

**6TH INTERNATIONAL SYMPOSIUM
RAPID RESPONSE SYSTEMS**

PITTSBURGH

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Leadership and culture change: essential elements

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on Rapid Response Systems**

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Leadership team

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Background - the Centre

*The Centre for Clinical Governance Research undertakes **strategic research, evaluations and research-based projects** of national and international standing with a core interest to **investigate health sector issues of policy, culture, systems, governance and leadership.***

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First things first: what do we mean by leadership and management?



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What we mean

- Formal and informal aspects
- Formal: a designated leadership or management role in the organisation eg head of ward or unit, director of service, or head of a division, all the way to CEO
- Informal: working, managing with others; opinion leader or provider of expertise to others, input to projects, etc



A preliminary question: what does the literature say about these topics?



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Answer to the preliminary question

- Google 'clinical management and leadership': 1,880,000 hits
- Pubmed: 2,925 articles
- Cochrane Effective Practice and Organisation of Care [EPOC]: Nil
- Meaning? Lots of talk, not much evidence, no strong evidence

[Braithwaite: search date 4 May 2010]



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Answer to the preliminary question

- Google 'health care culture': 2,610,000 hits
- Pubmed: 49,779 articles
- Cochrane Effective Practice and Organisation of Care [EPOC]: Nil
- Meaning? Lots of talk, not much evidence, no strong evidence

[Braithwaite: search date 4 May 2010]



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A second question: are clinical leadership and management the same thing?



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The same – largely overlapping constructs?



Leadership
Management



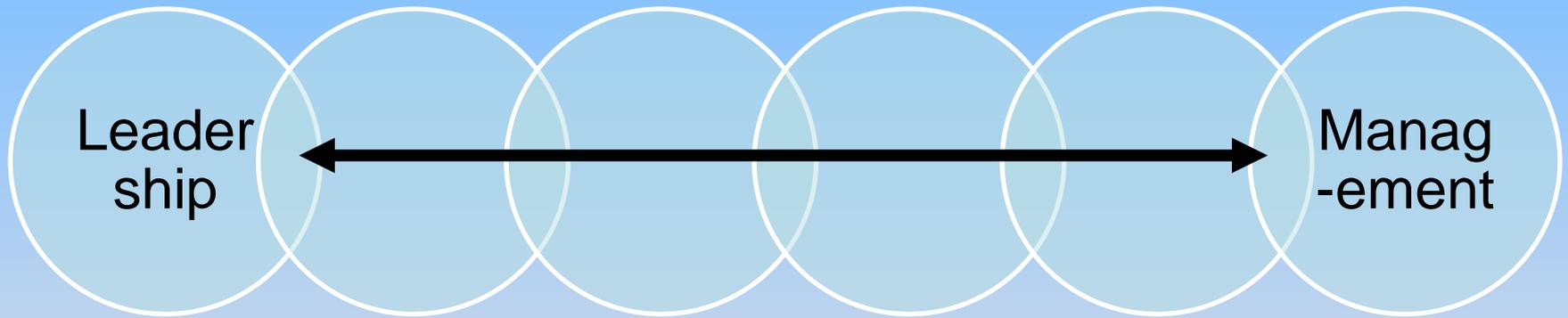
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Different – on a continuum?



Overlapping constructs – but largely distinct?



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Answer: you have your own view
– I'll give mine later



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Question: if leadership and management are the solution, what's the problem?

Let's take two ...



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1. The quality and safety problem

- One in ten [it's probably more] hospital admissions experiences an adverse event of some kind [CCGR data averaged across studies in Australia, Canada, Denmark, New Zealand, UK and USA]
- One in twenty patients experience a complication from a medication or drug [Andrews et al, 1997]
- One in thirty develops a hospital acquired infection [Pittet et al, 2005]



1. The quality and safety problem

- Proportion of recommended care delivered to adults in the United States of America: 54.9% [95% CI 54.3-55.5%] [McGlynn et al NEJM 2003]
- Proportion of indicated care delivered to children in ambulatory settings in the United States of America: 46.5% [95% CI 44.5-48.4%] [Mangione-Smith et al NEJM 2003]



2. The people leaders and managers are responsible for are challenging ... and tribal



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2. Characteristics of clinicians

- Clinicians are:
 - Driven by professional values
 - Highly skilled
 - Motivated to achieve excellence
 - Stimulated to achieve professional-level incomes
 - Relatively autonomous
 - Self-esteem and status-directed
 - Tribal



2. Characteristics of clinicians

- Doctors – personal traits:
 - IQ, individualist
 - Perfectionist
- Doctors – occupational traits:
 - Income
 - Mobile then stable
 - Decision-making role
 - Able to work with risk, uncertainty



2. Characteristics of clinicians

- Nurses – personal traits:
 - Hands on
 - Caring
- Nurses – occupational traits:
 - Becoming
 - More mobile than in the past
 - Caring, compassion meets technology
 - Cognitively collective

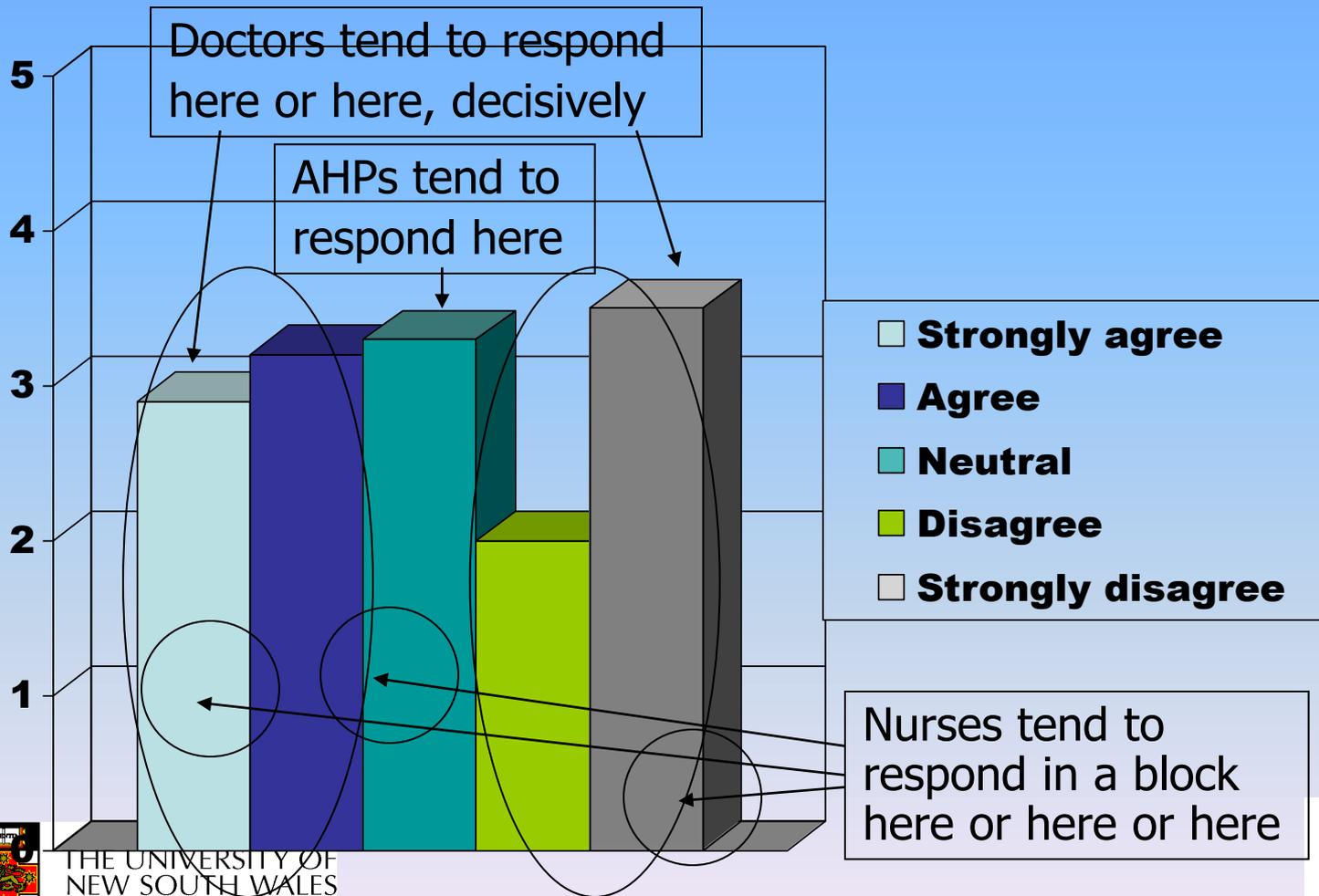


2. Characteristics of clinicians

- Allied health professionals - traits:
 - Compassionate
 - Empathetic
- Allied health – occupational traits:
 - Construed in small-scale units
 - Loyal
 - Less obvious power structures
 - Less certain



2. Characteristics of clinicians



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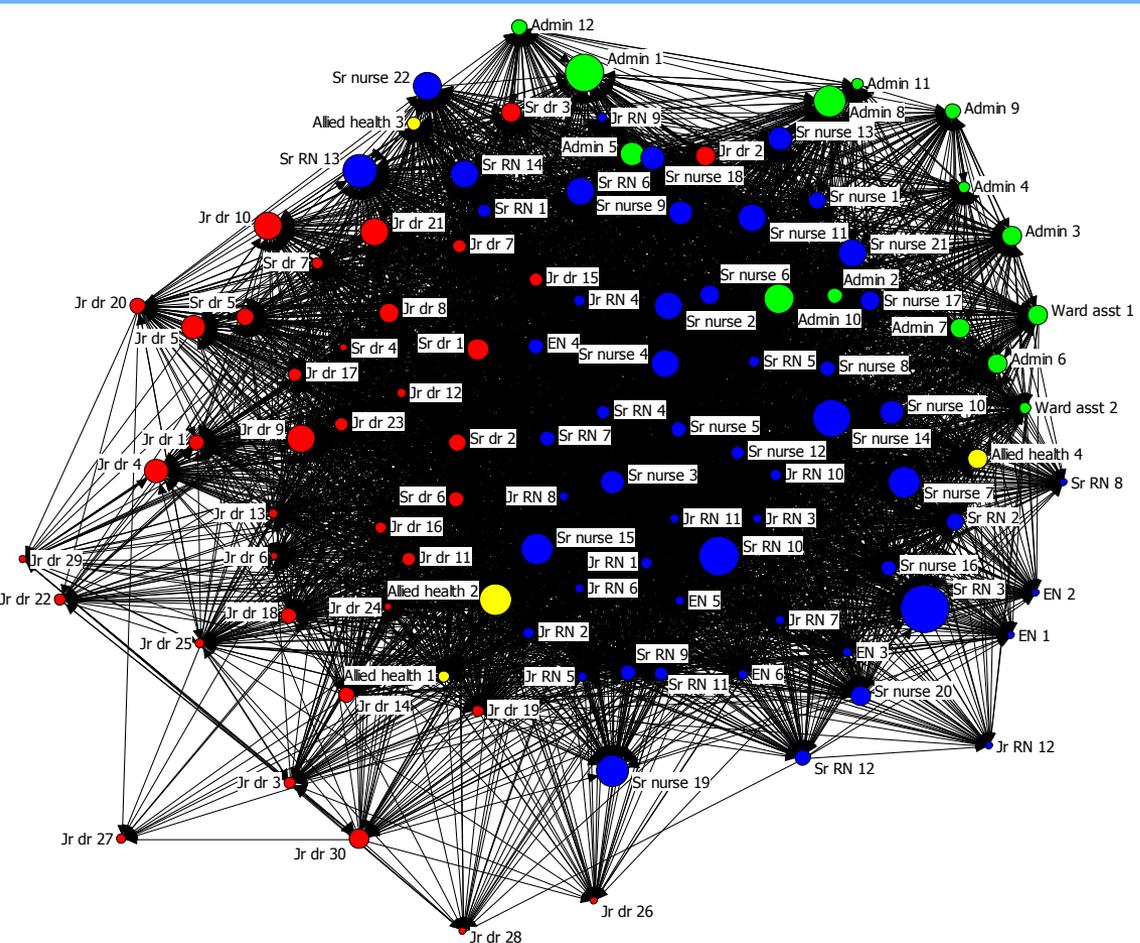
[Source: Braithwaite and Westbrook; several studies]

More tribalism

- Problem solving networks in an ED

- Nurses ●
- Doctors ●
- Allied health ●
- Admin and support ●

[Creswick, Westbrook and Braithwaite, 2009]



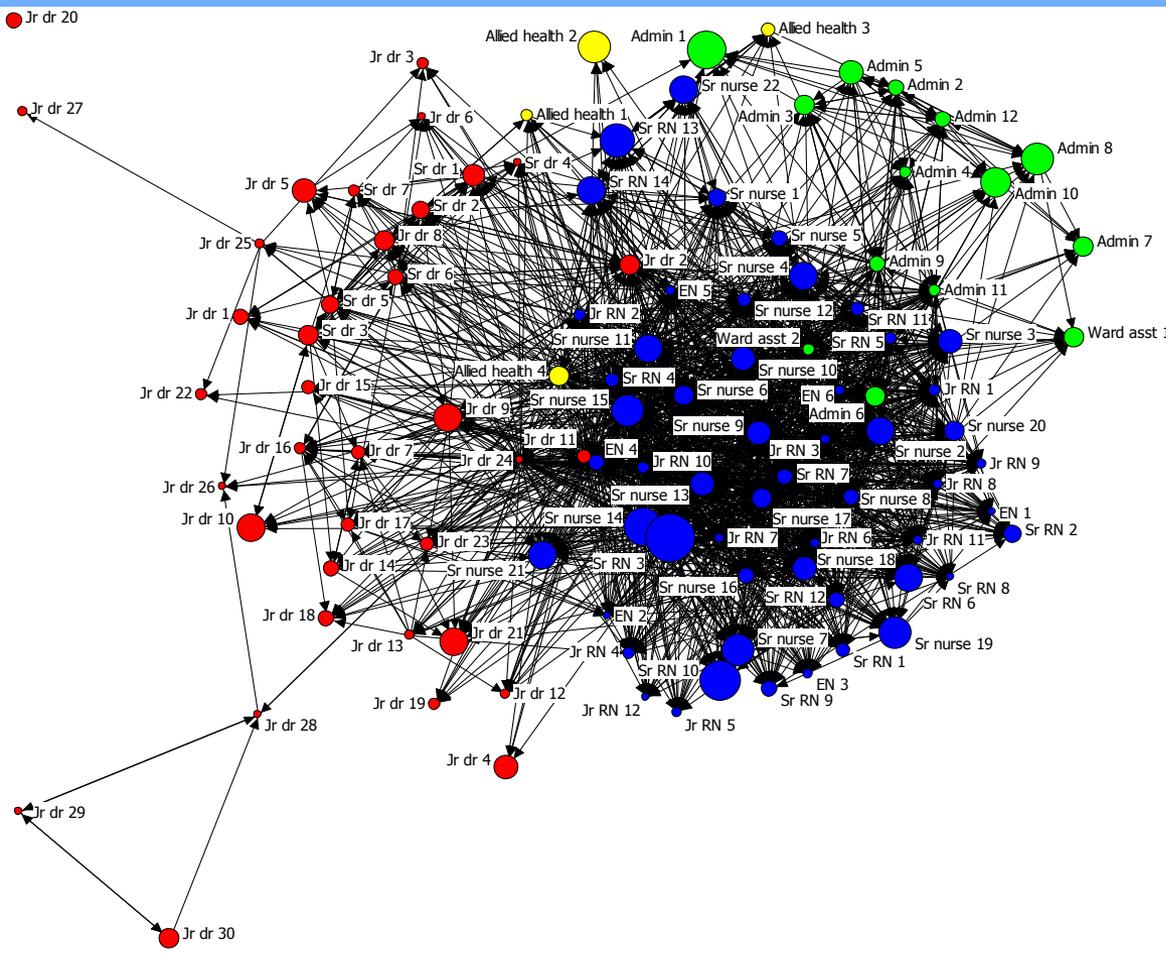
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More tribalism



- **Socialising networks in an ED**

- Nurses ●
- Doctors ●
- Allied health ●
- Admin and support ●

[Creswick, Westbrook and Braithwaite, 2009]



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Those are two things leaders and managers do – attend to quality and safety issues, and deal with the characteristics of clinicians.

But what about leaders and managers themselves?

Let's look at two aspects ...



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3. Lots of leaders and managers think the health system's a rock not a bird



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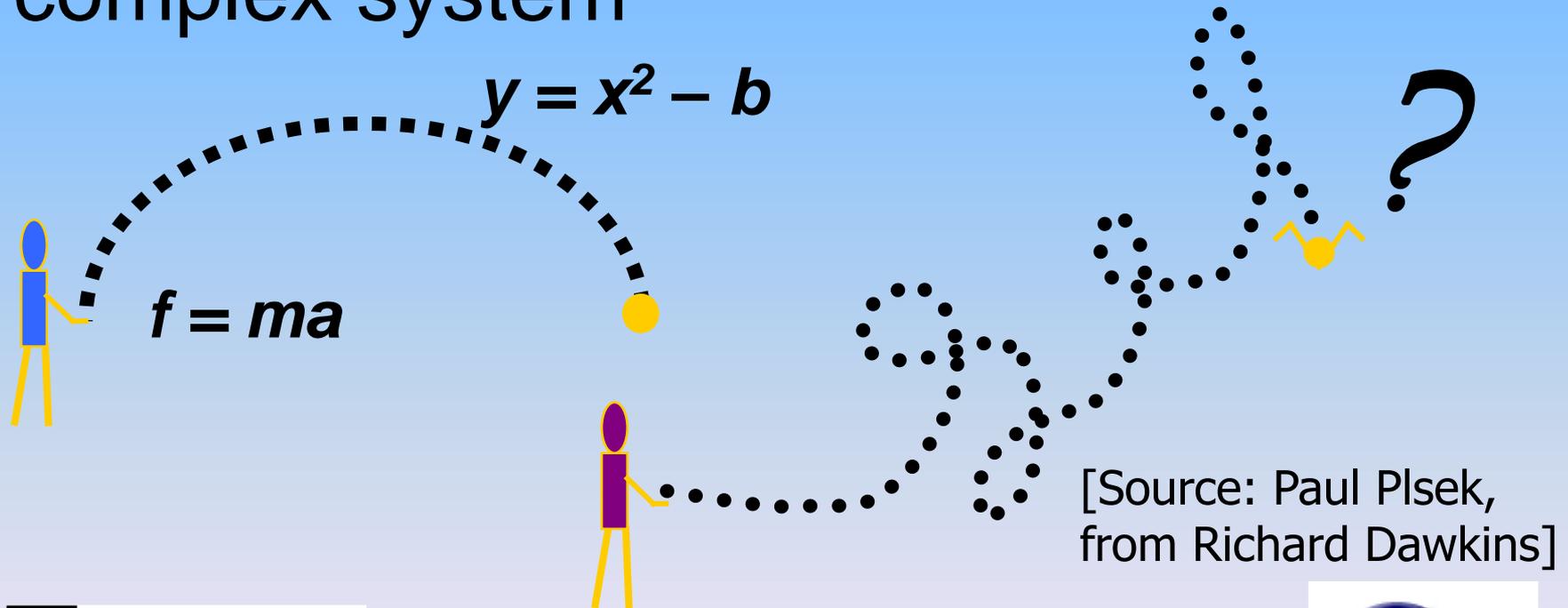


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3. Rock or bird?

A rock or a bird? Inanimate object or complex system



3. Rock or bird?

- If you think the health system is a rock, an inanimate object, it is able to be predicted, and definitively analysed and calculated. That thinking leads to attempts to restructure and control it.
- If you think the health system is a bird, a complex system with a mind of its own, it needs to be fed, nurtured, and developed



4. Leaders and project managers underestimate the time frames for most activities



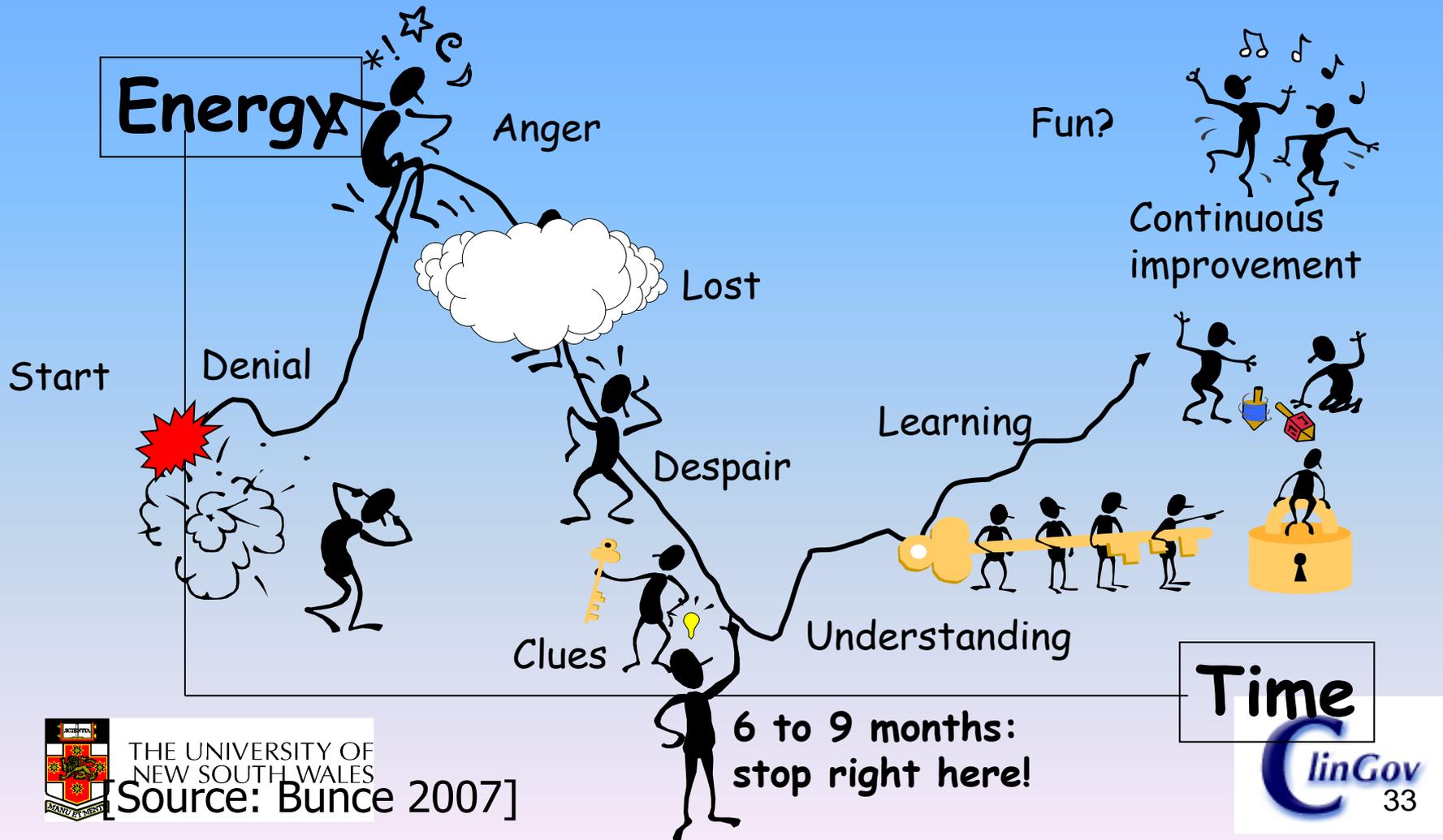
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4. Underestimating timeframes



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[Source: Bunce 2007]

Luckily, there are responses to each of these challenges:

1. Quality and safety
2. Challenging, tribal people
3. Mechanistic, rock-like thinking
4. People underestimating time frames



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1. Quality and safety: do these things really well

- Safety improvement programs [training]
- Root cause analyses
- Incident monitoring
- Accreditation
- Credentialling
- Standards
- Policy
- Guidelines
- Procedures
- Checklists
- METs/RRSs
- Learn from others' good strategies
- Engage clinicians
- Influence cultures



2. Challenging, tribal people: promote teamwork

- People respond to positive workplaces
[Braithwaite et al, 2005]
- They enjoy working in teams [Borriil, 2001; Hindle, Braithwaite, Travaglia, Iedema, 2006]
- But they often don't belong to sufficiently well-performing teams
- So create more team-oriented care



2. Challenging, tribal people: promote collaborative cultures

- There is variation in cultures
- Our work on contrasting hospitals showed this [Braithwaite et al, 2005]
- There are also sub-cultural and professional differences [Braithwaite and Westbrook, 2005]

2. Challenging, tribal people: promote constructive politics

- The health system is constituted as tribes who mark out their territories

[Braithwaite and Westbrook, 2005]

- This can be a strength [Braithwaite, 2006]
- It means things are highly political
 - Within-tribal politics
 - Across-tribal politics



3. Mechanistic, rock-like thinking: do these

- Avoid restructuring people as a 'solution' [Braithwaite, 2005; 2006; 2007]
- Top down solutions are ineffective without bottom up involvement [Braithwaite, 2006]
- Engage clinicians in the decision-making processes
- Use naturally occurring networks of clinicians [Braithwaite, Runciman and Merry, 2009]



3. Mechanistic, rock-like thinking: do these

- Essentially, we need very resilient and vigilant organisations which can cope with the unexpected as well as try to tackle the commonly occurring
- What might these look like?
- Recent research of ours and others is shining a light on this



3. Mechanistic, rock-like thinking: do these

There are increasing grounds for believing that organisations will be safer and less risky if they have:

- a generally inclusive **organisational climate** [Svyantek and Bott, 2004]
- effective **leadership** [Health Foundation, 2004]
- a positive **culture** and sub-cultures [Boan and Funderburk, 2003]
- an approach which **involves patients** in care processes [Health Foundation, 2004]

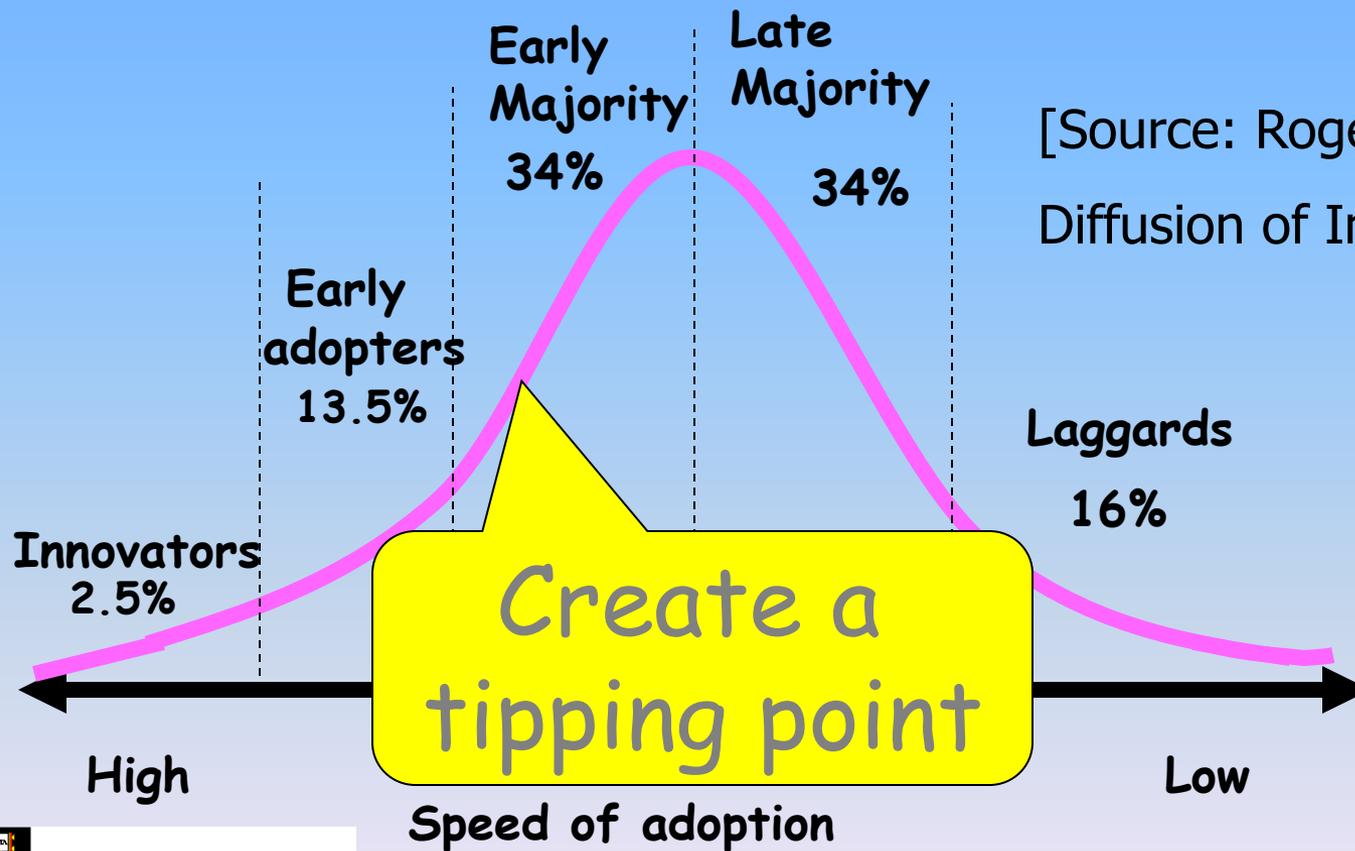


3. Mechanistic, rock-like thinking: do these

- There are increasing grounds for also believing that organisations will be safer and less risky if they have:
 - superior **accreditation results** [Chen et al, 2003]
 - better than average performance on **clinical indicators** [Collopy, 2000]



4. Underestimating timeframes



[Source: Rogers' Diffusion of Innovation 2003]



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4. Underestimating time frames

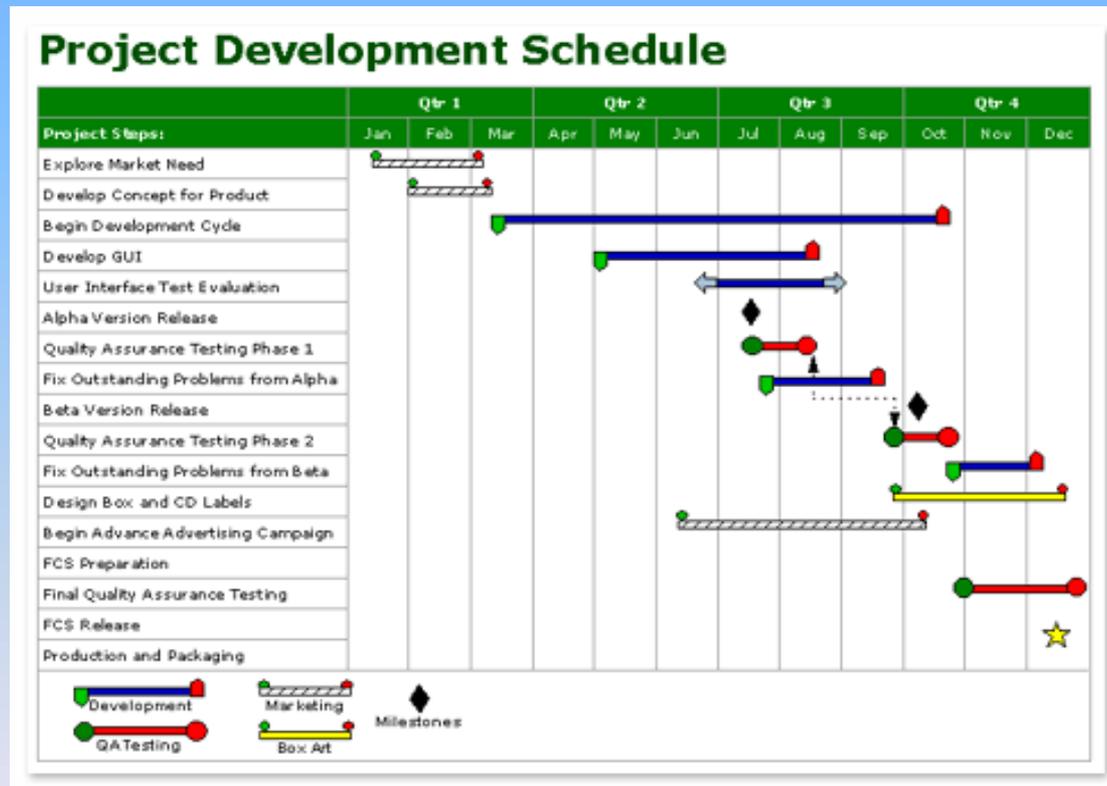
- **Prioritize**

| | URGENT | <u>NOT</u> URGENT |
|----------------------|--|---|
| IMPORTANT | I Crises Pressing Problems Deadlines | II Preparation Prevention Planning Relationship Building |
| <u>NOT</u> IMPORTANT | III Interruptions Some mail/reports Some meetings Some “pressing matters” | IV Busywork Time wasters “Escape” activities |



4. Underestimating time frames

- Do a project management course



4. Underestimating time frames

- Or learn how to under-promise and over-deliver
- Most people over-promise and under-deliver and don't meet their deadlines
- Give yourself space and time wherever and whenever you can to deliver



Summing up, so far ...



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Summing up, so far ...

- We have discussed leadership and management
- And reviewed two key roles:
 - To respond to quality and safety issues
 - To attend to the characteristics of clinicians



Summing up, so far ...

- We have also suggested leaders and managers
 - Should treat the health system like a bird not a rock
 - And use their time well
- Let's look further at a great study into the characteristics of effective leaders
- And then look at culture change

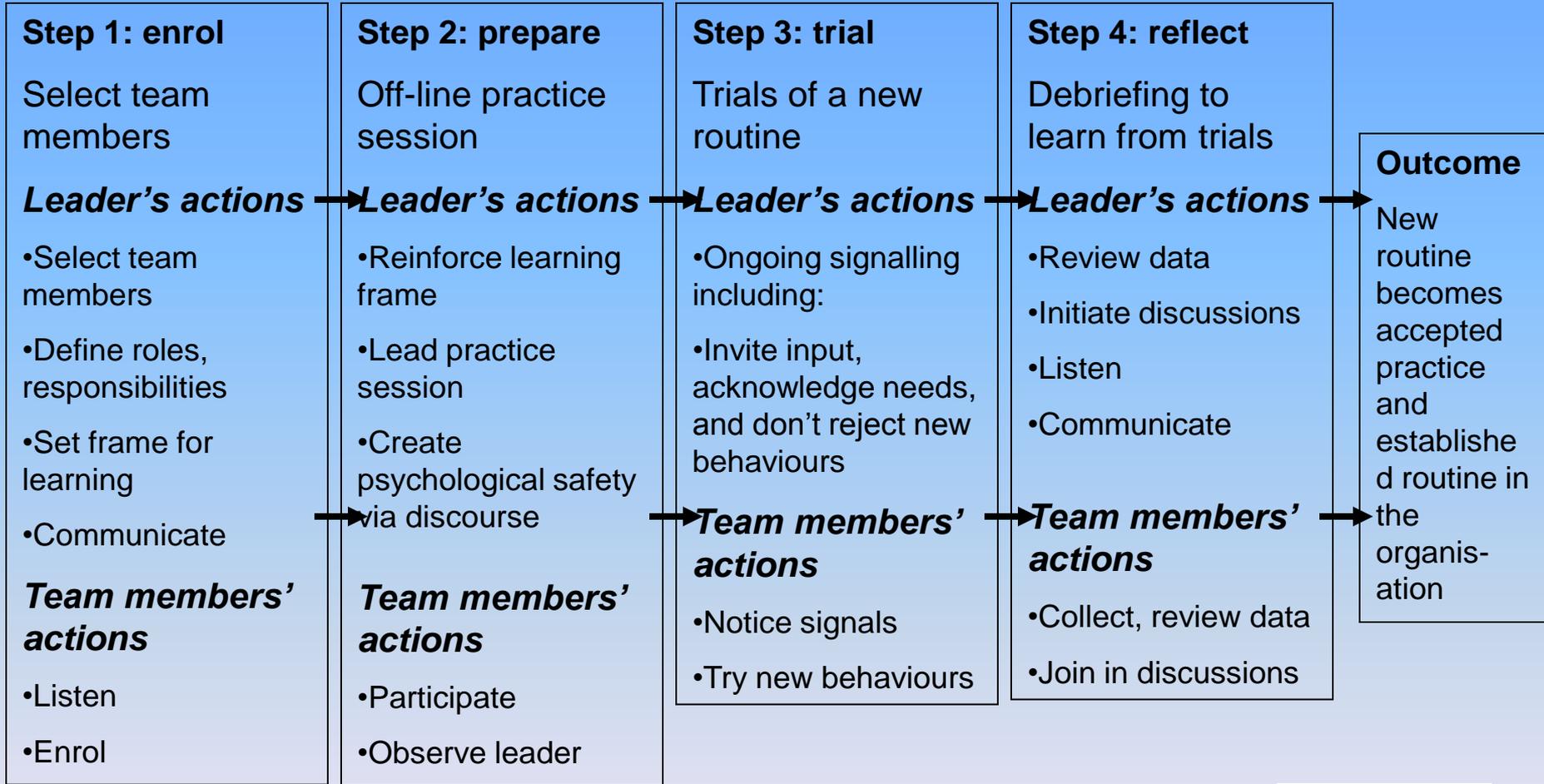


A leadership solution

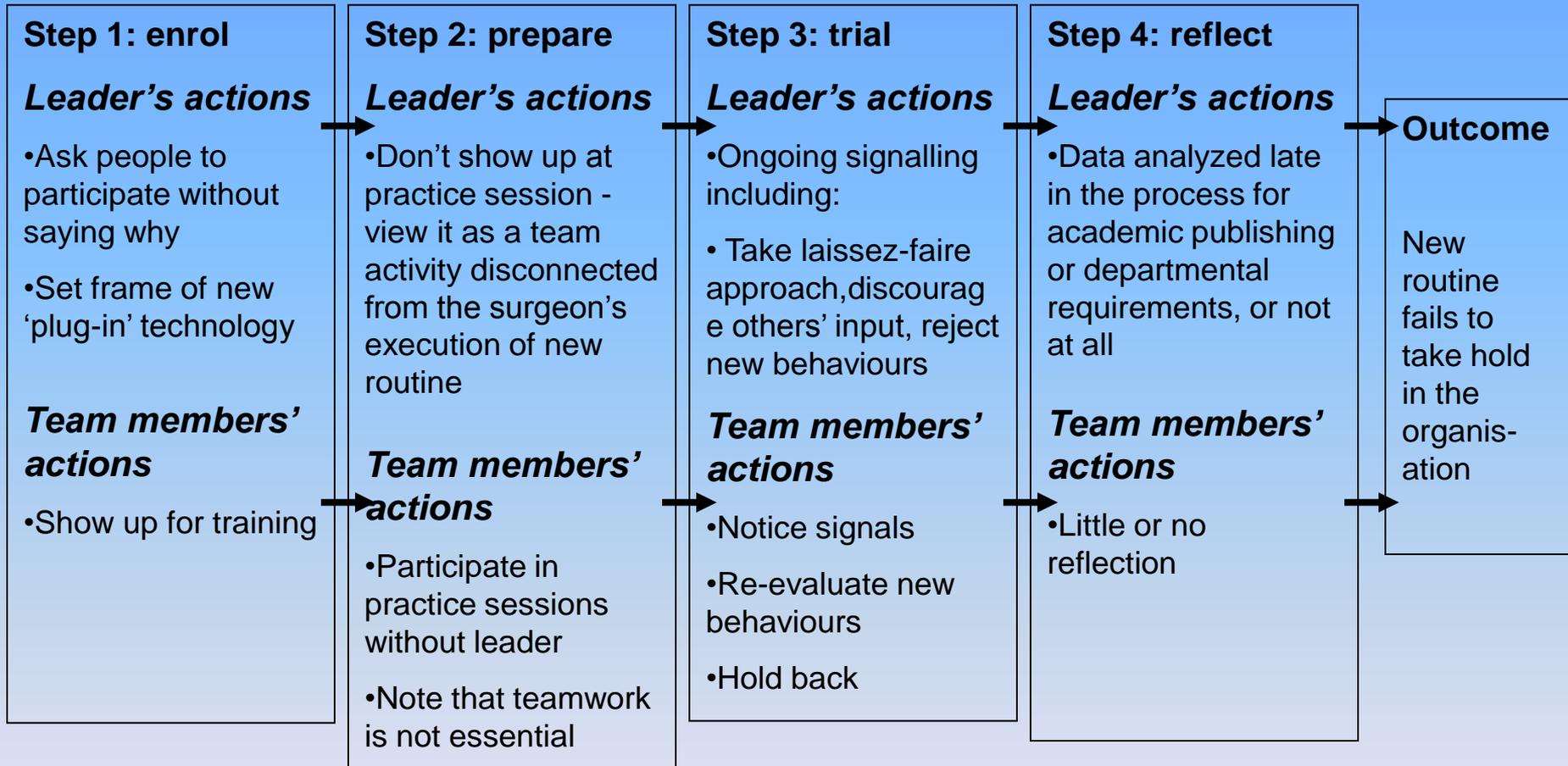
- Edmonson, Bohmer and Pisano (2001) studied change in 16 cardiac surgery centres in the United States
- Some were more successful at adopting a new technique (minimally invasive cardiac surgery, MICS) than others
- What were the characteristics of successful leaders?
- ***They engaged people***



Successful leadership looked like ...



Failed leadership looked like ...



Culture change

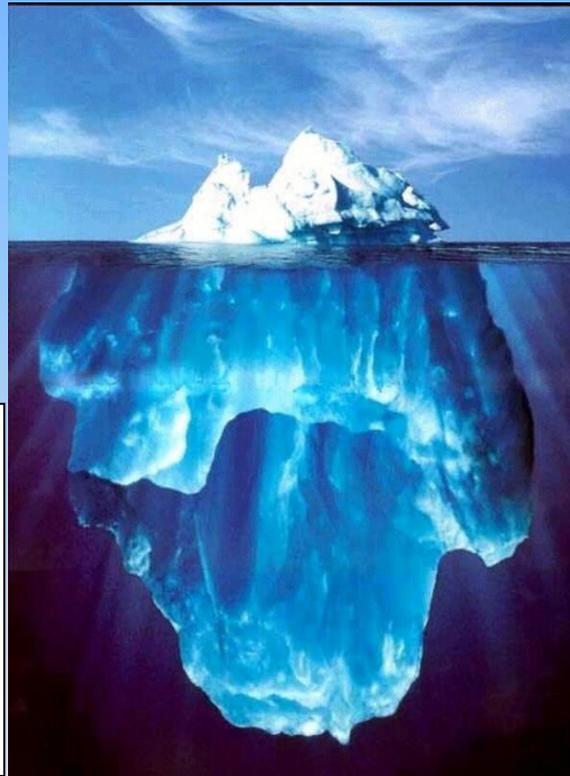
- Culture: sets of beliefs, ideas, practices and behaviours
- “The way we do things around here”
- Our: worldview, assumptions, taken-for-granted, outlook, norms, values



Culture change

The iceberg model of culture

Below the waterline lie the underlying beliefs, attitudes, values, philosophies and taken-for-granted aspects of workplace life: 'why we do the things we do round here'.



Above the waterline lie the observable workplace behaviours, practices and discourse: this is 'the way we do things round here'.

[Braithwaite, 2003]



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Culture change

- “The 800 pound gorilla that impairs performance and stifles change is culture”
Pascale et al, 1997
- Significant organisational failures [and those in other systems] are culturally determined
- Think about: Enron; The Titanic; Bristol Royal Infirmary; NASA during the Challenger disaster; the 1929 stock market crash; the 2008-2009 Global Financial Crisis



Culture change

- What caused these problems? Many things
- But culture – the set of shared beliefs and practices – was a common causal factor in all of them
- Outsiders realized that the insiders in these cultures had talked and behaved themselves into a culture that was ...
- Well – unusual, unique ... And even **crazy**



Culture change

- A final piece of evidence about the importance of culture and leadership



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What is related?

Relationships between various organisational variables

| | CI | Culture | Climate | Consumer | Leading/ managing | Accredita tion |
|----------------------|------|---------|----------------|----------|----------------------|-------------------|
| CI | 1.00 | 0.421 | 0.071 | 0.054 | 0.506** | 0.450* |
| Culture | | 1.00 | 0.566** | 0.162 | 0.709** | 0.618** |
| Climate | | | 1.00 | 0.360* | 0.157 | 0.372 |
| Consumer | | | | 1.00 | -0.204 | 0.215 |
| Leading/ managing | | | | | 1.00 | 0.616** |
| Accredit- ation | | | | | | 1.00 |

Summary

- **Significant relationship****
- **Trend relationship***

[Braithwaite et al, QSHC 2010]



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So what do you have to do?



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Be a good leader and cultural influencer

- Stress the value of collaborative effort
- Connect or reconnect people
- Acknowledge differences in outlook
- Engender trust, transparency
- Tolerate dissent
- Understand that roles are flexible



Be a good leader and cultural influencer

- Be sensitive to risk but not overwhelmed by it
- Support people's progress, and tolerate the occasional stumble
- Influence through resource allocation
- Harmonise effort, collaboration, sharing



Be a good leader and cultural influencer

- Facilitate the development of skills and talents
- Work with change champions and opinion leaders
- Align where possible clinical, managerial and policy interests
- Overcome RTC



Are management and leadership the same thing?

| <h2>Managers</h2> | <h2>Leaders</h2> |
|--|--|
| •Get things done | •Strengthen connections |
| •Accomplish aims and objectives | •Exercise influence, utilise networks |
| •Handle critical organisational functions eg human resource management, finance, quality | •Stimulate critical organisational attributes eg via motivating, inspiring, persuading, engaging |
| •Time frame: day to day, month to month, annual eg budgeting cycles | •Time frame: three to five years, sometimes longer |
| •Principal concerns: order, incrementalism, standardisation | •Principal concerns: momentum, transformation, trajectory |
| •Key constructs: structure, processes, performance, targets | •Key constructs: culture, strategy, vision, motivation |



Penultimately... who said these?

- “A leader is a dealer in hope.”
- “Look fear in the face. You must do the thing you think you cannot do.”
- “I am a leader by default, only because nature does not allow a vacuum.”
- “We must become the change we want to see.”
- “The task of the leader is to get his people from where they are to where they have not been.”



Penultimately... who said these

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Mahatma Gandhi

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Henry Kissinger



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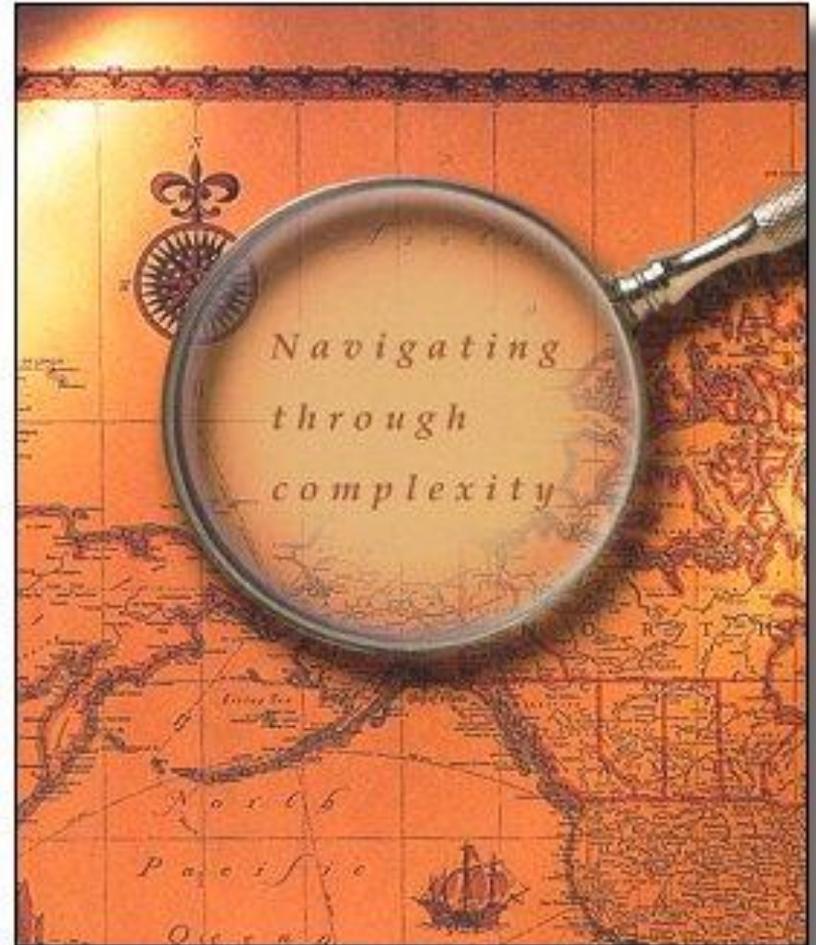
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So what do you have to do, #1?

- Navigate through uncertainty and complexity



So what do you have to do, #2?

- Negotiate with multiple stakeholders



So what do you have to do, #3?

- Be persistent



Conclusion

So ... Go out and lead, manage,
and shape that culture – the
health system needs you.

Thank you



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Questions?



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