

TITLE: The Relationship Between Leadership Practices and a Medication Safety Regime

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OBJECTIVE: This study examines the relationship between leadership practices and a medication safety regime (safety performance).

METHODOLOGY: The unit of analysis was the medical surgical intensive care unit in hospitals in the greater Houston, Texas area and the Registered Nurses (RN) working in those units. Three hundred and eighty-six RNs were recruited to participate, with 226 representing study hospitals and 149 from non-study hospitals. They represented 13 different hospitals and 91 ICUs. Each RN was asked to complete the Leadership Practices Inventory (Observer) for both their ICU leader (N=355) and their hospital's leader (N=301) as they relate to patient safety.

KEY FINDINGS: The study hospitals had higher unit-based leadership scores than the non-study hospitals, in comparing unit/organizational LPI scores for both the ICU and Hospital leadership. There were no significant differences in the total mean score between unit based and organizational based leadership practices (overall) toward safety. There were differences noted, however, in the leadership practices of Challenging and Enabling with the unit based leaders scoring higher than the organization based leaders.

The relationship between leadership at both levels (ICU and hospital) and safety was not significant; although the researcher notes that the "small cell size in the low and medium category may have comprised the accuracy of this finding" (p. 78). High LPI scores were found in all levels of safety performance at both the unit and hospital level. An inverse relationship, although not statistically significant, was observed at both levels of leadership, and the researcher suggests that other "factors of organizational culture may be acting as confounding variables" (p. 81); for example, academic affiliation and profit status.

The conclusion was that leadership and safety performance vary independently from one another and there wasn't a significant relationship between the two at either the unit or organizational level. No significant relationships were found between any of the five individual leadership practices and safety.

The author notes that the results might be explained by the particular modifications made in the use of the LPI; specifically to address patient safety rather than overall leadership practices.