Building Leadership for Health

Leading People in Health
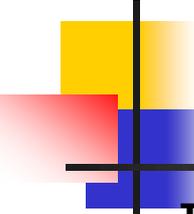
Leading People: Agenda

- Introduction and learning objectives - 25 mins
- Problems of leading Health staff- discussion 15 mins
- Exercise in setting personal objectives
- Coffee 15 mins
- Exercise in getting to yes 60 mins
- Discussion on objective setting 30 mins
- Lunch 45 mins
- Case study in objective setting 60 minutes
- Exercise in creating effective teams 60 mins
- Case study in Health Process Reengineering 45 mins
- Coffee 15 mins
- Exercise creating effective teams
- Reflections, learning logs and feedback 20 mins

Notes for Course Leaders

- This is a toolkit for you to develop your own course on leadership of people. The slides are not lectures but points for discussion. There is probably too much material to cover in one day you may need to be selective.

- As background reading look at
    - "Delivering HR with attitude" UK Department of Health 2004
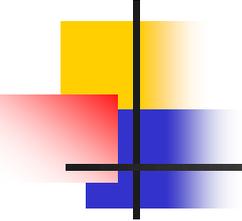
Introduction and learning objectives

- Introduce yourself and describe briefly three keys to success in leading people you have found
- The group learning objectives are to:
    - Assess problems in leading people
    - Explore a number of approaches to this
    - Reinforce good practice in leading people
- Write your personal objectives for this session in your learning log
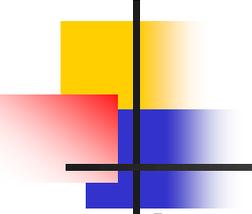
Leading people an introduction

- Leading people in health requires
  - Understanding of health professionals
  - Agreed objectives and performance evaluation
  - Clear management processes
  - A workable team structure, but above all
  - Trust earned by working together
- Mayor Giuliani of New York*
  - "Leadership is not achieved by grand statements it is the product of personal example and hard work getting the basics right and earning trust":

* Rudolph Giuliani, Ken Kurson "Leadership" 2002
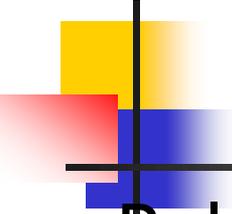
How do you build trust ?

- Rule following will never achieve more than the minimum level of performance.
- Organisations achieve more when they trust people to exercise initiative and creativity.
- Everyday work exchanges can build trust as people feel valued.
- The art of praise and reward and the art of constructive criticism are the most important elements of leadership that build trust.
- A start is to listen and think of two good things to say to your staff before you criticise.
  - Blau, Peter M. *Structural Contexts of Opportunities.* Chicago: University of Chicago Press, 1994, p.158

Who do you need to lead ?

- The stakeholders you need to influence will include
  - Patients
  - The people who report to you
  - People in other organisations with whom you work
  - Your boss !
- Discuss the different problems of leading each of these people !

What are the main problems of leading health staff

- Discuss the problems of:
    - Unwillingness to change practices
    - Compartmentalised approaches to work
    - Difficulty of working in teams
    - Difficulty of working with health professionals
    - Other issues.
- You may be surprised to find these are general problems in a great many Health Systems.

Why is leading health professionals difficult?----But rewarding

- Because they care!
- They have long training in their discipline
- Often in different countries
- They identify with their role

This is me

This is my job

This is health professional

This is health professional's job
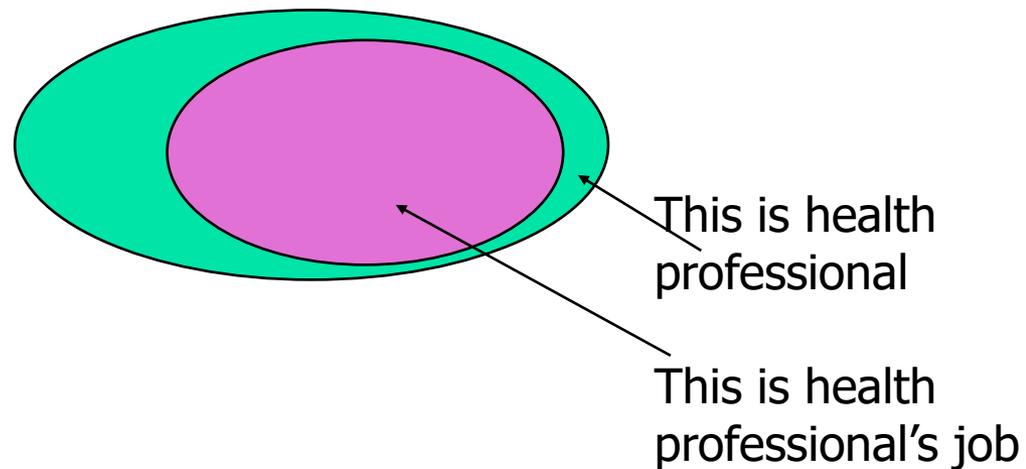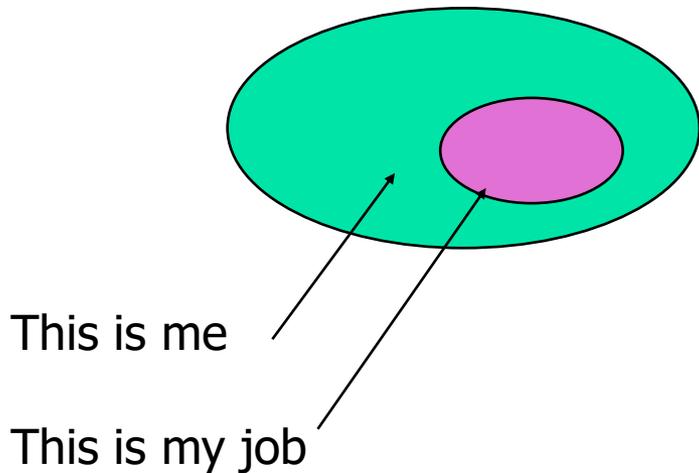
# Working with professionals Discuss your ideas

- Here are some tips from other courses
  - Don't demand their respect – earn it !
  - Listen, think - then speak
  - Get them to learn from one another
  - Learn from them and they will learn from you
  - Treat them as responsible leaders
- Generate your own list of tips to pass on

Management by Objectives

- Top Down and
- Bottom Up
- Set vision (intent and direction)
- Identify and accept key risks
- Agree responsibilities
- Clarify results to be achieved
- Define tasks and outcome
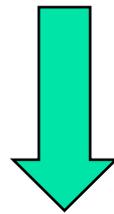
Clear structure

Ownership
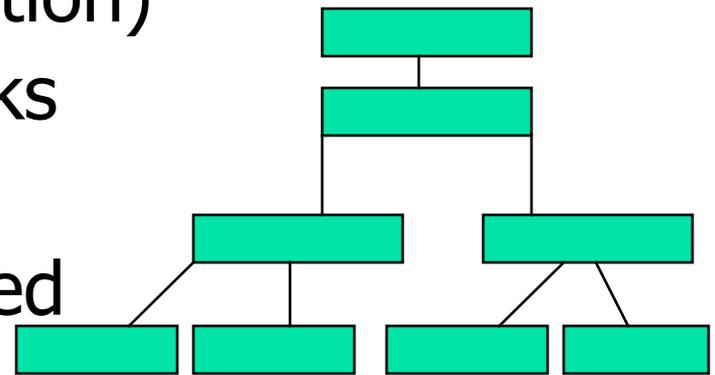
SMART Objectives

- The best known approach to setting objectives is known by the acronym SMART which reminds us to keep objectives
- Specific
- Measurable
- Achievable
- Relevant
- Timely
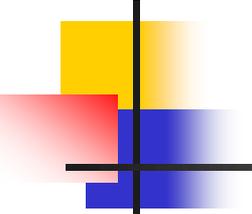
Loose -Tight objectives

- Objectives may be both loose and tight
- Loose to encourage
  - Creativity, experimentation and learning
- Tight in demanding accountability for
  - Outcomes, performance and adherence to values
- At some points greater emphasis is placed on
  - Loose objectives to find solutions
  - Tight objectives to implement them
    - Read about this in "In Search Of Excellence" by Thomas J Peters and Robert N. Waterman Jr Published by Harper and Row 1982

Balanced scorecard approach*
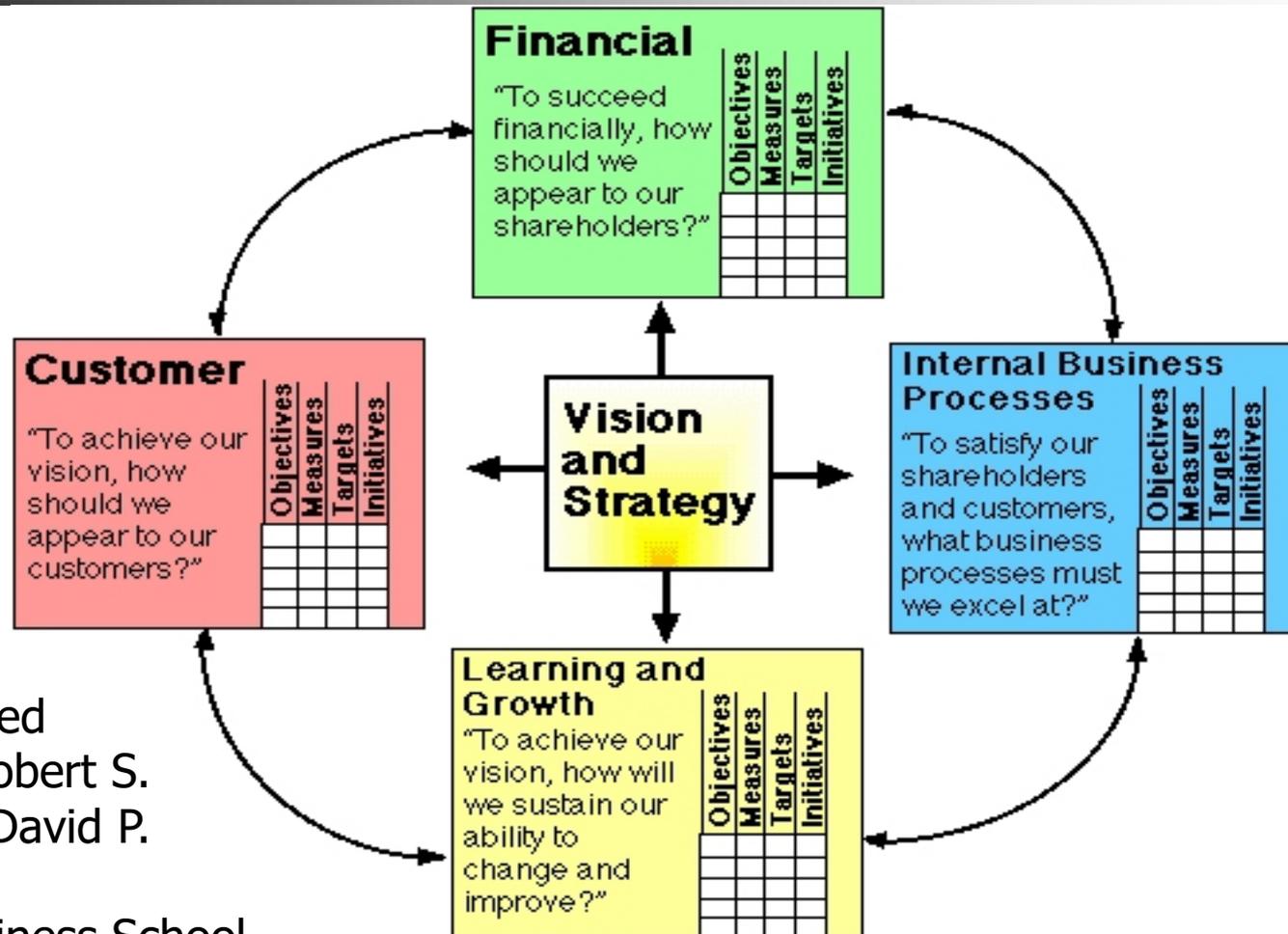
*The Balanced
Scorecard Robert S.
Kaplan and David P.
Norton
Harvard Business School
Press 1996

Balanced scorecard objectives in health

- Outcomes
  - What difference will you make to health?
- Actions
  - What sort of initiatives will you take?
- Resources
  - What will it cost in time and money?
- Learning
  - What will we learn from your work?

Case study

- You have created a new post for someone to lead community, primary and secondary care action to reduce heart disease and improve cardiac treatment and care.

- Discuss how you will set their objectives.

- One person from each group will be asked to meet the candidate for the job and propose their objectives.

Notes for course leaders

- The feedback from this session could take the form of an interview in which someone from each group explains the objectives to you role playing the applicant for the job.
- The rest of the participants should listen and consider whether they would take the job
- Feedback to the groups:
  - Did you find the objectives set specific, measurable, achievable, relevant and time bound?
  - Did the boss show how they would allow you to develop the role, did they show they would share risks with you?
  - Did they listen to any ideas you expressed?
  - Would you take the job?
- Ask for feedback from participants.

Performance evaluation: Getting to Yes*

- Getting to yes means both staff and boss win
  - Start by listening to the issues from all sides
  - Separate people from problems
  - Agree on common aims
  - Look objectively at problems together
  - Try to identify new solutions in which both win
  - Agree on how to measure or assess success

* This is the title of a book by **Roger Fisher, William Ury and Bruce Patton,** Arrow, New York 1997

Role Play: Getting to Yes

- You are the new boss. You have moved into the department and a lot of new staff have joined. Your assistant has worked here for a long time, but though working long hours is just not getting through the work in time. You call your assistant into your office to discuss why the objectives you agreed together are not being met.
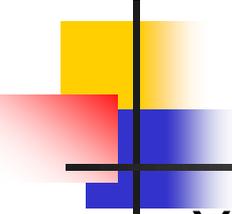
Role Play : Getting to Yes
briefing for the assistant role

- Your new boss has called you into his office to discuss your objectives. You realise that you are not achieving the level of work originally agreed but all the new staff keep asking you how to do things because you have been here such a long time. You also find that people bring you their emotional and personal problems, because your boss just doesn't listen to their concerns. Perhaps you could politely explain to the boss that he needs to listen more.

- Try to respond as an assistant would only raise the issue if the boss invites you to and listens for and follows up clues and signals – don't make it too easy but if the boss opens up you will too.
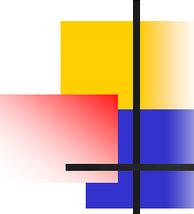
The Role Play:Getting to Yes

- The role play can result in the boss insisting on performance and or the boss recognising the wider role the assistant plays and forgetting about performance.

- Both these solutions means someone loses.

- But is there a third way that creates a new solution meeting both the assistant's and the bosses needs. It will involve both changing?

- Did the boss listen? Was there a search for a creative solution? Did the boss ask for ideas ? Did the interview build trust?

Management Processes

- Management is not "one-off" it needs processes
  - To set objectives and budgets
  - To review performance
  - To provide services
  - To obtain and analyse information
- Each requires a well thought through process combining many activities you should ask:
  - Why do we do this
  - How is it done
  - Who does it
  - Where and when is it done.
  - What skills and motivation are required

Health Process Reengineering

- Each action adds knowledge

Knowledge added

Input

Outcome

Action

Resources cost

- And is part of a process

Review

Input → Decision → Action → Check → Outcome
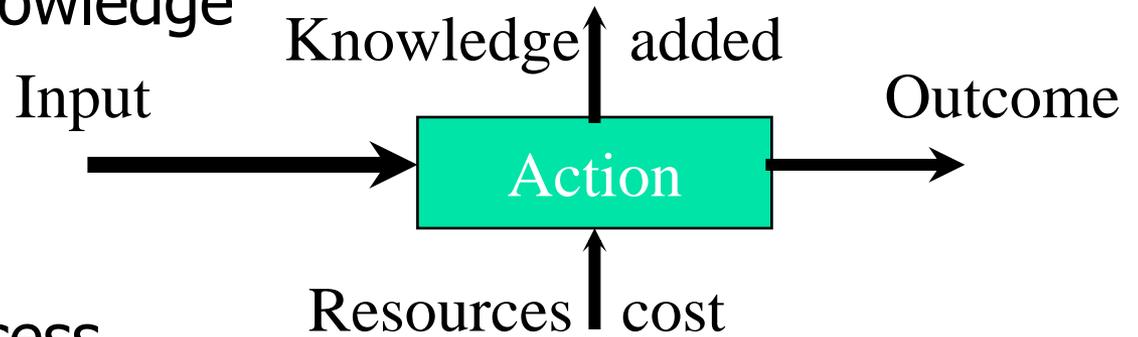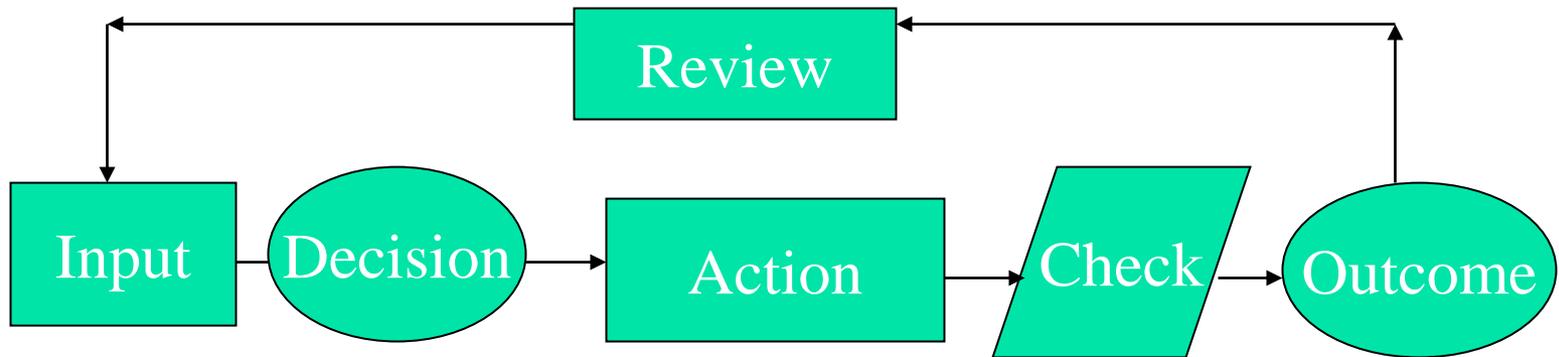
- But in practice processes are often unclear and wasteful

Case study cardiac care processes

- Consider the processes involved in detection, diagnosis, treatment and care for someone with a cardiac condition.
- Try to draw a simple chart of the process from the patient perspective and ask:
  - Is this what happens in practice?
  - How many health staff are involved?
  - Do all the activities in the task add value?
  - Where do problems and delays occur?

Notes for course leaders

- For background read Hammer, M. and Champney, J. 1993. Reengineering the corporation: a manifesto for business revolution, London, Nicholas Brealey

- Also look at the UK NHS Institute for Innovation and Improvement page on process mapping

Organisation structure: "Form follows function"

- **A common mistake is to reorganise without**
  - Thinking through leadership and management processes
  - Thinking about motivation and skill requirements
  - Thinking about information requirements and flows

- **This is organisation without people**
  - But it is equally wrong to develop
- **People without organisation**
  - Leadership as an abstract skill without application
  - Lack of ongoing process and teams
  - Lack of career paths and guidance
- **Discuss examples of such problems in health**

Typical Organisation Charts in Health
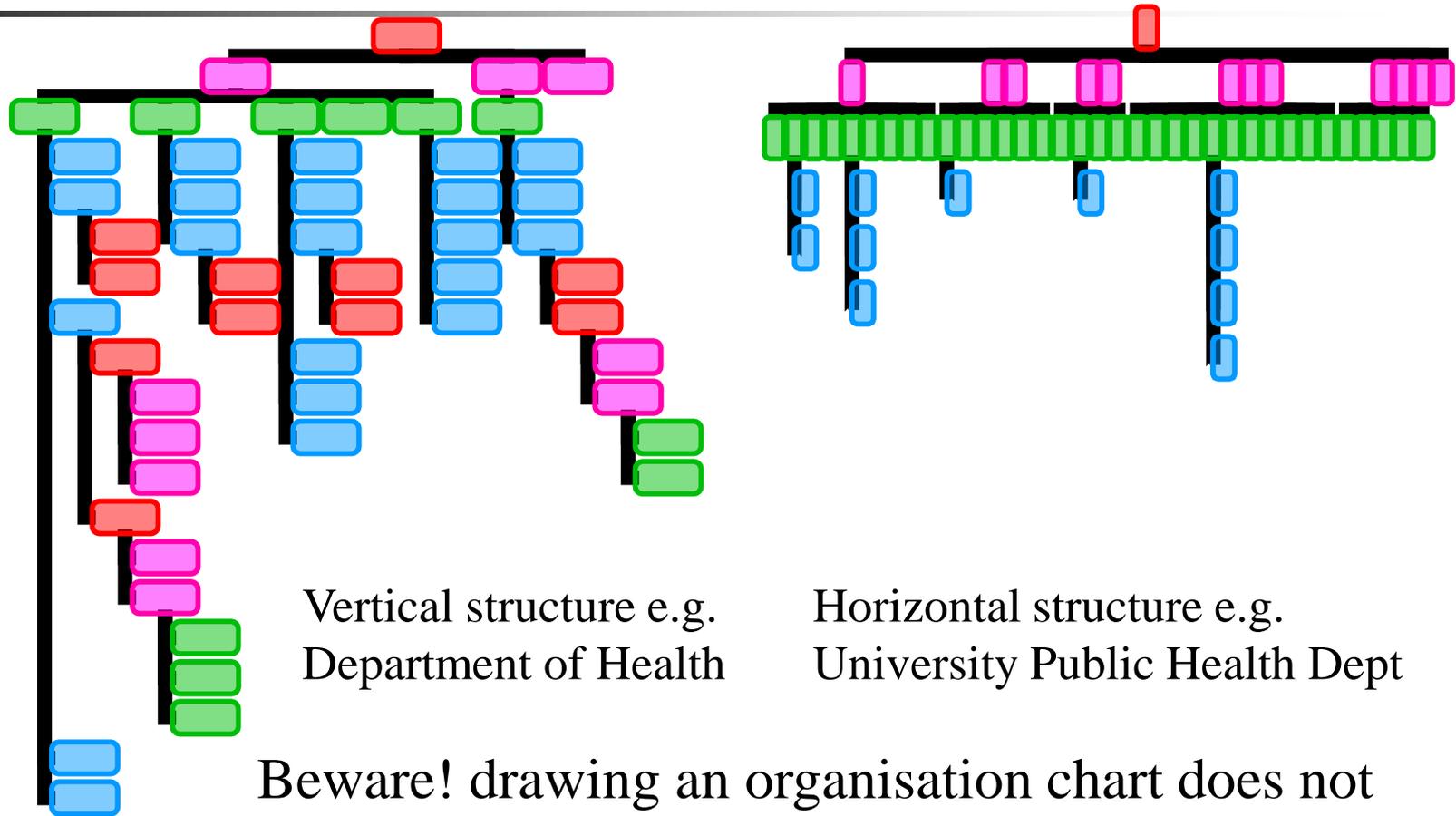
Vertical structure e.g. Department of Health

Horizontal structure e.g. University Public Health Dept

Beware! drawing an organisation chart does not create the relationships needed to make it work.
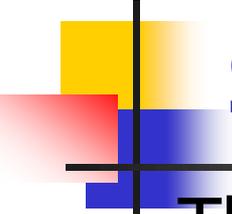
Getting the Organisation Structure Right

- The organisation chart shows who is responsible for what objectives to whom.
- It is worth examining the structure to check
  - Are there too many reports for one person to lead
    - More than 7-10 may give too little leadership
    - Less than 3 may mean interference not leadership
    - But it depends on the nature of the task and organisation
  - Are the people capable of leading
    - Do they have the skills and information required
    - Is their leadership valued by staff?
- Do you need a conventional organisation or some other form of team structure?
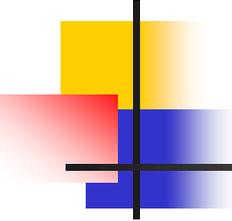
Alternative Organisation Charts*

- Matrix Organisation
  - Team structure with
  - Professional and
  - Functional leadership
  - Fashionable in 80s
  - Now extended to
  - Network structures
  - Showing relationships
  - Across organizations

- Inverted Organisation
  - Based work structures
  - Client facing at top
  - With management shown
  - In supporting role below
  - Helps question need for
  - Management roles
  - Fashionable in 90s
  - As learning organizations

- Team structures link people from different parts of the organisation and from different organisations

*Sometimes called organograms
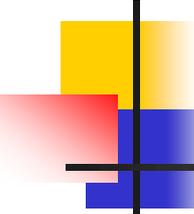
Getting the Team Structure Right

- Some tasks cross the organisation structure: you may chose to establish a cross department team and/or to set up a project management structure.

- Cross department teams are useful for cross cutting issues for example:
  - Improving use of information
  - Developing a business plan
  - A healthy cities programme

- For cases where there is a clear outcome and endpoint it may be useful to establish a project management structure and task leader.

- Discuss what topics require cross department teams or project management structures

Exercise: Creating Effective Teams

- You are responsible for improving cardiac health in your region you need to propose an organisation team structure
- Will this be in one department or across departments
- Will this be in one organisation or across organisations
- How will you set objectives for the teams?
- And how will you manage and lead them?
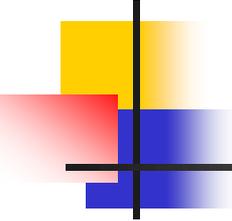
Notes for course leaders

- **The following exercise requires that the team has already worked together on a series of task and so can analyse its own performance.**
- **I have only provided a very brief introduction to team formation, roles, personalities, conflict – you can develop more detailed training on these topics using the references to develop your own programme on team development - or just introduce the ideas briefly in a common sense way as an introduction.**
- **Clearly you need to look at virtual teams if you work in this way.**
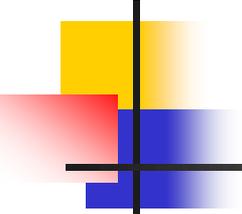
Creating Teams

- Teams typically go through four stages*
  - Forming
    - Meeting, introductions, assessing each other
  - Storming
    - Competing for position, arguing about the task
  - Norming
    - Establish group goals and ways of behaving
  - Performing
    - Working together, developing flexibility and internal leadership
- Read the paper on "Team Building and Leadership" in nursing by Swaleh Toofany
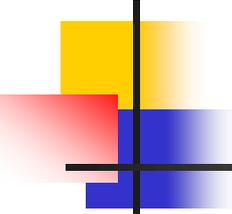
Team Member Roles

- Meredith Belbin identified 9 common team roles and their strengths and weaknesses
  - Plant - creative but poor communicator
  - Coordinator –clarifies goals but may be manipulative
  - Monitor evaluator –good judgement but lacks drive
  - Implementer – practical doer but may be inflexible
  - Completer finisher – painstaking but does not delegate
  - Resource investigator – enthusiast but loses interest
  - Shaper – challenging but can be upsetting
  - Teamworker – co-operative but indecisive
  - Specialist – single minded but narrow
- The key point is to recognize the balance of roles needed within the team and how you work best together
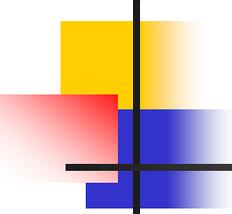
Personality Types and Teams

- Elizabeth Myers and Katherine Briggs developed a typology of personality in 1950s based on preference for:
    - Introversion vs Extroversion
    - Intuition vs Sensing
    - Feeling vs Thinking
    - Perceiving vs Judging
- The intersection of these dimensions give 16 personality types. It is claimed that:
    - Understanding team personality types and preferences
    - And the conflicts and synergies between them
    - Helps teams to work better together
- "Belbin" and "Myers Briggs" are widely used but have a limited evidence base. It is not clear why they seem useful, perhaps it is just that talking through personality differences and roles helps.
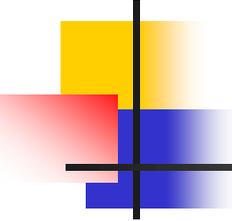
Conflict in teams

- Conflicts about tasks or processes can be productive.
- But if this is not controlled it can lead to
  - Interpersonal rivalry and
  - A breakdown of trust
- The leader's job is to
  - Manage creative tension while
  - Resolving interpersonal conflict
- Again a simple idea useful to think through, read:
  - "The Functions of Social Conflict" Coser 1956 (but classic)
  - "Team Conflict How to Manage It" Cindy Phillips JHU
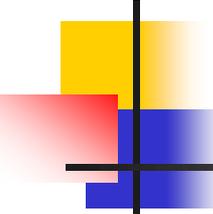
Virtual Teams

- Virtual teams are increasingly common as
- People meet and work through the internet
- But research suggests such teams work better if
    - They meet face to face to build trust and understanding
    - They have clear common goals and values
    - Their rules of engagement are clear
        - Who should do what, when
    - They are kept in touch with the overall progress
- Are you a member of a virtual team? If so describe how it feels.
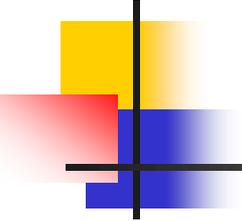
Creating Teams: case study

- Discuss how you have observed your current workshop group forming, storming norming, and performing?
- Have different personality types within the group become apparent?
- Have roles within the team emerged?
- How has conflict been managed?
- Does this show the value of diversity?
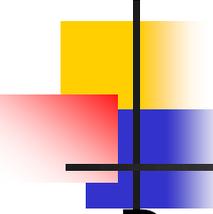
Reflection

- Participants should reflect on lessons about :
  - Their leadership strengths and weaknesses
  - How to deal with particular issues or situations
  - How organisations work
  - How to use power and influence wisely
  - How to agree vision and objectives with others
  - How to express and live by ethical standards
  - What they will do differently.
- Lessons should be written in learning logs
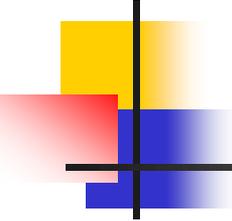
Reflections and Feedback

- Please discuss and write down
  - What you have learnt that you found helpful
  - What you will do differently as a result of today
  - What you will improve when you give this course

  - Thank you

Module Contributed by Graham Lister

- MSc in Management Science PhD in Organisation Behaviour
- 30 years experience in management consultancy and training with health services in UK, Europe, Africa, Asia, Australia
- Worked with Nuffield Trust: on Global Health Issues and Health Leadership and Management and the Netherlands School of Public Health and Occupational on health reforms in EU accession countries
- Lectured in 20 countries on health management and futures
- Senior Associate of Judge Business School Cambridge
- Teaches on International Health Leaders Course, Cambridge and MA in Health Management at University of Bern

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