Chapter 6
The *LEADS in a Caring Environment* Framework: Engage Others

Employee engagement may have begun life as a corporate buzzword, but over the last decade, it's been widely acknowledged as a critical element in drawing out discretionary effort from workers. But findings from our 2012 Global Workforce Study show that the steps organizations have taken to improve engagement are beginning to fall short.

—Towers and Watson

For many of us, the phrase "getting engaged" usually means the launch of the marital relationship that sustains us through life, a great source of mutual respect and self-realization. But what does *engagement* mean in the context of leadership in the health system? Does it demand the same commitment, and return it?

It would be a very special organization if that were the case. But engagement is an important factor in having your life enriched by work. Indeed, numerous research studies both in the health sector and outside the health sector emphasize the value of positive engagement to all [1]. For example, West et al. reviewed engagement scores in the UK, and concluded that the more engaged staff members are, the better the outcomes for patients and the organization generally [2].

One consistent finding in that research is that the quality of leadership in a unit is a primary determinant of its level of engagement. Good leadership can lead to high engagement; toxic leadership to dysfunctional engagement.[1] And since the No. 1 driver of engagement is the quality of an organization's leadership, collective leadership capacity is vital to its accomplishment [3].

Let's look at an example of an organization that takes engagement seriously, measuring it every two years and responding to the results. We've disguised the name of this large Canadian region, calling it North Star.

Wendy Johnson, vice-president of human resources in the North Star Health Region, was excited. The most recent results of the employee engagement survey were about to be presented. She was keen on knowing whether the changes made since engagement was measured in 2010 had improved results and wanted to know what new directions her department should take. Earlier results had not been what the North Star hoped for. She

[1] Gallup' research suggested that the quality of the direct supervisor has a huge role to play on engagement in a particular unit or department.

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was particularly interested in whether perceptions of the quality of leadership had shifted, because she knew research identified leadership as a major factor determining perceptions of engagement.,

The employee survey characterized engagement as a function of employee connection to the workplace.

To measure engagement, the survey given to employees (and to medical staff and volunteers) essentially assessed their satisfaction with six statements:

- *I am proud to tell others I work for NSHR.*
- *I am optimistic about the future of NSHR.*
- *NSHR inspires me to do my best work.*
- *I would recommend NSHR to a friend as a great place to work.*
- *My job provides me with a sense of personal accomplishment.*
- *I can see a clear link between my work and NSHR's long-term objectives.*

Results by question were then presented, as well as an overall score (Fig. 6.1).

Wendy was initially pleased with results that showed clear improvements (see left-hand column for the improvement ratings). However, all benchmarks for desirable performance (the right-hand column) fell well below what was hoped. She had lots of work to do, particularly with medical staff.

Statistics on satisfaction with leadership indicated almost a quarter of employees were looking for or thinking of accepting a job elsewhere. One of the key reasons for that was "immediate manager leadership skills." The results went on to show satisfaction with immediate supervisors was 60 per cent, one per cent below benchmark and unchanged since 2010. Satisfaction with the CEO, senior vice-presidents, and executives was 33 per cent, up five points since 2010 but 19 per cent below benchmark. Satisfaction with vice-presidents was 37 per cent, up 9 points since 2010 but 16 % below benchmark. When she put that information together with other statistics—low satisfaction with organizational

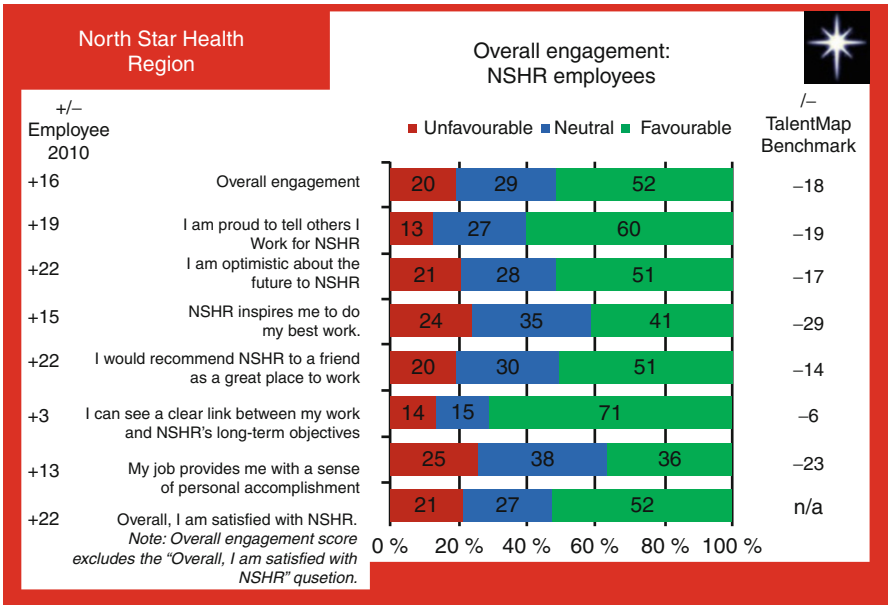

Fig. 6.1 Results of NSHR Engagement Survey

vision and patient focus, both 20 points below benchmark—she realized that leadership development was urgently needed.

"And these are the average scores" she mused. "I bet if I looked at the scores of individual departments, I would find some quite high and some quite low." Reminding herself that the quality of an individual's supervisor is a major determinant of engagement, she vowed to push for more time, money and energy for leadership development.

Learning Moment
Take a moment to reflect on the group, department or organization where you are a leader.

- Have you surveyed engagement? If so, did engagement rate as high, medium, or low?
- If not, what might you expect the results to be? What are the reasons for your answer?
- Consider using our model to conduct your own survey (if you're concerned people might not respond candidly to you, find someone independent to do it).
- How would you use the results? Are you prepared to make changes in your own behaviour if the results suggest it?

The distributed leadership idea introduced in Chap. 2 suggests that the dispersal of leadership across levels, and the ability of the collection of leaders to act in concert to achieve common goals, is required for true organizational or system change to happen. While measuring engagement overall is important for the senior VP of Human Resources, it is equally important for to measure it in smaller units. Indeed, distinct differences in culture, unit to unit, can reveal whether than alignment is happening and signal whether or not leadership is in fact operating or is absent (or even toxic) in some parts of the organization. And since leadership is a function of what you do rather than your role, we're going to look at *how* you lead, not who, in this chapter.

Health system leaders are collectively engaged in relationships aimed at improvement — unit improvement, organizational improvement, community improvement or system improvement: that is, creating change. Those relationships, and the whole notion of distributed leadership, mean that regardless of role, sometimes we lead and sometimes we follow. It's a difficult dance. The first step is to have the interpersonal and tactical skill to build positive relationships with a wide array of the people you work with—in particular with your direct supervisor, because that relationship will help leverage your own morale and productivity. To have an effective relationship with your supervisor, sometimes you will lead, and sometimes you will follow.

The strength of that relationship is measured by looking at engagement. We define engagement in health-care organizations as "the degree of constructive interactivity between a leader and a follower aimed at achieving a shared vision of quality patient care in a sustainable universal health system".

The engagement survey from North Star shows these factors improve engagement:

- Better communication
- Clear and consistent vision
- More opportunities for professional growth
- More/improved training
- More freedom to make suggestions.

Almost all studies of what works to promote engagement include those factors, and all but clear and consistent vision are part of the *Engage Others* domain.[2] All of them are also readily influenced by leadership. Yet leaders cannot motivate another person: they can only generate the conditions for that person to become motivated. Engagement is very much a voluntary, discretionary commitment. Ask yourself: How persistent and consistent am I in creating conditions that motivate others to change in my workplace? Or, even more fundamentally: *Why should anyone be led by me?* [4].

Learning Moment
Take a moment to reflect on your leadership in the past few months. Consider how others reacted when you tried to show leadership.

- What answers do you have to the question "Why should anyone be led by me?"
- What did you do—say, plan, decide, or promote—that influenced others? Were they motivated to join you? What kind of behaviour did they respond to most?

Engagement is a function of how the employee's personality, character, knowledge and resources interact with the context of the workplace in which he or she works, or in a particular project. That interaction can be either enhanced or impeded by actions of the leader, the organization or project and the individual.

Three factors influence the quality of engagement:

- The actions of the leader in a unit, department, or organization.
- The employee's contributions—both psychological (i.e., commitment) and practical (skill set, qualifications, etc.).
- The organizational context—size, culture, structure, politics.

These factors are interactive. A change in one will likely create a change in another: engagement is always dynamic and fluid.

[2] Note: 'Clear and consistent vision' is captured within the Set Direction capability of the Achieve Results domain.

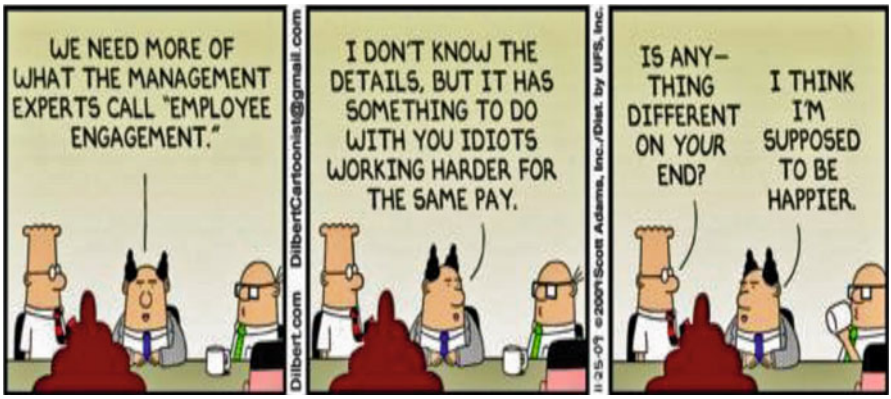

Fig. 6.2 Dilbert cartoonist Scott Adams has a knack for revealing the rhetoric of leadership and management that organizations so rarely live up to (Dilbert © 2009 Scott Adams. Used by permission of Universal Uclick. All rights reserved)

Engagement is both individual and collective. One individual can be completely engaged when another is not. Determining the engagement of an individual must be done on a one-to-one basis through conversation or as part of the performance management process.

The engagement of a group of employees and leaders as a whole can be measured collectively (as in the example of the North Star region) [5, 6].[3] That example also shows that engagement can be experienced differently by different groups. In the example of the North Star Health Region they measured engagement for three sub-groups: physicians, employees and volunteers. Physician engagement is often singled out in the health sector as an issue of particular importance.[4] Many physicians are informal leaders, people with influence but not necessarily part of the formal power structure of the health region. In Canada, many work both independently and on a contracted (fee-for-service) basis to an organization, which means conditions that enhance their engagement may be different than they are for others and also different amongst distinct groups of physicians (i.e., primary care versus hospitalists) (Fig. 6.2).[5]

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[3] A number of instruments have been validated as methods to measure engagement. The Gallup Corporation has developed an engagement instrument that was used in the story of the North Star Health Region, and that is used widely in Canada. They also have a distinct tool for measuring engagement within the physician community (Gallup Corporation). A Medical Engagement Scale has been developed and used in the UK (Spurgeon P, Barwell F, Mazelan, P).

[4] For example, see the Regina-Qu'Appelle Health Authority, 2012, website in which three papers commissioned on physician engagement are being used to direct policy directions in that health region (http://www.rqhealth.ca/cgi-bin/texis.cgi/webinator/search_rhd/?query=physician+engagement&x=17&y=8&suffout=Most&pr=rqhr&q1=1).

[5] Recent research within Canada, sponsored by the *Canadian Foundation for Health Innovation* (http://www.cfhi-fcass.ca/SearchResultsNews/13-04-16/c2dcf12c-680f-4b63-91ab-bc3e726b523f.asp) and the *Regina-Qu'Appelle Health Authority* (http://www.rqhealth.ca/inside/publications/physician/index.shtml) on the challenge of physician engagement, has identified

Research shows that when leaders exercise the capabilities of the Engage Others domain the potential for improving engagement increases [2, 7, 8]. Research also shows the level of engagement contributes to achieving a patient-centred work environment and a patient safety culture [9].[6] The engagement challenge embraces a broad range of people, from physicians to clerical staff, physiotherapists and nurses to dietary workers—all partners in the delivery of health. Citizens and patients also need to be engaged. Unless you engage all your stakeholders, you can't maximize the potential of what you're trying to do.

According to our research, leaders need four capabilities to engage others. We'll look at them more closely now.

Foster Development of Others

The first of the four Engage Others capabilities is foster development of others. Leaders do that by supporting and challenging people to achieve their professional and personal goals. Developing others is a driver of improved engagement both in and outside health care. A recent Maclean's Magazine survey of Canada's top 100 employers says giving workers the chance to develop is one of the major factors differentiating top employers from others [10]. They profile 3 M Canada and the Aboriginal Peoples Television Network Inc., which both encourage employee development by subsidizing tuition, professional accreditation, career planning, mentoring and in-house and online training programs.

There are two Toronto hospitals on the Maclean's list. The Hospital for Sick Children supports employee development with in-house and online training, mentoring, a formal management training program and subsidies for professional association memberships and tuition. Sunnybrook Hospital invests in development by subsidizing tuition and professional accreditation, giving bonuses for some completed courses through training designed to improve employees' leadership skills.

These are a few examples of formal programs to foster development. However, as the Gallup research suggests, how we work individually to foster the development of the people we lead is equally important [11]. A supervisor who discourages time off for learning, or who doesn't support employees who want to pursue personal development can deflate energy and commitment and will likely undermine

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many of the factors and processes that both influence engagement of physicians at different places in their career, as well as 'best practices' for doing so. Some of the strategic methods will be discussed in Chap. 9, as part of the Systems Transformation domain. Interpersonal approaches are the purview of this Chapter.

[6] Graham Lowe, in his article *How Employee Engagement Matters for Hospital Performance,* provides evidence to show that employee ratings of engagement are directly correlated to the creation of a patient-centered, safety oriented culture.

engagement. Not recognizing achievement, or failing to provide feedback to help correct poor performance, will also hinder employee development and levels of engagement.

Developing others is even more vital during times of change. Change requires people to do things differently—be it to exercise new skills, create new relationships, or master new knowledge. Failing to recognize the need for retraining can dramatically diminish peoples' enthusiasm for change. Max Caldwell, in his studies of health workplaces in the United States, notes that health-care employees are highly negative about the potential impact of health-care reform [12]. Why? Is it because they believe management won't support the learning and growth they will need to master the change? Leaders would investigate those needs, and commit to providing the necessary resources; but many of us fall short, perhaps because we ourselves are jaded and feeling a lack of commitment and engagement.

Certain styles of leadership foster the development of others. According to Daniel Goleman's work on emotional intelligence leaders who think and act as coaches do more to develop others. A coach-style leader is committed to helping employees improve by helping them build on their strengths, work on weaknesses and encouraging them to establish long-term development goals [13].[7] As a coach, you have to be attuned to feelings of inadequacy and helplessness, and able to distinguish between resistance to learning and fear of trying. Coaching leaders establish agreements with employees about their role and responsibilities in a development plan, and provide instruction and feedback. Effective leaders also set an example by embracing development themselves.

Leaders whose style includes delegation can use it as a way to both develop and engage people. Blanchard and Hersey advise leaders to determine the readiness of employees to take on new responsibilities. They say employees can be rated in maturity from very capable and confident to unable and insecure. They counsel leaders to be aware of how ready staff members are for delegation [14].

The antithesis of coaching and the death-knell for fostering development is micro-management. Micro-management is the need to control and take charge of every aspect and detail of another's work. It is a pathology, or symptom, of poor leadership. It makes people feel undervalued, promotes disengagement and stifles the desire to learn and grow; the opposite of what effective coaching and delegation can do. It also radiates distrust. Consider this story about our friend Wendy from the North Star Health Region:

> *Wendy was preparing for an interview with Kosta Colano and Monica Gregorius, chief operating officer and director of human resources at one of the region's hospitals. Wendy was following up on the need to enhance leadership in the region, which had been identified in the employee engagement survey.*

[7] Daniel Goleman, in outlining his six styles of effective leadership, refers to the 'coaching' style of leadership, which 'develops people for the future'.

Survey results from the hospital where the two worked were dismal: at least five to 10 points below the regional average which was itself well below benchmark expectations. Worse, they had declined noticeably since the previous survey. Wendy was puzzled by the results. Monica had attended a number of regional meetings and seemed to be well-intentioned. Wendy did not know Kosta, who was appointed after a well-respected COO retired.

Kosta and Monica arrived and pleasantries were exchanged. Wendy noticed at once that Monica was very deferential to Kosta, waiting meekly to speak as Kosta went on at some length about how important it was to improve engagement, and how he would pull out all the stops to turn the situation around. When Wendy asked Monica for her perspective, Monica began to answer hesitatingly, clearly worried about Kosta's reaction. And he quickly jumped in, saying, "Yes, yes, that's nice, Monica. But I don't care what the survey says, or what the staff are telling you. I know what the issues are and I'm going to make it my priority to go to every department and engage the staff in a dialogue about how to improve our engagement scores. I just don't think—with all due respect to you, Monica, because I know you've been meeting with them—that our managers have given the messages to staff that I have asked them to give. I don't trust them to have the story straight. I guess I will just have to do it myself."

Wendy listened, watching Monica's frustration grow. When Monica hinted Kosta himself might commit to a behaviour change to model his expectations for staff, he scoffed at the idea; the problem was that others were not doing their job. Kosta was a classic micro-manager and a bully: nothing anyone else could do, or wanted to do, was good enough—he would be in charge. It was obvious what at least one major contributor to the poor engagement scores was.

This story shows how our interactions with others, including the language we use and the attitudes we bring, are crucial in creating the conditions that foster their development. If leaders do not create the conditions to enable development—offering resources, time and personal support for people to learn and grow—then development and the potential for engagement are at best minimized, and at worst, completely extinguished.

Contribute to the Creation of Healthy Organizations

A healthy organization is a productive organization, characterized by high attendance amongst the people who work there as well as high retention rates and low turn-over. Leaders can create the conditions for a healthy organization. The first thing a good leader can do is signal the importance of being a healthy organization by making it a priority, and gathering data and information related to work-life quality, both in terms of morale and productivity. Without such data leaders can easily lose touch with the work-life experiences of others. The example[8] in the following 'learning moment' profiles the importance of that measurement, while at the same time highlighting many of the factors contributing to a healthy work environment.

[8] This learning note is constructed from the document, *A Snapshot of Worklife Measurement in Canadian Healthcare Organizations: Indicator Survey Results* Published by Accreditation Canada. Information presented within is the intellectual property of the Quality Worklife – Quality Healthcare Collaborative.

Learning Moment

In Canada, the Quality Worklife-Quality Healthcare Collaborative (QWQHC) is a coalition of 12 national health organizations committed to the promotion and enhancement of healthy workplaces in healthcare, with the objective of improving patient care. In recent years, the collaborative has called on health-care leaders to improve the quality of work life and of health care through system-wide engagement, action, accountability, and knowledge exchange.

One of the coalition's priorities is promoting and supporting measurement of quality of worklife to help organizations and systems achieve those goals. The collaborative has so far identified seven indicators all health organizations could use to gauge and improve their workplace practices and environments. These evidence-based measures are:

- *Turnover rate*
- *Vacancy rate*
- *Overtime*
- *Absenteeism*
- *Workers' compensation lost time*
- *Training and professional development*
- *Health provider satisfaction*

Reflective Questions

1. *Can you put your hands on data related to turnover rate, vacancy rate,* etc.*, for your unit? If so, how healthy is it? If not, why not?*
2. *If you do not belong to an organization, but are leading a community change or volunteer group, how often do they attend meetings? Participate in events?*
3. *What could you do to ensure that such data is available to you on a systematic basis?*

Work-life data reflects health and wellness in an organization, including levels of injury and stress. Sadly, many health organizations in Canada—and elsewhere—are not doing well by these measures. One senior leader in a national organization said "Healthcare employees are off more on sick leave, workers' compensation and long-term disability than any other business." He added that the biggest and fastest growing claims are stress and anxiety related. The largest and fastest growing claims on hospital benefit plans are prescriptions related to stress and anxiety. In addition, he said, a recent U.S. study found that hospital employees are more likely to be diagnosed with chronic conditions like asthma and obesity in addition to depression, and were 5 % more likely than the general population to be hospitalized (Hugh MacLeod, personal communication).

Leaders can create a culture that promotes healthy living. They can offer wellness programs, pursue a healthy lifestyle themselves and let employees know they're expected to take care of their own health. Towers Watson, a leading professional services company, published an article called *Boost Employee Health and Wellness With Behavioural Economics* [15]. In it they say employers can positively influence employee decisions and behaviour by leveraging social, cognitive and emotional cues to increase engagement in health-promotion programs—which in turn will work best in organizations where there is robust employee engagement.

The mental and spiritual side of employee wellness, what might be called morale, is greatly helped when leaders are simply present in the workplace. Absentee leaders are thought not to care about productivity, unable to make judgments about performance and distant or aloof. And present leadership is not just physical presence—it's also emotional and psychological presence. If doors—both real and mental— are closed to the perspectives of others, a leader may be physically present but perceived as mentally absent. Stories about the leader start being told, almost always negative. Leaders who walk around, who are visible and mentally present, are much more able to engage staff.

How many people you deal with as a leader is a critical success factor in your ability to build a healthy workplace. We talk about leaders having a "span of influence," the range of people we can connect with and have an effect on. That might be five or it might be 200 or more—but how can a leader connect with as many as 200 people? It is even more difficult in health care, where many organizations operate 24/7, but the majority of managers work the day shift Monday through Friday [16]. This factor may be mitigated by the assumption that inherently, professionals are autonomous and can manage themselves better than non-professional employees. However, in a static environment, professional autonomy may be logical; in a dynamic environment like health, much closer connections must be built between all partners in the delivery of health services.

How decisions are made also contributes both to morale and productivity. Leaders who use a variety of decision-making styles—adjusted to the situation and circumstances—are perceived by others to be in touch, but are also able to recognize when employees need to be part of a decision. Daniel Goleman identified six leadership styles to reflect how a leader's emotional intelligence plays out in the making of decisions. Emotionally intelligent leaders have five common characteristics. They:

- Are aware of how they feel in the presence of others;
- Are conscious of how others are feeling;
- Do not express their feelings in a way that would generate negative feelings or destructive conflict;
- Can make good decisions and take appropriate action despite (or because of) their feelings; and
- Have constructive, ongoing professional relationships.

It is noted that these factors are consistent with a number of the elements of emotional intelligence defined by Book and Stein and profiled in Table 5.1 in Chap. 5

(Lead self) under the titles of Decision Making (e.g., problem-solving, reality testing and impulse control) and the Interpersonal Realm (empathy, social responsibility, and interpersonal relationships). Goleman outlines three styles of decision making that employees think enhance engagement—the authoritative, or visionary style, the democratic style, and the affiliative style. He argues that there are two styles—pace-setting and coercive—that are not engaging, unless used sparingly in special circumstances. (Table 6.1) shows which leadership style works best in different situations.

In healthy organizations, people have meaningful opportunities to contribute. They do their best in jobs they enjoy, when they know the organization values their contributions, and when the environment—collectively—is productive. The two go together: workplaces with great morale are usually highly productive.

As a leader, you can create an environment where people can contribute by ensuring:

- People can see the benefit of their work to patients or citizens or their workmates.
- People know what is expected of them.
- Barriers (e.g., red tape, unneeded regulations, infrequent or too frequent meetings) that impede effectiveness are removed.
- People receive feedback on their work through formal performance reviews and in a constructive manner.
- Individuals are assigned tasks and roles that take advantage of their talents and skills.
- Work processes are efficient and effective.[9]

It's us, as leaders, who are most responsible for creating those conditions, either in units or across organizations.

Another aspect of encouraging employee contributions is to create an environment where conflict is productive, rather than destructive. When people are able to disagree on some difference in perspective or issues of professional training, but can still work together to define problems, explore root causes and come up with workable solutions, conflict is productive. Conflict is unproductive when it leads to entrenched views, fragmentation of effort, and refusal to collaborate.

In fact, almost all the approaches we describe for leaders to engage employees and build relations are aimed at creating conditions for diverse views to emerge, and ways to maximize conflict's productive potential while minimizing its destructive potential. However, leaders also need to know how to ameliorate conflict to avoid rifts with or among employees, which can be incredibly destructive if they fester, or leave people feeling threatened.

[9] For many health workplaces, approaches such as Six Sigma, Business Process Engineering, and Lean are being used to redesign work process to make them more efficient and effective. However, such processes often require leaders to be much more present with their staff, and put a premium on the leader's ability to be proficient in the skills of dialogue, coaching, measurement, and decision-making.

Table 6.1 Goleman's six styles of leadership [17]

	Commanding	Visionary	Affiliative	Democratic	Pacesetting	Coaching
The leader's modus operandi	Demands immediate compliance	Mobilizes people toward a vision	Creates harmony and builds emotional bonds	Forges consensus through participation	Sets high standards for performance	Develop people for the future
The style in a phrase	"Do what I tell you."	"Come with me."	"People come first."	"What do you think?"	"Do as I do, now"	"Try this."
Underlying emotional intelligence competencies	Drive to achieve, initiative, self-control	Self-confidence, empathy, change catalyst	Empathy, building relationship, communication	Collaboration, team leadership, communication	Conscientiousness, drive to achieve, initiative	Developing others, empathy, self-awareness
When the style works best	In a crisis, to kick start a turnaround, or with problem employees	When changes require a new vision, or when a clear direction is needed	To heal rifts in a team or to motivate people during stressful circumstances	To build buy-in or consensus, or to get input from valuable employees	To get quick results form a highly motivated and competent team	To help an employee improve performance or develop long-term strengths
Overall impact on climate	Negative	Most strongly positive	Positive	Positive	Negative	Positive

Learning Moment
Think of the last 6 months of work.

1. Have you experienced any destructive conflicts that have detracted from your ability to do your work, or have hindered others from doing theirs?
2. Are there principles and approaches—from a process perspective—that if employed, might improve the resolution of conflicts of this nature? If so, what are they?

Communicate Effectively

Communication is critical for engaging people and leading change. Effective leaders listen well and encourage the open exchange of information and ideas, using appropriate media. Communicating effectively is central to your ability to influence others—and to their ability to influence you when you need to follow.

Only through communication can we create shared understanding and meaning. Communication is the vehicle to reduce the potential for destructive conflict or mitigate it when it arises. Your ability to communicate will either build relationships or diminish them. When communication is poor, energy is diverted from the change process and performance to interpersonal or group conflict. Read the story below:

Franklin had been incredibly busy over the past six weeks. As chief of surgery, he was working on a project at his hospital to make the operating theatres and surgical processes more efficient. He'd had only limited contact with his VP, Grandison, mostly through emails asking for updates on progress. Franklin had provided regular updates, but there were a few issues he wanted to discuss in person. He had repeatedly asked for a meeting, but got no response. He began to wonder if Grandison wasn't interested in the project, or simply didn't want to talk to him.

One day, Franklin spotted Grandison in the cafeteria and approached him. "Grandison, how are you? I saw you in line and thought maybe we could touch base. Got a minute?"

"What about?" Grandison said gruffly, clearly irritated.

"Well," said Franklin, "You've sent me a number of emails about how the operating room project is coming along. There are a couple of issues I wanted to talk to you about and I tried to set up a meeting but we didn't seem to be able to connect. I thought I would just take the opportunity, if you have the time, to talk now."

"What is it about process that you don't understand?" Grandison said. "I'm incredibly busy—in fact, just off to an executive meeting. I don't have time to meet with everyone to discuss their pet projects".

Franklin was taken aback. Grandison had never spoken to him like this before. Besides, this wasn't his pet project. He'd been assigned the task! But he tried again. "There's just a couple of issues I can't deal with on my own, without your help. I would appreciate the opportunity to discuss them with you—when it's convenient," he said.

"If you can't deal with the issues on your own, maybe we should get a new lead for the project," Grandison said irritably. "Excuse me…I have no more time to waste." And off he went.

Franklin was appalled—to the point of considering resigning. Grandison wasn't interested in him—nor on dealing with important issues. He felt belittled. For weeks, his

productivity, energy, and commitment waned. He avoided Grandison whenever he could, as he perceived him as cold and interested solely in procedure and position. When Franklin got the chance to take on a new role under a different supervisor, he jumped at it. It was little satisfaction when one of the issues he had wanted to talk about became a crisis.

What does this story teach us about engagement and communication? First, how important quality, face-to-face communication is. By quality, we mean timely, using respectful language and deep listening. Secondly, how demeaning communication can be, if those quality features are not attended to. Thirdly—as the literature on employee engagement says—how engaged someone feels is often a function of their perception of their immediate supervisor. If an individual doesn't trust and respect that person, his or her engagement can suffer dramatically. In this case, Franklin moved on to another role in the organization.

A final lesson for us as leaders is a more subtle one. An astute colleague of ours once said "in the absence of ongoing communication, people start telling themselves stories…and the stories are almost always negative." In this case, because Grandison had not taken the time for a meeting, Franklin began to tell himself stories about Grandison being cold and uninterested in the project. The face-to-face communication reinforced that story to the point it became fact for Franklin. If their face-to-face interaction had been respectful, inviting and based on the issues, the story would have been countermanded. Instead, it was reinforced. We need to remember others often judge our leadership ability by the quality of our communication, as it can be the source of many stories about character, quality and motives.

Communication is a very complicated process because it has so many aspects. There is the message itself, the medium used and the audience. It's also more than transmitting thoughts and information but rather an interchange involving both people and ideas which, to be successful, requires concentration and a true desire to understand the perspective of the other person. There is no single best way to communicate; it depends on the situation and the people involved. Leaders and organizations need to constantly assess and explore ways to communicate better. We will look at three aspects of communication in this section: deep listening, the use of dialogue and using appropriate media.

Deep Listening

"Deep listening" is a more receptive kind of listening, where we overcome our inherent assumptions and interests, and become more open to the other person's meaning and intentions. It's a skill that enables you to understand people better, and —in an ideal world—helps to create shared meaning with them. Shared meaning is more than understanding, which is to grasp the content and purpose of a message. Shared meaning adds to that grasping the values underpinning the message.

When combined with productive inquiry, deep listening enhances the potential for shared action. John Dewey defines productive inquiry as using probing questions to get clarifying answers about what we need to know in order to accomplish what we want to achieve [18]. Effective leaders use deep listening and productive inquiry to build connections with people and create shared meaning, which generates collective action.

Most leaders can listen reasonably well, but it is often a challenge to do it all the time. This is particularly true when we don't want to listen or emotions are running high and we can't "hear" from the other person's perspective (such as when we are being criticized or attacked personally). In those situations, we have to learn to concentrate, without being defensive, on understanding what the other person is trying to say. As one senior leader advises: "Count to three. When that doesn't work, count to ten!". Consider where is the attack coming from. If your behaviour is indeed the cause, accept responsibility for the behaviour, but not the anger—that's the other person's responsibility. And when we have to work with people we don't like, or with whom we disagree, emotional intelligence combined with sophisticated communication skills will be essential to doing that successfully (qualities described in Table 5.1 as part of the Interpersonal and the Decision Making Realms of emotional intelligence).

Dialogue

Dialogue emphasizes deep listening in a group setting. It encourages the open exchange of information and ideas, and if done well, creates shared meaning among a group of people. Effective dialogue is central to coaching and group work.

Dialogue requires a deep-seated desire to inquire and understand where other people are coming from; it's about building shared meaning based on the contributions of each person involved. Any kind of prejudgment or shutting down gets in the way of a team of people attempting to create something special together. As Stephen Covey says, "seek first to understand, and then be understood" [19].

Robert Fritz says that an organization is the "sum of its conversations" [20]. Observation will show you many groups don't support collaborative conversation in their ways of speaking and interacting. Those conversations often are characterized by advocacy and debate whereby one person tries to impose his or her ideas on others, or win the argument. Dialogue is characterized by open and honest inquiry—asking questions of clarification and understanding, rather than advocating for one's own point of view. There is a true desire to co-create understanding and meaning, by building on each other's contributions. How about your workplace? Do personal mental models, silence and defensive behaviour patterns get in the way of effective listening, shared understanding and learning? A group's problems are often inseparable from the way they think and act with one another. Dialogue is a process that enables people to be aware of, understand, and be prepared to engage in a collaborative conversation.

If you want to create the conditions for a viable dialogue with others, here are some steps to follow:

- Suspend your own assumptions.
- Keep the other person's best interests in the forefront of your mind, which entails a frank and open dialogue to bring issues and concerns to be addressed to the surface.
- Adopt an "intention and inquiry" approach, rather than giving advice or guidance, and don't feel you must reach a decision.
- Use deep listening and paraphrasing to develop shared meaning.

Learning Moment

1. Can you think of a time recently when you had a real dialogue? What were the conditions that made it happen?
2. Are there issues, problems or concerns you're facing that would benefit from a dialogue, as opposed to a debate, or discussion? Why?

Use of Social Media

E-mail, blogging, Twitter and Facebook have brought limitless new opportunities for conversation, knowledge gathering and relationship building to the workplace; but with these opportunities come issues and concerns. Social media may have made communication easier but they've also created many opportunities for miscommunication (we've all heard stories of an unfortunate tweet or e-mail landing someone in hot water or an unintentional "reply all"). Still, they are as much part of the leadership landscape as our buildings. Leaders must become conversant with their strengths and weaknesses; and rather than be overwhelmed by them, determine how they can be used to enhance employee engagement.

Many of us find it hard to get used to the idea of how transparent modern media can make us. Consider the story of a dean of a medical school who was giving a speech at a graduation ceremony. In his speech, he used a unique phrase to describe a point he wished to make. A medical student in the audience thought the term was familiar, and Googled it on his phone. Up popped a speech—identical to the one being given—spoken 6 months ago by the dean of medicine in a prestigious American university. By the time the speech was over, all the students in the audience were aware of the plagiarism and many in the outside world as well: through the power of Twitter!

The younger generation has known little else; yet more seasoned leaders may not realize how public their indiscretions can become through social media. Then there are people like Grandison, who rely on e-mail rather than engaging in face-to-face discussion, especially for difficult conversations.

A whole new industry has developed to advise leaders on improving productivity with communication technology. Look at the language in this advertisement:

Communicate like never before. Respond immediately. Share information, anytime, anywhere, via any device. You'll have the power of a unified communications system that connects everyone— your people, your customers, your partners. A system that's incredibly sophisticated, yet remarkably simple to use. Go ahead and grow—XXX is fully capable of handling up to 1,000 users in a single site or across multiple sites. With XXX, you have a complete, across-the-board solution that brings it all together. From telephony and video to mobility and call centre applications, to networking, security, and ongoing services, XXX will help give your business a competitive edge. Lets you do more with less. Drive profitable growth, without driving up costs. Perform better now and in the future.

As leaders we need to remember technology's value lies in its ability to enhance and enable communication to increase engagement. But don't assume more and different media enable you to recognize people, listen deeply to people, and dialogue with others more productively. Volume is not necessarily better than quality. You need to see social media for what it can be: a personal toolbox for improving how you practice leadership. Those tools must be used with care and awareness.

Build Teams

Leaders do not work alone. The belief that a single person can lead the rest of us to a successful future is a myth. Yet for some the word "leader" still conjures up a vision of a rugged individualist, endowed with experience, knowledge, skill, charisma and vision enough for all challenges. The reality in health care is different: leaders get results through their ability to convert independent, capable, and self-motivated individuals into an interdependent, well-functioning, high performing team. The ability to bring individuals together—whether they're different types of professionals, executives, community members or a board of trustees—is an essential aspect of leadership.

Shifting from an emphasis on individual leadership to team work is not an option in health care. New primary care models depend on professionals of different backgrounds, administrators and researchers working together. In hospitals, interprofessional teams deliver clinical service in emergency and operating rooms. Administrators and health professionals work collectively on operational and strategic issues. Managers have to work together cooperatively to achieve common goals.

However, studies have shown that without a deliberate effort to create effective teams most efforts to change work approaches fall short [21]. For example, executive and senior management groups often are not teams in the truest sense of the word. They have the name, but do not practice effective teamwork, which involves sharing responsibility for identifying problems, solutions, and action. Peter Senge calls this scenario the myth of the management team, likening executives to warlords who come to the table to divide up the spoils [22]. Without discipline to guide their interaction, executives often act independently and in conflict when interdependent action is required. With discipline, consciously employed, team dynamics can be improved [23].

A high-performing team is a specialized group of individuals with complementary skills and interdependent functions. They may be permanently grouped, or on

a short-term project. They share responsibility for a well-defined unit of work and achieve it, creating a whole that is greater than the sum of the parts. Some of you may feel that promoting teams is an abdication of a leader's accountability. It is not. It simply means the leader recognizes that they have to share that accountability for serving patients well with many other individuals, professional and non-professional. It also means that you, as a leader, and the individuals on the rest of your team must share the skills of creating interdependent action—that is, processes and practices that achieve collective goals and results.

Leaders of teams have two responsibilities. The first is to know when to lead. The second is to know when not to lead. This is one art of leadership: knowing when to shape events, and knowing when to let others do so.

However, the formal leader must exercise responsibility in the creation of the team itself. To do that, you must know:

- What you want the team to achieve;
- The specific skills needed to do that;
- The roles required on the team;
- Who possesses those skills.

Once the team is formed, use a combination of deep listening and dialogue to:

- Reaffirm the purpose of the team.
- Have the team shape a vision statement and establish their direction.
- Find out if team members have talents that might be useful beyond those that led you to choose them.
- Decide the values that should guide the team's work.
- Establish ground rules for behaviour, roles, responsibilities and meetings.
- Determine what behaviour and attitudes members look for in a leader that will make them want to contribute and feel confident to do so.

Practical experience and research has spawned a significant number of books and team-building tools.[10] One team assessment tool we particularly like was created by Dr. Sandy MacIver, a career coach and advisor on building high performance teamwork. His ten criteria for successful teams are outlined below [24].

1. Diversity
   - Comprised of individuals who have complementary skills and perspectives (i.e., appropriate scope and breadth of clinical practice skills needed to serve the patient population; or expertise to address management or leadership challenges)
   - Having, identifying, using and celebrating strong elements of diversity
2. Team direction
   - Clear values to guide the team
   - Inspiring each other with a clearly articulated vision and purpose
3. Trust, mutual respect, and guidelines for team dynamics
   - Establishing ways to trust, respect and support one another at all times
   - Establishing rules by which the team agrees to operate

4. Problem-solving, decision-making and conflict management
   - Establishing protocols for decision making and dispute resolution
   - Working together to define problems, explore root causes and come up with synergistic, implementable solutions
5. Role definition and expectations for all group members
   - Establishing and sticking to the right team roles at the right time and place
   - Distributed responsibilities
6. Creativity: brainstorming, fun, experimentation, and/or flexibility
   - Having some fun and taking some risks
   - Being creative: going outside the norm
7. Effective meetings and gatherings: balancing key things
   - Holding meetings and other gatherings of the team that are well worth attending
   - Successfully balancing tasks and people, listening and speaking, inquiry and advocacy, work and breaks
8. Outside contacts and resources
   - Know when to use carefully selected resources outside the team
   - Using outside resources effectively
9. Getting the job(s) done
   - Defining who the customer/audience is for what we are doing
   - Ensuring the outcomes reflect a job done with quality
10. Regular evaluation of performance, self-correction and timelines
    - Establishing measurable outcomes which speak to the achievement of the vision reviewing our performance as a team regularly and critically-establishing measurable outcomes which speak to the achievement of the vision
    - Reviewing our performance as a team regularly and critically

We strongly encourage you to invest in building supports for teamwork in your workplace. Both the Northern Health Authority in British Columbia and the Capital Health Authority in Nova Scotia have done so. The Northern Health Authority has a set of tools to support the development of inter-professional team work [25][10] and the Capital Health Authority has two full-time equivalent positions for team coaches, to provide advice and guidance to teams that are being formed, or having difficulty. Interestingly, one of the provisos for asking a coach for help is that once they've done so, a team can't fire the coach. They may not like the coach's message, but they have to accept it.

[10] The Northern Health Authority has developed a set of tools to support the development of inter-professional team work.

Creating a team charter can also be helpful for embedding MacIver's criteria for high-performing teams. To develop a team charter book a meeting to discuss how you will work together.

Learning Moment
Think of teams you have been on in the past. Categorize them anywhere along a continuum from high performing to dysfunctional.

1. Using MacIver's list, can you identify (1) criteria that were present and that contributed to the performance of the team; or (2) criteria that were absent, and as a consequence, contributed to its dysfunction?
2. Which of the criteria mentioned above would you like to build into teams you are part of? Why? How might they help?

Conclusions

Having a staff, or group of highly engaged professionals dedicated to meeting the needs of citizens and patients, is a desirable goal for leaders in healthcare. We've now looked in some detail at the four leadership capabilities you'll need to promote engagement:

- *Foster the development of others*
- *Contribute to the creation of healthy organizations*
- *Communicate effectively*
- *Build Teams*

These capabilities work well in organizations and systems where there are enough leaders to do those things. However, we've also presented evidence in this chapter that suggests that density or connectivity of leadership doesn't exist in health care. Engagement scores in health care are lower than the average in most other sectors. Absenteeism and health issues are rising. Leaders have spans of influence of up to 200 direct reports.

There are two conclusions we can draw. One is that managers and leaders need to work much harder at engaging others. The second is there is not enough density of management and leadership in the system to fulfill those expectations. In many cases, that's because when budgets are cut, we look to cut management or to regionalize care to reduce management. One individual we spoke to said "We've taken the cream out of the Oreo cookie, to the point it isn't an Oreo anymore."

Regardless, each of us must strive to maximize our ability to engage others. We hope this chapter has helped to clarify the importance of building interpersonal relationships in your sphere of influence, and to use them to engage others—our followers, clients and patients—in contributing to effective change. The exercises and stories highlight how the capabilities interact to achieve that, and guide you toward bringing about change with deep consideration for the welfare of others.

Now, evaluate yourself with the *Engage Others* self-assessment tool. Then, based on your results, identify one capability you should put energy into developing.

In the next chapter we will move on to *Achieve Results*.

Learning Moment

To use this questionnaire, find the right category for your level of leadership (e.g., front-line mid-management, etc.). Then assess how well you demonstrate the four Engage Others capabilities, where "1" is *i don't do this well at all*; "7" is *i do this exceptionally well*, and "N" is *not applicable in my current role*.

Which capability do you need to improve on? Why?

Engage others self-assessment

Front-Line Leader Responsibilities:								
In order to engage others in working to make the health system better, I:								
1. Challenge and support my direct reports to develop personal and professional goals, enable their pursuit, and provide feedback on performance	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
2. Monitor the morale and productivity in my unit, and do my best to provide clinicians and employees with the tools required to do their work	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
3. Encourage an open exchange of ideas and information through active listening, use of appropriate media and effective meetings	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
4. Create and participate in collaborative inter-professional or inter-unit teams to achieve particular goals	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
Mid-Manager Leader Responsibilities								
In order to engage others in working to make the health system better, I:								
1. Champion and support the use of professional development opportunities, personal learning plans, or performance management processes to achieve personal and professional goals	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
2. Monitor morale and productivity, seek feedback on, and implement processes in my department that staff feel might improve morale and productivity	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
3. Listen well and establish both formal and informal processes for exchanging ideas and information through conversation, dialogue, appropriate media and effective meetings	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
4. Advocate for, help set up and provide leadership to collaborative inter-professional or inter-unit teams designed to achieve particular goals	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
Senior Leader Responsibilities.								
In order to engage others in working to make the health system better, I:								
1. Ensure there is funding, processes and procedures, and appropriate accountability for professional development, personal learning plans, or performance management processes to help staff achieve their personal and professional goals	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**

2.	Measure the quality of morale and productivity in my department, and ensure action is taken—with clinician and staff input—to improve morale and productivity	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
3.	Listen well and establish strategic communication processes (using appropriate interpersonal communication, media and meetings) to elicit open exchange of ideas, evidence and information	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
4.	Provide materials and support for the creation and sustainability of high-performance teams in my department, and at the senior management table	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
Executive Leader Responsibilities.									
In order to engage others in working to make the health system better, I:									
1.	Ensure we have policies supporting personal and professional development and performance management; and monitor the implementation of those policies	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
2.	Systematically measure the quality of engagement in my organization, and ensure the strategic plan endorses improving morale and productivity	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
3.	Establish communication strategies to encourage the open exchange of ideas, evidence and information and to deal with the media; and practice effective interpersonal communication with others	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**
4	Develop policy to support the creation of high-performance teams in my organization, monitor its implementation and adhere to it at the senior executive table	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**N**

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