coaching, situational, and servant leadership styles when engaging with their direct reports. It also showed that the hospital's CMOs mostly used democratic, bureaucratic, and transactional leadership styles when communicating with their colleagues and/or C-level executives. The key themes that emerged were delegation, flexibility, listening, direction instead of orders, communication, supporting, empowering, enabling people to discover it themselves, and listening. Current research is not able to generalize the preferences and experiences of those individuals due to the sample size and geographical restrictions. The study's shortcomings can also be due to the participants' diverse personalities. Despite having more than enough participants for a qualitative study, the study only included a select set of subjects. Future research should thus take a bigger sample size into account. Another limitation would be the transferability of the findings of this research to a broader group. The findings on leadership style in the works of Trastek [8] and Malak et al. [1] were significantly influenced by this research. Overall, the results of this study are consistent with those of Malak et al. [1], who found that CMOs, including Chief Nursing Officers (CNOs), believe that servant leadership style does encourage behavior that is advantageous to an organization's overall safety grade, quality of care, and hospital ratings.

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Declaration of Conflicting Interests

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