Overcoming The Mental Models Of Traditional Healthcare Leadership

"Unlocking System Potential"

By
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My comments are offered in the spirit of progress, that is, they represent an acknowledgement there is a new progressive attitude to leadership and management that is required in our dramatically shifting environment and arena of public expectations that affect health care. There is a growing appetite in health care today for a more decisive and action-oriented form of leadership. In order to survive, and thrive in this new environment, leaders must respond to this prevailing sentiment while focusing unwaveringly on the purpose and reasons for them to be leading in the first place.

The key question that healthcare leaders need to address is a simple one: what do healthcare consumers need, and how can the system respond? But while the question is simple, the issues that need to be addressed are rather complex.

Executives, managers, professionals and front-line staff developed their careers in a silo-centered, bureaucratic model of health care delivery, driven by the provider's control of health services – not the consumer perception of need.

In command and control hierarchies, behavior is honed to enable survival of the most political. Sustainability of our publicly funded health care system requires those implementing organizational strategy to exercise, emphasize and develop new skills in collaboration – old dogs must learn new tricks.

We need to focus on the system, the continuum, and focus away from isolated silos of activity. We must also learn to tolerate far greater levels of ambiguity, while taking greater personal responsibility to get the job done.

Paradoxically, to be open to this large scale change requires a literal opening, and emptying that creates a space for a new vision to emerge, which articulates new-shared values. This opening requires discipline and courage; discipline to resist knee-jerk reactions, and courage to separate old patterns, structures and processes which are no longer useful to a healthcare system that is being compelled to evolve.

Current Realities

What does your current organizational reality look like? Have you questioned the health of your organization – and your organizational capacity to change?

Healthcare organizations require a variety of nutrients and resources to be "healthy". Like any living organism, healthcare organizations can get sick in response to external stresses (funding, growth, demand, politics, etc) and internal imbalances (conflict within and between spaces). Daily imbalances between and among the external and internal stresses play out somewhere within the full system.

Are you disturbed by the time, attention and organizational energy focused on the competition among professional, educational, administrative, media and leadership elite's as they struggle and compete for insight, influence and remedy?

Of course, to give legitimacy to their actions and personal agendas all these groups wrap themselves around "I am doing this for the patient or resident". However, each of the stakeholder elites often deal with incomplete information – often resulting in counterproductive and uncoordinated initiatives.

Are decisions in your organization driven more by the needs or vantagepoint of one of the stakeholder groups – rather than by the needs of the patient, or the community? Have you observed individual stakeholders and stakeholder groups wasting tremendous amounts of energy worrying about turf, about boundaries, about who is in and who is out of the loop, about being victims of change, about shifting the burden of blame to others, and fire-fighting crisis after crisis?

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What I have just described is the "organizational culture" that has emerged within our healthcare system – with its customs, traditions, and practices that are played out in day-to-day relationships.

We need to create new conversations about what we value; about how consumer-focused we really are; and, finally, we must raise questions about the quality-of-work-life for our healthcare providers.

New conversations will lead to new relationships – which are the arena of action leadership for the future. What goes on in the new conversations will help define what our healthcare "system" can become. Creating new conversations through healthy relationships is also a fundamental underpinning of accountability.

Unfortunately, our healthcare system in many respects still holds onto a traditional command-and-control systems, structures, and processes – where "accountability", is often about "who is to blame."

Real accountability is about keeping agreements and performing jobs in a respectful atmosphere. It is about learning, truth, change and growth. It is not about fear and punishment. We need to learn from our "best mistakes" and continuously improve the system for which we assume stewardship.

I have observed that accountability is often a misunderstood word. It is regularly confused with the concept of responsibility. To be responsible means to do what one has committed oneself to do, through the simple act of accepting one's job or position.

Accountability on the other hand, refers to the process of accounting for the achievement of one's responsibility. It is the process by which one demonstrates fidelity to that obligation or purpose. Leaders must be able to account to others – especially the healthcare consumer for appropriate exercises of responsibility if we are to retain credibility in our leadership roles.

Probing Questions

Before leaders can see the future state as a vivid visual image, we have to get to know and understand the underlying values, beliefs and attitudes held by current stakeholders.

The old expression "you cannot see the forest for the trees" must take on a new meaning. Leaders need to see the trees – not to mention the spaces between the trees and the surrounding flora and fauna. To get "out of the box", leaders must admit to themselves that they do not have all the "answers". However, to be successful, they have to ask the right "questions."

"We need to create new conversations about what we value and about how customer-focused we really are."

Leadership focus also matters. Questions need to be asked to focus leaders on accountability, self-reflection, honesty and purpose.

Examples include: what do you want to create and contribute to the health care system, as an individual, a team and as an organization? What will it look like, its vision for achievement? What will it take from you to do it? How is what you are doing right now helping you get there? What is hampering you in achieving this now? What are you afraid of losing? What might you gain by doing something differently?

Asking the right questions also breaks the ritual conversations that take place. Leaders must ask the right questions at the right time.

A key is in the framing of the question, the timing of its asking, and in a manner that creates commitment to learning how we can continuously learn and improve. And, guess what we will learn: "all the information required is always present within the system spaces".

Have we done the real customer, our patients, residents and clients a disservice by treating our stakeholders as our "customers"?

Unlike most businesses, our customers, patients and residents are not in a position of power. We have a monopoly on healthcare. Our "customers" are stuck with us. They are vulnerable when they enter our system. They rely on the experts, the power brokers for advice.

But, what goes through the customer's mind when they hear an employee on a ward protesting about a change, or wearing a political statement on their uniform about the healthcare system or hearing management from one part of the system protesting publicly about another part of the system? How does this bring customer confidence to the system?

Our customers also have a responsibility to develop and take personal responsibility. Is it the healthcare system's job to take "parents" and institutionalize them just because "sons and daughters" either don't want to care for them, or they do not have the skills to care for them?

We must push the boundaries on consumer education and responsibility. If we do not begin to pay attention to and engage employees and healthcare consumers in creating a more sustainable and accountable healthcare "system", parts of our system will eventually become sick. Parts of it will die in the sense that; departments and organizations will no longer contribute to the whole. We may not go out of business, but in the eyes of the public we could be viewed as "simply uncaring".

How alive and well is the mantra, "it's not my fault, It's not my fault, it's the funder". This is the price paid for holding the line on spending. What would happen in the private sector if an executive team member blamed the budget shortfall on the customer for not purchasing the company's product?

What about a new mantra: "access to efficient and effective system services through engaged people"?

Have you experienced over-processed planning, designed to delay making tough decisions about moving away from the status quo on how, where and who delivers services?

Every other business in the world has had to re-tool its services and programs to meet new and changing customer expectations. Why is the health sector's environment so slow and resistant to system change?

Is it because the silo comes first, and the system comes a distant second? Is it because, stakeholders try so hard to distinguish themselves from all others that they become blind to the fact they are much more alike than different. After all, we each have a calling of service.

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Do people spend time and energy pulling away from one another because they reject a common bond and a capacity to relate to and understand those they believe are beneath them? Our potential is therefore limited because we are unable to work collectively; creating the necessary harmony needed to change.

If we are to succeed in the future, we must develop the capacity to think and act systemically. This will help both individuals and the organization overcome the defeating patterns of organizing and behaving that sustain ineffectiveness. At a fundamental level, we forget that every individual across our complex healthcare system has the potential to undermine or create successful system dynamics at any point in time.

Have you heard comments like, "I don't know how you can make decisions without representation from "X stakeholder group" and "who will be speaking for X." We have to move away from the mindset that only the "Y" group can speak about "Y" issues.

The real healthcare organization is not its organizational chart. Organization charts are frozen photos in time with rigid turf boundaries – whereas organizational structures must be as dynamic as the external environment around them. The key is tapping into the white spaces, the webs of relationships not seen on the organizational chart.

Organizations are energy fields encompassing nothing more than a web of relationships, conversations and decisions between individuals. Tapping in must be tied directly to core business priorities and organizational vision.

Why is this important? Well people are tired of the flavor-of-the-month solutions discovered by someone at last week's rubber chicken dinner meeting. Why: because people apply the ideas with great diligence, aim for the bull's eye but the arrow seldom reaches the target.

Leadership

Is this a reason not to gravitate to the leadership books for the answers? Are the case studies cited too narrowly focused within tidy linear snap shots of time, do they lack a full "systems" context? Does this explain why many of the "best practice" organizations and CEO's written about find themselves in downward spirals within years of being published as leaders of the pack?

All the leadership books in the world, all the articles written on leadership should never be taken as providing the answers. They instead should be viewed as instruments to create conversation – and more importantly, raise more questions than answers. Chasing the latest management fads is easy/lazy work.

Leadership is hard work and it is adaptive work. Leadership is dynamic, it changes, it moulds to circumstances, and it accepts responsibility and is action oriented.

Leadership is neither a demand for power nor acquiescence to the demand. It is the experience that arises from combining two motivations. First, creating a community through a commitment to an important cause or principle. Second, organizing resources.

These motivations are completely opposite, yet one cannot exist without the other. Complete commitment is chaotic, complete organization is precise even robotic. A key link to both motivations is information and it must become the air we breathe in our organizational system. The more open the flow, the faster we learn to summarize data into meaningful knowledge for current and future decision-making.

System Spaces

Real leadership creativity occurs at the boundary between our systems. Even in our complex, and chaotic state if the chaos includes all system dynamics, a solution can be constellated and return from the boundary to the center for integration. Just as a pebble in a pond sends ripples out to the shoreline, and then bounces back to the center.

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Much of our perspective on the current state of transformation in the health care system is driven by events monitoring at the collective center – like viewing the solar system from the sun.

Yet, components of a system at its boundary often perceive changes needed in the entire system more readily those whose perspectives is from the centre. Leadership insight is prompted by participants' unique position at the boundary of the system.

Unfortunately our "systems" flow of information to create healthy relationship patterns has serious disconnects.

The glue to systems and organizational thinking is middle management. The conditions for the people who occupy this space is diffusion – forces pulling middles away from one another and outward to their bosses or subordinates, or towards the individuals or groups they service or manage. It is the hardest place to work in and demands a personal commitment to balance the top and the bottom pushes and pulls.

Middle management more often than not, mirrors and enforces a top-down organizational model. What would be the response in your organization to this statement…"there is a sense of isolation from the organization by physicians, nurses, dieticians, cleaners", etc.

This is probably at the very core of the problems besetting health systems universally. Alternative models are needed to engage staff, to recognize them, to respond to patients and residents demands to improve the system, and to develop a culture in which our staff are consultants.

Unfortunately, many healthcare organizations – like many corporations – launched a reengineering "fad" that flattened and downsized the middle spaces over the past several years. Like anorexics, we may give the appearance of energy, but take a closer look at the "heart" of organizations and you may see that the electrolytes are out of synch. Like many suffering from this illness, organizational self-perception may be fatally out of balance with reality.

Middle space served as the organizational memory, history and conscience. It was the problem solving and communication voice, and was the vehicle for development, for seasoning, for knowledge acquisition, self-testing, and the development of problem-solving and management skills. We are now discovering that organizations need time and people to spread the load, create downtime for reflective thinking, to dream and envision a new approach to system design and process.

Leaders must ask: do our middle managers have the capacity to be our champions of future change?

Can healthcare organizations and the system grow if employees are not growing in the sense of engagement?

Worse still, is this untapped potential crippled by leadership actions? How do you balance this, with the magnitude of the change in front of us?

Do you make the tough changes now, and heal the organization later? How do you increase the rate of shared learning – both intellectually and emotionally – that will be required to meet the demands of increasing rates of change at all levels?

I thought about what Dr. Henry Mintzberg said about strategy…"effective strategy is an emergent phenomenon" this leaves me with a fundamental question, if planning is about analysis and strategy is about combining of parts, can strategy, in this environment be planned?

Leadership Mindset

To move forward, we need to have a fundamental shift in leadership mindsets. We must first, accept problems, challenges, and mistakes and we must drill down to root causes – beyond just the symptoms of what the real problems are. This is a mindset of opportunities to learn, rather than an opportunity to exercise punishment and power. And what about values, those deep-seated, fundamental beliefs that guide the motivators of human behavior?

"Can healthcare organizations and the system grow if employees are not growing in the sense of engagement?"

Values must be a foundation of our emergent healthcare system culture. If employees value caring, collaboration, and human potential, then they will act more effectively as teams, and be motivated to work together to improve services to the public.

If they value money, prestige, power more than caring, collaboration and human potential, then the healthcare system will splinter into power groups and internal competition.

Success will occur in those organizations where the leaders make meaning of those values by talking and acting consistently with them. It will be through their modelling of appropriate behavior that will determine which values actually predominate in the healthcare organization.

Simply put, its soft things like: organizational culture, teachable moments, effective people collaboration, ability to experience change and learning at the rate needed to create breakthroughs with the hard things like: healthcare consumer satisfaction, crisis frequency, retention of staff, cost of performance and cost of service.

Leaders must take responsibility for the soft and hard reality they help to create in our healthcare system. The effectiveness of our organizations will arise from millions of moments of interpretation and people connections.

To get to this state, leaders must be held accountable to deliver the expected results. We must acknowledge that organizations contain within themselves the seeds of all the required skills, talents, and potentialities – as well as the intellectual, emotional and systemic barriers to their planting.

A key to unlock the gifts that people bring must be day-to-day leadership behavior. If it's negative without hope, other spaces are given permission to act negative.

Perpetual optimism is a force multiplier. The ripple effect of a leader's enthusiasm and optimism is awesome. So is the impact of cynicism and pessimism. Leaders who whine and blame engender those same behaviors among their colleagues, by giving permission to shift the burden.

Excellence in healthcare services will result from employee's pride in the work they do. We will get to a future state through clarity of purpose, alignment of effort, credibility of leadership, integrity in organization and accountability for performance.

To achieve the vision for health care, leaders from all parts of our system need to come together not to manage the change – or to just cope with it – but to use it to create a powerful vision that builds the kind of health

care delivery model that consumers and taxpayers are demanding. Successful leaders in this environment will be continuous learners who share an intuitive and emotional identity with health care. It was through such human resolve that health care institutions came about; it will be through human resolve that they will change.

Deep down, we all know, no matter what position we occupy in a group, a team or organization that, sooner or later we are going to be put to the test. To handle this circumstance, which is simply the test of one's past complacency, one's current certainties, and one's ambitions (conscious and unconscious), our leadership mettle may need tempering. We may not have all the answers, but if we have the right balance of vision, values, courage, reality and ethics, we can begin a transformational journey. The future of our healthcare system depends on it.

We use the term "health care system," but we don't stop to ask the probing questions that enable us to see the system. What's your contribution to creating health; how will you dedicate yourself to caring about the healthcare consumer and the provider; and, what will be your role in creating a new and improved system? Is the difference between managing and leading a difference of empathy? Should we change the message "people are our greatest assets:" to "the right leaders are our greatest assets"?

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Integration

In closing, whatever relationship challenges you face, as solid and as personal as they seemed systemic, they may have less to do with the personal characteristics than with the "conditions" of the space that people are sharing. We must continually ask: how can we as leaders meaningfully tap into and create a culture that encourages the expression of the intellect, passion, commitment and experience of front-line staff to make real changes that satisfy health care consumer needs and expectations?

The disconnect between leader and front-line staff leads to passive-aggressive behaviour that creates and consumes negative energy, creates a sense of hopelessness, squanders public funds through inefficiencies and above all defeats any vision of creating a patient/resident centred system.

With this understanding, system leaders can begin to discover that it is possible for them to be independent and interdependent at the same time. To quote Peter Senge: "By coming together in open and honest dialogue, we can integrate our fragmented, individual perceptions of reality into a more complete and accurate representation of our current circumstances, our true shared reality."

For me, it begins with a single question: what do healthcare consumers need, and how can the system respond?

Over his 22-year career as a health care executive, Hugh MacLeod has been an avid student and teacher in leadership and change management. He combines scholarship and pragmatic, first hand experience. Hugh is Ontario's new ADM for Acute Care Services.

Hugh was recently the acting CEO of Canada's largest health system, the Vancouver Coastal Health Authority. Prior to that he was Senior VP for VCHA and Vice-President with the Vancouver Richmond Board.