The LEADS in a Caring Environment Framework: Engage Others

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Graham Dickson and Bill Tholl

…no individual in our movement can change Mississippi. No one organization in our movement can do the job…alone. I have always contended that if all of us get together, we can change the face of Mississippi. This isn't any time for organizational conflicts, this isn't any time for ego battles over who's going to be the leader. We are all the leaders here in this struggle….

Martin Luther King [1]

This quote by Martin Luther King on the civil rights struggle in Mississippi could just as easily be written about health care. To paraphrase: "If we—administrators, professional clinicians, employees, community groups, family members—can just get together, we can change the face of health care." Getting together is the key. In our definition of leadership, leaders engage others—teams, organizations, patients, families, communities, systems—who get together to develop and deliver service and, in the spirit of distributed leadership, become leaders themselves.

We define engagement as: "constructive joint action between leaders and followers to achieve a shared vision of high-quality patient care." The main factor that shapes workplace engagement is the quality of its leadership [2–6]. In recognition of the importance of engagement, many organizations have added to the well-known US Institute for Health Improvement's triple aim—improving the health of populations, enhancing the experience of care for individuals, and reducing the per capita cost of health care—a fourth aim: attaining joy in work [7].

While optimal engagement is the ideal, the real degree to which an organization or group achieves engagement is on a sliding scale from "hostile engagement," typical of toxic organizations, to the highest level, found in generative

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organizations. There are unfortunately numerous examples in health care of the negative face of engagement. In a report, the auditor general for the state of Victoria in Australia, put it this way:

> …health sector agencies are failing to respond effectively to bullying and harassment as a serious [occupational health and safety] risk. They are not demonstrating adequate leadership on these issues, which is illustrated by the fact that the audited agencies do not understand the extent, causes or impact of bullying and harassment in their respective organizations, even when such issues have resulted in significant media attention and reputational damage [8].

Engagement in Context

Health services to patients and citizens are delivered by providers who consume a large proportion of health care expenditures, "and earnings of health professionals have increased at a higher rate than in the general economy." [9] That money goes to pay doctors and nurses, other professionals and all the workers, from clerks to cleaners, who support them. Their services, of course, are being delivered to patients, clients, families and citizens—for whom the health system exists; and who are the focus of your efforts to engage followers.

Engaging highly educated professionals has special challenges: they are knowledge workers, often self-directed, expert in their profession, and predisposed to managing themselves rather than being managed. Their knowledge, judgment, beliefs, values and ethics will determine how well—and sometimes whether—a service is delivered, or a change will happen. Leaders who do not recognize the dynamics of knowledge workers are destined to fail at engagement with them. But engagement isn't solely an issue for knowledge workers; although its absence is egregious for the performance of their work. It is also an important issue to create healthy workplaces for all employees, regardless of their responsibilities.

Tse and colleagues [10] recommend health care leaders constantly assess their emotions and the impact they may have on followers, teams and the overall organizational climate. Successful engagement is determined by how employees' personalities, characters, knowledge and resources interact within the workplace, and with the leader. That interaction can be either enhanced or impeded by actions of the leader, the organization and the individual.

In 2013 the Mental Health Commission of Canada asked the Canadian Standards Association to outline the workplace conditions necessary for the creation of psychologically healthy and well workplaces [11]. In 2018 the *"By Health, For Health" Collaborative* (the Collaborative) led by the Mental Health Commission of Canada [12] and Healthcare*CAN*[1] asked your authors to show the relationship between the *LEADS in a Caring Environment* capabilities framework and the 13 workplace

[1] Healthcare*CAN* is the national voice of health care organizations and hospitals across Canada. It is a member organization, comprised of hospitals and regions across the country that deliver service to patients.

conditions[2] the Canadian Standards Association had developed. The results showed *LEADS in a Caring Environment*, if put into practice, would contribute significantly to enhancing those conditions and therefore the engagement of knowledge workers [13].

Learning Moment
Take a moment to reflect on what you learned about Lead self in Chap. 5. Can you:

1. Create a logical argument to explain why the capabilities of Lead self are germane to achieving workplace health and wellness?
2. Explain how the leader's own psychological health might impact on the psychological health of others in the workplace?

Engagement and Diversity

Any discussion of engagement—and the leadership capabilities required to achieve it—must address the growing challenges of workplace diversity. For the purposes of this chapter, we will discuss diversity in the following categories:

- Gender diversity
- Ethnic diversity
- Professional diversity

More than 80% of providers in health care organizations are women [14]. Because gender can affect both the practise and acceptance of leadership, understanding gender differences is important. The goal of ensuring women have equitable access to leadership roles remains elusive; understanding barriers to gender equity is fundamental to achieving it.

Ethnic diversity poses a similar, if more complex and multi-faceted set of issues. For example, in Canadian nursing, visible and linguistic minorities are under-represented in managerial positions and over-represented in clinical nursing roles [15]. The fact most are women simply exacerbates the gender biases mentioned above. In both Canada [16] and Australia [17] health providers of Indigenous heritage face a similar challenge. For this reason, we are exploring—specifically in Chap. 14—how the LEADS approach can be put to work in Indigenous communities and how it fits within the cultural and leadership context of First Nations, Metis and Inuit peoples in Canada.

[2] The 13 factors affecting psychological health and safety are: organizational culture, psychological and social support, clear leadership and expectations, civility and respect, psychological demands, growth and development, recognition and reward, involvement and influence, workload management, engagement, balance, psychological protection and protection of physical safety.

Professional diversity refers to the engagement challenges faced by people from across health disciplines. The health care provider workforce comprises more than 150 different professions: probably more than any other enterprise in society. Dr. John Van Aerde says much more about the challenge of professional engagement in Chap. 15: LEADS and the Health Professions.

The engagement of a group of employees and leaders can be measured collectively.[3] [18, 19], Research shows the level of engagement of a group affects its ability to achieve a people-centred work environment [20]. In our framework, leaders need four capabilities to engage others effectively. They are to:

- Foster development of others;
- Contribute to the creation of healthy organizations;
- Communicate effectively; and
- Build teams.

We'll look at each of them more closely now.

Foster the Development of Others

The first of the four Engage others capabilities is to foster the development of others. Leaders do that by supporting and challenging people to achieve their professional and personal goals (access to training and development is one of the eight major factors used to identify top employers in Canada and the United States). Also, fostering the development of others is directly related to four of the Canadian Standards Association's 13 workplace conditions—access to a supportive culture, growth and development, engagement, and psychological protection. Look at this positive example from Hamilton Health Sciences, in Ontario Canada:

> *Learning has always been central to work and life at Hamilton Health Sciences (HHS); a commitment to it is embedded in its strategic plan. After staff and physicians indicated in the organization's engagement survey that learning and development was an important contributor to their engagement, HHS launched the Centre for People Development, with the dedicated hard work of key individuals such as Sandra Ramelli, Director, Office of the CEO, Strategy and Organizational Development and Kathryn Adams, an Organizational Development Specialist. The Centre offers a range of programs, courses and development opportunities that are relevant to the needs of the organization, to individual departments and to the development aspirations of individuals and to the community.*
>
> *The Centre's programs have been designed to build individual capability in the five domains of LEADS. With LEADS as the underpinning to the design, programs are offered under the broad headings of Growing Leadership, Team Success, Enhanced Performance, and Compassion and Resilience. The growing leadership stream offers many programs*

[3] A number of instruments have been validated as methods to measure engagement. The Gallup Corporation has developed an engagement instrument, but it is not used widely in Canada given data storage issues. The Health Standards Organization (HSO) in Canada also utilizes many tools to measure organizational engagement and physician engagement. A Medical Engagement Scale has been developed and used in the UK.

including a Charge Person Development Program which offers sections on human rights, conflict resolution, health, safety and wellness and dealing with difficult people.

Other topics covered in the other streams include problem solving for continuous quality improvement, crucial conversations, building high performing teams, healthcare financial management, introduction to mindfulness, finding clarity and balance in work and life and experience-based co-design. Any staff member or physician can sign up; some are specifically tailored for certain groups.

Physician and staff participation are key measures of success. There are more doctors in programs than ever before, and HHS boasts a critical mass of physicians as change agents. Sandra Ramelli says "Enabling and empowering our people is one of our strategic pillars. At HHS, we are committed to supporting and investing in our people; we know that when our people are at their best care is at is best. Fostering the development of our staff through the Centre for People Development is something we are committed to for the long term."

Support for the Centre is also strong from the board and president and CEO Rob MacIsaac, who says on the Centre's website "Learning is more than an academic exercise at Hamilton Health Sciences. Indeed, it is foundational to delivering on the Best Care for All regardless of each of our roles" (Sandra Ramelli, Kathryn Adams, Interview, 2019 Sep 9) [21].

Leaders who don't focus on the development needs of others or aren't committed to increasing employee's abilities may discourage people from taking advantage of learning opportunities. A supervisor who discourages time off for learning, or doesn't support employees who want to pursue personal development can deflate energy and commitment, undermining engagement and accelerating employee turnover. Not recognizing achievement or failing to provide constructive feedback to help correct poor performance will also hinder employee development and engagement [22]. For example, Jennifer, a nurse, found that when the "leader exemplified passive leadership behaviours such as delayed feedback and limited communication, a negative impact on work engagement was identified." [23]

Developing others is even more vital during times of change, when failing to recognize the need for retraining can dramatically diminish peoples' enthusiasm for anything new. While you're assessing readiness for a change, you can identify factors that may help people deal with it more confidently. Preparing for change will make an organization more likely to accept it; but lack of readiness or unstable leadership can mean change is more likely to be rejected [24].

A fundamental leadership skill needed to produce change is leadership connectivity. Hurst and Hurst say leadership connectivity "is relationship-focused rather than task-focused and is a *follower-centred* approach that challenges those involved to develop observational and critical thinking skills while exploring attitudes and beliefs about leadership and site practices and habits of their organizational culture." [25] In addition to mastering tools and knowledge, people also need to be supported through the psychological demands of change. That's best fostered through a strong relationship with an empathetic and knowledgeable leader.

Leaders who think and act as coaches build engagement. Leaders who coach are confident, care about their employees and want them to succeed. Coaches are attuned to feelings of inadequacy and helplessness, and can distinguish between resistance and fear of trying [26, 27]. Delegating is another way to engage people, but leaders need to be aware of how ready individuals are for delegation [28].

Learning Moment: How Well do You Coach Others?

Research has shown that leaders who are successful coaches:

- Ask if the other person is open to receiving feedback
- Explore the other person's goals and intentions, to contextualize feedback
- Understand the impact of context on the situation as opposed to making it solely personal
- Give positive feedback immediately and publicly
- Provide critical feedback privately and in a constructive manner
- Engage the other person in a two-way dialogue (more about dialogue later in this chapter)
- Listen deeply and avoid being judgmental

Reflective Questions

1. How often do you employ these coaching skills as you work with others in your area of responsibility?
2. Which of these do you do well? Which would you like to develop?
3. Are there individuals in your workplace that would benefit from coaching? Try it!

The antithesis of coaching and the death-knell for fostering development is micro-management—trying to control every aspect of another's work. Micro-management is a pathology of poor leadership, diminishing trust, making people feel undervalued and stifling the desire to learn.

If leaders do not offer employees resources, time and personal support to learn and grow—development will be minimal or non-existent.

Contribute to the Creation of Healthy Organizations

A healthy organization is characterized by strong mental health and wellness, a sense of physical safety and achievement. Healthy organizations tend to have lower absenteeism, above-average retention and lower turnover. One study found that leaders who demonstrate high levels of authentic leadership create increased trust, greater congruence in the areas of work-life balance and fewer adverse patient outcomes [29].

Unhealthy workplaces, on the other hand, detract from optimum patient care [30]. Doctors with burnout give lower quality care, more unnecessary tests and drugs, are less empathic and have a negative impact on team satisfaction [31, 32]. Nurses with significant psychological stress can have an even more immediate negative effect on patients. High levels of anxiety, mood disorders and depression increase absenteeism, turnover, and ultimately detract from patient care [33].

Tracking measures of staff satisfaction and self-reported health can help leaders make a healthy workplace a top priority. The following example profiles the

importance of that measurement, while at the same time highlighting many of the factors contributing to a healthy work environment.

Learning Moment: Eastern Health Region of Newfoundland

Eastern Health has developed a set of measures to assess the state of psychological health and wellness in the organization. The measures are a major component of Eastern Health's Healthy Workplace Priority Plan 2017—2020.

Employee Family Assistance use:	2014/15	6.2%
	2015/16	9.3%
	2016/17	10.5%

Top three referral reasons (2016/17)	Top three long-term disability claims (2015/16)
1. Mental health (39%)	1. Musculoskeletal (31%)
2. Family Issues (15%)	2. Mental health (25%)
3. Stress (14%)	3. Cancer (19%)

Rates of use of the program, referral rates for mental health and stress, and rates of long-term disability for mental health reasons can be monitored to determine the overall long-term effectiveness of the Healthy Workplace Priority Plan.

Eastern Health's Engagement Survey, done every three years, is included in the measurements. It measures engagement but also gives Eastern Health valuable program-specific insight into various dimensions of the Canadian Psychological Standards' workplace conditions for psychologically healthy workplaces [11].

Eastern Health has committed to be a pilot site for a health care survey sponsored by the Mental Health Commission of Canada. This survey adds two additional psychosocial factors specific to health care.

Information courtesy of Josee Dumas and Leslie Brown, HR Strategists, Eastern Health.

Reflective Questions

1. Can you access similar data, or equivalent data for the employees and/or clinicians in your area of responsibility? If so, how healthy are they? 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 in those areas. The Canadian Health Workforce Network says "Rates of burnout and poor mental health issues among health professionals are high and rising, and rates of absenteeism, illness and disability are higher in the health workforce than any other worker group in Canada." [34] The largest and fastest growing claim area in hospital benefit plans are prescriptions for stress and anxiety. The situation is similar in Australia and the UK [8].

Leadership behaviour has a significant impact on employee behaviour, performance and well-being [35]. Narcissistic or abusive behaviour can significantly damage the mental health of employees and clinicians [36]. However, leaders can help build healthy workplaces by modelling healthy lifestyles [37] and by behaving respectfully, considerately and in a caring manner.

The mental and spiritual side of employee wellness (morale) is greatly helped when leaders are simply present in the workplace, whereas absentee leaders are seen as uncaring and distant. Remember in Chap. 3, Suann Laurent's instinct to *be there* to support her health care providers as they coped with the Humboldt crisis? Present leadership is not just physical presence—it's also emotional and psychological presence. If doors—real or mental—are closed to others, a leader may be physically present but perceived as absent [38].

If you are a formal leader, your span of control—the range of people who officially report to you—is a critical factor in your ability to build and sustain a healthy workplace. In health care, leaders have anywhere from a handful of people to more than 200 reporting to them. It's a huge challenge for a leader to connect with 200 people, especially when many health care organizations operate 24/7, but most managers work the day shift Monday through Friday [39, 40]. In a study comparing large and small spans of control of nurse managers [40] researchers found staff who reported to a manager with a large number of direct reports had higher levels of stress and more turnover. The leadership of managers with more direct reports was less positive for staff satisfaction and engagement and for patient satisfaction.

Learning Moment

When you think of the leadership imperatives of being present and modelling—how difficult is it for a nurse manager to act accordingly when she has a large span of control?

1. Please reflect and consider the impact on employee health and wellness.
2. What steps might you take to be more present in your workplace or community?

How decisions are made also contributes to both morale and productivity. Daniel Goleman and colleagues identified six leadership styles that reflect how a leader's emotional intelligence plays out in decision making [41]. They outline four styles of decision making that employees think enhance engagement—the authoritative or visionary style, the democratic style, the coaching style (discussed earlier) and the affiliative style. Two styles—pace-setting and coercive—are not engaging, unless used sparingly in special circumstances. A study done in 2016 showed leaders in

medical education use different styles at each leadership level from junior to senior and each was adapted to address different accountabilities, so senior leaders used a broader range of styles than juniors [42].

Table 6.1 shows which leadership style works best in different situations.

Workplaces with great morale are usually highly productive. In healthy organizations, people have meaningful opportunities to contribute. They do their best in jobs they enjoy, when they feel valued, and when the environment is 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 (red tape, unnecessary regulations) to effective work are removed.
- People receive constructive feedback through formal performance reviews.
- People's work takes advantage of their talents and skills.
- Work processes are efficient and effective.

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 and coaching.

But does gender influence how we do it? Read the next learning moment: [43] can you be the leader you need to be for followers?

Learning Moment

A recent study compared gender and personality differences in transformational leadership behaviour.

The study found personality types were equally distributed between the genders but women regarded themselves as more enabling and rewarding, and men saw themselves as more challenging. Subordinates' appraisals were consistent with the leaders' self-ratings. Essentially, women leaders are expected to be helpful, nurturing, and gentle while men are expected to be more assertive, controlling and confident.

1. Does this phenomenon play out in your workplace? With you?
2. Please reflect on the following questions: do follower perceptions of how male or female leaders should lead condition men and women to lead differently, even though their natural personality is the same? Or is it how we condition ourselves to lead? Or both?
3. Does this create a challenge for you in terms of (1) men being less able to be helpful, nurturing and gentle when they need to be; and (2) women being less able to be more assertive, controlling and confident when they need to be? If it is an issue, how might you begin to address it?

Table 6.1 Six styles of leadership

	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	Develops 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 relationships, 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

Goleman, Daniel, "Leadership that Gets Results" Harvard Business Review March–April 2000 p. 82–83

Another way to encourage employees to contribute is to create an environment where conflict is productive, not destructive. Conflict is unproductive when it leads to entrenched views, fragmentated effort and refusal to collaborate. But conflict can be productive when people disagree but learn from it to better define problems, explore root causes and come up with workable solutions. As Martin Luther King said, “We as a society have not learned to disagree without being violently disagreeable.” [1] Leaders need to know how to ameliorate conflict when necessary.

Health Workplaces Demand Equity, Diversity and Inclusion (Dr. Ivy Bourgeault)

Engage others, the E in the LEADS framework, is a key area for equity, diversity and inclusion-informed leadership. Indeed, leaders committed to engaging others need to build these activities into their workdays, not try to handle them off the side of the desk. How can you do that? When you’re working to engage others, whether it’s to build teams or foster individual development, strive to recognize who you are and are not engaging, and develop strategies to reach out to under-represented voices.

Developing mentoring and sponsorship relationships with emerging leaders from diverse backgrounds, and focusing on equity, diversity and inclusion while thinking about succession planning are critical issues. Effective communication skills must include attention to “micro-incivilities” and “micro-aggressions” and how they are disproportionately experienced by members of equity groups. That adds to the emotional labour and burden certain team members bear and creates an unhealthy work environment for all.

Making workplaces more amenable to diverse personal and family circumstances increases inclusion. Leaders must explicitly ensure psychologically healthy and safe environments, free of violence, harassment and bullying: building on the Mental Health Commission of Canada’s psychological health and safety standard. Effective, transparent communication via social media can increase access to information and a sense of community to people who might otherwise feel excluded because of distance, cost or timing.

Communicate Effectively

Communication is critical for engaging people and leading change. Communicating effectively has two dimensions: interpersonal communication and strategic communication. The former is day-to-day interactions between leaders and followers. The latter involves formal efforts to share, receive and examine information vital to organizational function.

Communication is a complicated blend of message, medium and audience. It’s not one-way broadcasting, but an interchange of ideas among people that requires concentration and a true desire to understand other perspectives to be successful. What you don’t say can be as important as what you do. Communicating effectively is central to your ability to influence others—and to their ability to influence you when you need to follow.

Deep Listening

"You listen deeply for only one purpose—to allow the other person to empty his or her heart." [44] Deep listening is a more receptive kind of listening, where we overcome our inherent assumptions and interests to 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 a message, it means grasping the values underpinning the message).

When combined with probing questions, deep listening enhances the potential for shared action [45]. For example, the Webasto Group (a company that manufactures products for cars) found interpersonal and interdepartmental communication was fractured and siloed. They ran a program called "Listen like a Leader" to improve the way they behaved and interacted with one another. The result was deeper engagement and greater willingness by those who participated to engage in organizational change [46].

Leaders, like most humans, may find it harder to listen to someone they don't agree with, don't find interesting or who is challenging them in some way. In a confrontation, it's important to control your emotions and consider where the attack is coming from. What lies behind the emotion? If your behaviour caused it, accept responsibility for the behaviour, but don't accept the anger: that's the other person's responsibility. It's when you have to work with people you don't like or disagree with that emotional intelligence and sophisticated communication skills become essential for success.

Dialogue

"Dialogue" to us means the open exchange of information and ideas. It requires a desire to understand where other people are coming from; it's about building shared meaning based on the contributions of each person involved. It's essential for coaching and group work. Any kind of prejudgment will get in the way of creating something special together. As Stephen Covey says, "seek first to understand, and then be understood." [47]

American management consultant Robert Fritz says an organization is the "sum of its conversations," [48] but many groups never have good dialogues. Time and work pressure get in the way, as do the desire to control and workplace power dynamics [49] that prevent open conversations between leaders and followers [50]. Instead of dialogue, advocacy and debate take over.

Learning Moment

Megan Reitz [55] says leaders need to deepen shared understanding in order to improve our ability to create solutions to some of the major issues that we face in health care in the 21st century. She argues if we persist in

understanding leadership as positional and hierarchical, and act accordingly, our ability to have meaningful dialogue on issues of great import is severely limited. Think back on the last three weeks at work.

1. Have there been times, in meetings or interpersonal interaction or in group discussions where dialogue was needed? Reflect on why.
2. How comfortable are you in your ability to initiate and conduct a dialogue with your direct reports? How might you develop that capacity?

Don Dunoon, a leadership consultant in New South Wales in Australia, says there was a time when communicating effectively suggested a leader confidently trying to persuade others of something. In today's more fluid, complex and high-pressure health care environments, however, effective communication needs to take on a different hue. It's critical that leaders work with multiple meanings, competing priorities and different interests.

This requires recognizing and reflecting on your own mindset, exploring other peoples' ideas and finding common ground across diverging points of view. It's easy, however, to be tempted to respond to turbulence and uncertainty by holding tight to your own ideas, seeing different views as wrong, misguided or poorly motivated, and avoiding difficult topics.

Dunoon created the OBREAU Tripod to assist in situations where poor communication is causing problems [51]. OBREAU is an acronym for OBservation, REasonableness and AUthenticity (see Fig. 6.1).

- Observation means working from data and evidence as much as possible, rather than reacting or moving quickly to interpretation.

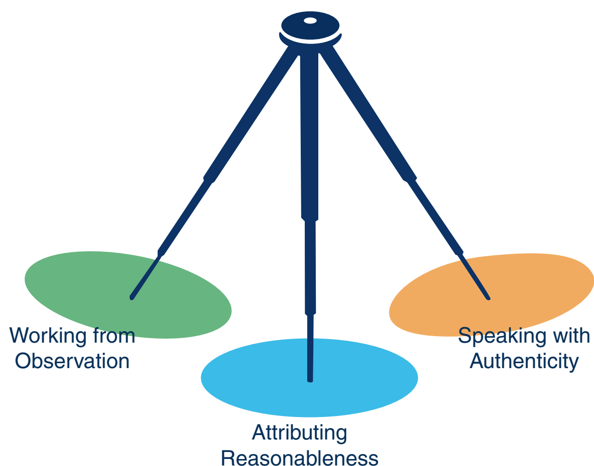

Fig. 6.1 The three legs of the OBREAU Tripod as a structure for supporting safer, authentic conversations

- Reasonableness means assuming others are reasonable, or at least their ideas seem reasonable to them, rather than defaulting to judging them.
- Authenticity means speaking from the heart, to what is true for us, rather than dancing around.

The following story, courtesy of Don Dunoon, shows how the process can work.

Anita is a mid-career clinician leader. Over the past six months she has headed a state-wide taskforce to develop a model for service provision in her specialty. Comprising senior clinicians from around the state, her group meets monthly. Each of the past three meetings have followed the same pattern. Although the meetings have agendas, members spend the first half hour talking a lot about their own facilities, services and local needs. By the end of the meeting, Anita succeeds in getting them to adopt a state-wide perspective. But when the group reconvenes a month later, the pattern repeats.

Asked how she responds, Anita said "Early on, I find myself thinking 'here we go again.' I'll say, 'can we please focus on the agenda,' but it's like herding cats. The committee members are more interested in local issues than state-wide challenges. They're just so caught up in their own parochial needs, and incapable of looking more broadly. There's one clinician, Gerald, who tends to drive this local focus. I'd like to raise this issue with him, but don't think I could. He was a guru even when I was a student."

How can the OBREAU Tripod help Anita talk to Gerald and possibly the wider group? She can prepare for the conversation by considering each of the OBREAU Tripod legs in turn, beginning by making some observations (which are distinct from interpretations).

It's observable the group has a brief to develop a state-wide model, that the meetings have an agenda, and that the group has talked about local needs and issues in the first half hour of the last three meetings. While it may be true, it's an interpretation the group members are more interested in local issues than state-level challenges.

The benefits of starting with observation include that it may help us to see more clearly and to be more mindful. It grounds us in a specific instance, informed by evidence and makes us less prone to seizing on a single interpretation to the exclusion of others.

Moving to the second leg, attributing reasonableness, Anita's task is to imagine the story the group members are telling themselves, in a way that's consistent with them being reasonable—in the sense their actions seem reasonable to them.

Perhaps the clinicians regard the monthly meetings as an important opportunity to share experience and ideas as well as to network with colleagues from across the state. Conceivably, they're becoming increasingly attuned (as the meeting progresses) to the importance of developing a state-wide service model, but when they get back to their sites, colleagues might influence them to advocate for local issues and focus less on state-wide challenges. Possibly, committee members feel conflicted—between their state-wide responsibilities and their loyalties to their own facilities and clinician colleagues.

Seeking to imagine what reality looks like to stakeholders has the potential to help Anita stretch out interpretation of an issue and pay more attention to some of the subtleties and nuances at play. The challenge is to develop ideas about what is taking place that are consistent with assuming the others are acting reasonably. Presuming reasonableness enables us to frame better questions to test our interpretations, and to explore the relevant views of others.

Moving to the third OBREAU Tripod leg, speaking with authenticity, Anita's task at this stage is to delve into the mindset she brings to the issue. Partly, this means reflecting on her own interests, what she wants to advance, protect or avoid. In Anita's case, one interest could be to ensure that momentum is gathering for framing a state-wide service model, without excessive concern for local, site-specific matters. Anita might also usefully reflect

on assumptions she holds. It seems, for instance, she assumes she can't raise with the committee the pattern she sees them slipping into.

Like all tripods, the OBREAU's strength comes from all three legs being in place at the same time. When we work from observation, maintain a view that others can be reasonable, and tap into what matters deeply to us, we can have conversations that otherwise might seem impossible.

What does this example teach us about the relationship between effective communication and engagement? First, how important high-quality, face-to-face communication is, especially in difficult situations. By high quality, we mean event-based reflective thinking combined with deep listening and authentic speaking—which is to say, observation, reasonableness and authenticity. Secondly, it shows the damage of neglecting any one of those features. Thirdly, it shows an unavoidable consequence—how relationships, both short- and long-term, hinge on the consequences of an interpersonal exchange. If individuals don't trust and respect each other, engagement can suffer dramatically.

Social Media

Social media is shaping patient and family experience through consumer apps and consumer friendly websites. It and the web have given people who were otherwise disenfranchised a voice that reaches not only the health care system, but potentially thousands of other patients and citizens. Inevitably, it is also affecting health care leaders and leadership.

E-mail, blogging, Twitter, Instagram, Facebook and all the other sites have created limitless new opportunities for conversation, gathering information and building relationships. Leaders have no option to using them and must become conversant with their strengths and weaknesses because these new media have tremendous power to enhance and enable communication to increase engagement. Think of the power to galvanize action inherent in a well-constructed documentary, a *Go Fund Me* initiative, or a well-chosen picture or tweet. Social media must be part of your personal toolbox for improving your leadership. It can assist health care leaders to learn, network, educate stakeholders in the organization and in the community [52].

Mastery of social media cannot replace other forms of communication—it doesn't help you recognize people, listen deeply to them or hold more productive dialogues. There's a risk that using social media will convert interactions into transactions and diminish the interactive skills this chapter is about. "Transactions are the way of the industrial era. They are scalable, repeatable. You can Six Sigma transactions. You can Kaizen them. None of that works with interactions." [53] Don't let yourself rely solely on social media to connect. it's still necessary to work directly with people.

Build Teams

Leaders get results through their ability to convert independent, capable, and self-motivated individuals into interdependent, well-functioning, high-performing teams. The ability to bring individuals together—whether they're professionals, executives, community members or a board of trustees—is an essential aspect of leadership. Consider the following example of putting the capability of Build teams to work:

> *Lorrie Hamilton is the director of Bioethics, Patient Experience and Spiritual Care at Michael Garron Hospital in Toronto, Canada. The hospital is going through an extensive redevelopment project and all the change and stress has worn down teams and individuals. "People can articulate, with great accuracy, what they do and how they do it but in times of challenge, it's easy to disconnect from the "why" of the work they do," Lorrie says.*
>
> *To help them reconnect, and improve relationships among patients, families and care givers, team agreement workshops were created to help frontline teams reconnect with their purpose and each other. At the sessions, team members work collectively to write their agreements. Together, they discuss the nature and purpose of their work and create an agreement on team behaviour that embodies the culture of the organization. Then they all sign.*
>
> *Lorrie facilitated the Medical Device Reprocessing Department as it went through the process of writing its agreement. They began by reviewing the characteristics of high-performing teams, then talked about their team purpose—who their work reached or influenced and how it affected patient journeys through care. After that, they discussed how the values of the organization are demonstrated in the way people act toward each other and in providing care to patients.*
>
> *Finally, the team agreed on the terms of an agreement—including their purpose as a team and the fundamental expectations of members, and describing the team's commitment to patients, families and each other. Everyone signed it.*
>
> *"Seeing their relationships and passion for wanting to be respectful of each other and the patients and families they support is very meaningful to me," Lorrie said. (Christine Devine, email, 2019 Mar 11).*

Lorrie's example offers a model for the teams that are found in all aspects of health care today. High-performing teams are specialized groups of individuals with complementary skills, shared values and interdependent accountabilities. They may be permanently grouped, or work together on a short-term project. Team members share responsibility for a well-defined unit of work and creating a whole, greater than the sum of the parts, to achieve it. Team work differs significantly in hospitals, primary care centres, extended care homes or the executive suite; depending on the players, the work (such as operational vs. strategic), and the clients served. As happened at Michael Garron Hospital and regardless of the context, studies have shown that without an intentional effort to create high-performing teams, most attempts to adopt a team approach fall short [54–57].

A study done by Harris and colleagues to guide deliberate teamwork in medical and related practices outlines the following principles:

- Rehearse team work as much as possible in a controlled setting; include different members and vary tasks to prepare for issues you'll encounter in the real world.
- Research and adapt evidence-based practices for effective teamwork.
- Use clear, objective, and quantifiable measures of performance and efforts to improve it; assess both human dynamics and objective performance measures [56].

Practical experience and research have spawned a significant number of books and team-building tools [58–60]. One team assessment tool we particularly like was created by Dr. Sandy MacIver, a career coach and advisor on building high performance teamwork [61]. He identifies twelve qualities that help teams become high performing, such as a clear purpose, focus on results, the ability to be creative, etc.

Team charters are also good tools to lay a foundation for excellent teamwork.

Creating a Team Charter

What Is It?

A 1- or 2-day meeting to set your team's course for the year. It's not a work plan, it's how you'll work together.

Why Should I Use It?

It's a team agreement, intended to:

- Involve all team members in setting achievable values, standards and protocols
- Clearly identify results the team is expected to achieve
- Build team spirit and enthusiasm for the group's goals
- Give a set of improvement goals against which progress can be measured

How Does It Work?

Planning

Share information with your staff about your work plans and existing charter elements if you have them. Use a facilitator.

Doing

Have the facilitator focus your team on its:

- Vision and mission statement
- Workplace values
- Collective measurable results
- Service standards
- Code of conduct

- Roles and responsibilities
- Protocols for meetings, making decisions and resolving disputes
- Access to resources: where to get them
- Skills inventory
- Team improvement goals

To develop a team charter book a meeting to discuss how you will work together. Brainstorm each subject and build a team consensus on each. Together, the consensus statements on each subject form your team charter. A half day check-up after six months will let you see how on track you are. After 12 months, have another meeting to discuss things to stop doing, things to continue doing and things to start doing.

Learning Moment

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

1. If high performing, what aspects of the team-charter approach did you employ?
2. If less than high performing, which of the elements of the team charter might have improved your ability to work together?
3. Where would a team charter be of value in your workplace?

Summary

There are four leadership capabilities involved in promoting engagement:

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

Ensuring your staff, or groups of professionals, or patients and families, can work together to meet the needs of citizens and patients is the “working together” responsibility of leadership. It’s most likely to happen with leaders who promote engagement, which also contributes to psychologically healthy and productive workplaces. As you work to engage individuals and groups, remember to pay attention to the challenges of diversity, equity and inclusion.

We hope this chapter has helped to clarify the importance of building personal relationships in your sphere of influence, and using them to engage followers, clients and patients. The exercises and stories highlight how you can improve engagement and also guide you toward bringing about change with deep consideration for the welfare of others. In the next chapter we will move on to Achieve results.

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

Learning Moment
Using the following LEADS self-assessment, assess how well you demonstrate the four Engage others capabilities. Choose the appropriate level (relative to your responsibility) to make that assessment.

If there is one capability you would like to improve upon, what is it? Why?

Engage Others Self-Assessment (For on-line access to self assessment tool please visit www.LEADSglobal.ca)

Informal leader (patient, family member, citizen) responsibilities: *In order to engage others in working to make the health system better, I:*		
1.	Make a disciplined effort to assist health care providers and formal leaders to learn about the challenges and issues facing patients, families and citizens in engaging with the health system	1 2 3 4 5 6 7 N
2.	Take responsibility for acting in a manner consistent with a healthy workplace, and if asked, provide suggestions to improve workplace conditions	1 2 3 4 5 6 7 N
3.	Make a disciplined effort to listen deeply, express myself respectfully, use social media appropriately, and participate in dialogue with my fellow citizens and representatives of the health system	1 2 3 4 5 6 7 N
4.	Am a willing participant in building effective teams when the opportunity arises; I take care to know when to lead and when to follow	1 2 3 4 5 6 7 N

Front-line leader responsibilities: *In order to engage others in working to make the health system better, I:*		
1.	Encourage, challenge and support those I supervise by encouraging them to develop personal and professional goals, pursue those goals, and seek feedback on their achievement	1 2 3 4 5 6 7 N
2.	Monitor/measure the psychological health and productivity of people in my area of responsibility; 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 a formal communications plan; and interpersonally through active listening, respectful expression, dialogue, and appropriate use of social media	1 2 3 4 5 6 7 N
4.	Create and participate in collaborative inter-professional or inter-unit teams to achieve specified 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.	Encourage, 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/measure psychological health and productivity in my area of responsibility; and collaboratively create processes that staff and clinicians feel might improve psychological health 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, effective meetings, and appropriate media	1	2	3	4	5	6	7	N
4.	Establish and provide support for the creation of collaborative inter-professional or inter-unit teams to achieve specific goals important to the organization	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 psychological health, workplace wellness, and productivity in my department; and ensure action is taken—with clinician and staff input—to improve psychological health, workplace wellness, and productivity	1	2	3	4	5	6	7	N
3.	Listen well, speak respectfully; and establish strategic communication processes (using appropriate interpersonal communication, media and dialogue in 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 has explicit guidance as to how to improve psychological health, workplace wellness, 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 practise effective interpersonal communication with others (deep listening; speaking respectfully; and dialogue where appropriate)	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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