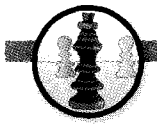
CHAPTER 7

LEADERSHIP ASSESSMENT AND RESEARCH: INDIVIDUAL, TEAM, AND ORGANIZATION

Great ability develops and reveals itself increasingly with every new assignment.
Baltasar Gracian, *The Oracle*

This chapter looks at techniques and applications of leadership, ranging from leading small groups of individuals to interdisciplinary teams in small- and large-scale organizations. These elements represent ordinal stages for developing competent leadership capabilities, which in turn are built on the "crawl, walk, and run" methodology of health development. Mature leaders recognize that different skills are required to lead small groups of individuals than are to lead large and complex organizations. Individuals and teams may respond better to verbal communication and interaction, whereas leaders of large and complex organizations must develop alternative approaches to communication such as well-written and well-developed policy and mission statements, or the nurturing and developing of human proxies to carry the leader's vision down the hierarchy of the health organization. This chapter examines best practices in communication, leadership archetypes, and some delegation, participatory, and collaborative practices in a group context.



LEARNING OBJECTIVES

1. Describe the cycle of leadership and identify knowledge, skills, and abilities at each stage of the cycle that contribute to understanding health leadership development.
2. Explain Tuckman's model of the group dynamic process, and summarize its importance to health leaders in group or team supervision.
3. Construct a 5-year leadership development plan based on an ultimate health leadership position goal.
4. Compare and contrast a great group or team with one in a groupthink situation and one that is ineffective; distinguish how a health leader performs in each of these group or team situations.
5. Devise a health leader's checklist for leading and managing a group or team focused on superior performance and outcomes.
6. Evaluate health leader development; explain and relate leader development opportunities and events to the cycle of leadership and the knowledge, skills, and abilities necessary to master each stage of the cycle.

CYCLES OF LEADERSHIP DEVELOPMENT

This chapter offers a methodology for leader development and training based on the crawl–walk–run (CWR) approach. Becoming a great leader starts with forming a foundation of knowledge, skills, and abilities, and building upon that foundation. That is the basis for the CWR approach presented in this chapter; this approach, as presented, "walks" along with career levels of leadership roles, reviewing the entry level to senior level positions in health organizations and what leaders need to do and master to move to the next level of responsibility. When using this philosophy, leader development starts with a backward planning approach. For example, an early careerist looking to enter into the dynamic world of health may see him- or herself rising to the position of president or chief executive officer (CEO) of a large and integrated healthcare delivery system that spans several geographic miles, employs hundreds (perhaps thousands) of personnel, controls policy for hundreds of millions of dollars' worth of equipment and facilities, and is responsible for the competent and safe care of hundreds of thousands of ambulatory and inpatient visits each year. Although this coveted position may be a goal for many entry-level careerists, one has to ask: How did the person currently in that job get there?[1]

The CEO of such an organization did not get to this position overnight. He or she engaged in years (perhaps decades) of incremental training and education that prepared the individual to assume such a complicated position of responsibility. These antecedent, or earlier, leadership positions probably involved entry-level positions in the health industry as the administrator for a group practice or administrative department in a hospital, or a clinical leader in a clinical service. The person may then have become an assistant or associate administrator in the same facility, or a larger one, where junior executives implemented policy and programs under the supervision of the chief operations officer (COO). The individual may have sought out a CEO position at a small organization with limited inpatient services, with specific rural and/or community missions. This job may have offered opportunity for movement and advancement into subsequently larger and more complex organizations spanning greater responsibility across human resources, financial, revenue, logistical/supply chain, strategic, and other resources. Thus a CEO at a small organization may have moved to a larger organization over time. At each stage in this process, the individual gained competencies in areas relating to human resources, financial, revenue, logistical/supply chain, and strategic areas, to name only a few. These development positions made it possible for the individual to be successful in the complex job that he or she now holds as the president/CEO of a large and complex system.

In looking at this hypothetical life-cycle model, it is apparent that in each phase in the developmental process, the junior executive gained experience in managing ever larger

budgets and leading ever greater numbers of people. The junior executive also transitioned from the responsibility of maintaining only personal equipment and property, or equipment of a colloquial nature, to being responsible for hundreds of individual pieces of property with a value exceeding hundreds of thousands, or even millions, of dollars. Additionally, nearly all entry-level positions offer at least a limited opportunity for strategic planning. In contrast, the senior healthcare executive makes his or her reputation on the ability to strategically plan for future events while balancing the simultaneous needs of dozens of tightly woven and interconnected echelons of competing priorities.

So again, we ask, *How does a person get to this level of leadership complexity?* In response, we offer the crawl–walk–run (CWR) methodology of leadership development. In **Figure 7-1**, progressive leadership levels are presented in a hypothetical health organization (e.g., under "Workers," "Vision" is assigned a value of 0 because most times the lowest levels of the organization do not develop vision—but should they be involved?). In the figure, Bolman and Deal's leadership orientation constructs, which include structural, human resources, political, and symbolic components, are shown as leader propensities of the positional level; in reality, these constructs are situational and may be used at any level.

THE CRAWL–WALK–RUN METAPHOR

The CWR metaphor for leader development and training is based on how infants learn to progress from the crawling stage to the running stage in their motor ability. This theory is equally applied to their cognitive progress. The CWR premise is both a philosophical perspective and a practical approach to development in any venue. We do not learn to become experts in anything without gaining knowledge, skills, and abilities (KSAs) in a progressive manner.

An old adage says, "You can't run before you can walk." This statement makes obvious theoretical—if not ecological—sense. In education, in the practice called task analysis, each step in performing a task is analyzed to ensure that essential information or skills are not omitted in learning the whole task or process. Everything new that we learn is based on past knowledge and experience along with newly introduced knowledge, skills, and abilities. The process of advancement in health leadership is no different.

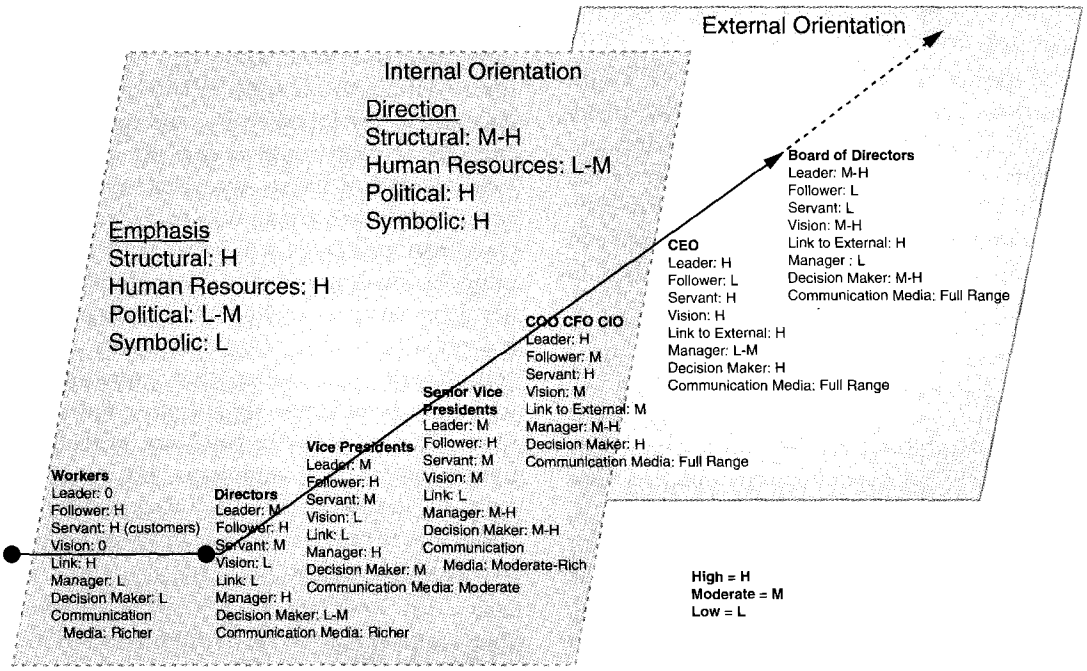


FIGURE 7-1 A hypothetical leadership–management–follower progression in a health organization. Bolman and Deal's constructs for reframing leadership and management in organizations are used as components of the model.

THE CRAWL: STRATEGIES FOR MANAGING INDIVIDUALS

The crawl stage begins with self-awareness. In human development, an infant slowly becomes aware of him- or herself and the surroundings. The infant also begins to understand that he or she can interact with the complex world around him or her. After several attempts and experiments, the infant becomes aware of simple cause-and-effect outcomes. The infant then wants to "go places." To get to where the infant wants to go, he or she crawls.

By completing a personal self-assessment, early careerists will have a road map to success that allows them to initiate their own journey toward leadership competence. The same premise holds true in learning and developing leadership skills. Entry-level management positions are characterized by contact with the unknown and unfamiliar. For example, early careerists are often unsure how to write effective memos and perform management analysis without being given all the variables and constraints to "crunch the numbers." They will likely be unsure of themselves in speaking up at meetings and interacting professionally with senior leaders and clients. They may be uncomfortable when chairing their first meeting, preparing an agenda in advance, scheduling a time, and so forth. There will be some anxiety at initiating ideas, and in the worst-case scenario, taking responsibility for the actions of those below them in the supervisory chain.

There is a specific reason why resumes of health executives boast similar phrases outlining how many people the executive supervised, the amount of plants and facilities he or she was responsible for, and the size of the budgets managed. Prior to managing hundreds of people, the early careerist must learn to manage him- or herself and gain experience supervising and keeping track of others in an entry-level and supervisory role.

EXPLICIT LESSONS

From a mentoring standpoint, in the crawl stage, early careerists must be given very explicit lessons and directions to learn very basic knowledge, such as what a leader is, what leadership characteristics are, and what leaders do. For example, in the crawl stage in leadership development, the individual does the tasks very slowly and very methodically. This analogy refers to the movement from the conscious incompetent to the conscious competent stage of learning. After experimentation, with greater experience, and recognizing the ability to fail without consequences, the young executive gains confidence in standing up before groups, framing an opinion on basic courses of action, and being responsibility for equipment.[2]

ROLE MODELING

In the crawl stage, there is a need for specific role modeling and/or instruction. Instructions must be explained in detail and their value communicated in the overall plan. After instruction or experience in observing actions, the young executive learns from role models and obtains the knowledge needed to duplicate steps in the process as he or she has been taught. During the crawl stage, the instructions should be relatively simple, so that the early careerist does not need a great deal of supervision to correctly perform the tasks as assigned.[3] Monitoring is still necessary; however, because not all early careerists learn things at the same rate of speed, the progression can vary depending on who is being taught the basic skill set.

WHY ACTIONS ARE DONE

In the crawl stage, the early careerist must know why actions are being initiated, so that these decisions in dynamic organizations make sense. For example, an early careerist who is harshly judged because an email to a senior supervisor included spelling errors may not know that a marketing brochure mailed to thousands of stakeholders months earlier contained numerous spelling errors. The early careerist may not know that the chief executive placed special emphasis on spelling and grammar on all written documents developed within and outside the organization after the embarrassing event. As a result, what might have seemed to be an innocent email written hastily by an early careerist attempting to solve a complex task that was previously assigned may result in a perception of unprofessionalism individually, and reflect poorly on his or her department as a whole. The early careerist must make it a point to read existing documents, ask questions, and consult with peers and mentors (sometimes peer mentors) who have been in the organization for a longer period of time. These "peer mentors" are probably aware of the unique professional landmines and informal barriers that exist in the organization. Subsequently, the mentor—either a peer or otherwise—can assist the early careerist in navigating the political waters.

EDUCATION

The crawl stage involves continuing education to augment previously learned classroom or didactic education.[4] In the crawl stage, the early careerist must grasp the many themes

found in an "Introduction to Leadership" class or seminar. These include the topics mentioned earlier, but also encompass the student's definition of "leadership" and the difference between leadership and management. The crawl stage also includes becoming aware of the organizational field of health, the specifics of the health organization, and a burgeoning understanding of how one's own "mental hard-wiring" supports (or fails to support) events and opportunities in the environment. The crawl stage might not be defined so much by doing, as by learning.

Personality tests provide an opportunity for the early careerist—the future health leader—to develop an awareness of his or her strengths and weaknesses within the complex organizational environment. This will help the individual become aware of personal "blind spots" that might keep the early careerist from being successful. For example, a health organization that has a highly kinesthetic preference for learning (learning by doing things) may pose challenges to an early careerist who is fundamentally hard-wired to learn through reading. In the absence of this critical element of self-development, the early careerist will have to enable him- or herself to learn differently, or seek out employment with organizations that are not as action based. Such may be the case in health consulting and sales, where verbal communication and on-the-job training are considered more critical than formal or didactic education.

Developmental Tasks

During the crawl stage of development, the prospective leader may not have the knowledge, skills, or abilities to lead a formal group in completing a complex task or process. Leadership is a very complex profession and requires extensive KSA development before the individual is prepared to lead a formal group in confusing and chaotic situations. It is possible during this stage for the mentor to assign developmental tasks to the early careerist to build these KSAs, such as writing white papers or participating in interdisciplinary process action teams. The crawl stage is also about followership and development of the understanding that to become a leader, one must be a good follower. Some characterize this as understanding the concept of loyalty and servant-leadership development.

The crawl stage is characterized by self-awareness as well as basic knowledge about leadership itself. It is a time to practice what has been learned and to demonstrate one's competencies through written and oral assignments. These beginning developmental lessons provide the foundation for later completion of more intricate and complex tasks in leadership functions.

Self-Improvement

It has been argued that leaders are born, not made. Current understanding suggests leaders can be made or developed; of course, a combination of nature and nurture is at work. However, the patterns of behavior established through early leader development programs cannot be emphasized too strongly as influencing later outcomes. Organizations and industry leaders spend millions of dollars annually to support leadership development and mentoring programs geared toward successfully transitioning early careerists from the crawl stage to the walk stage of development. Moreover, certain activities in which the early careerist engages can specifically assist him or her in advancing up the leader ladder.

First, the crawling leader should be a volunteer. Volunteering to sit on committees, conduct extracurricular management analysis, and assist others who are involved in interdisciplinary team projects, and making it known to the organization that the individual is not limited by his or her own job description, sets a tone of success for the early leader.

Second, the early leader should join and support professional organizations. Joining professional organizations exposes the early careerist to broader pools of health professionals—albeit not in the same organization as the early careerist—who may offer career and mentoring advice. Professional organizations can also provide opportunities for professional advancement and acknowledgment, as well as continuing health, leadership, and management education.

Lastly, the early careerist should be a reader at the crawl stage. In the dynamic world of health, it can become immediately evident if one's relevancy is dated. For example, if an early careerist continues to refer to The Joint Commission as JCAHO, or cites the most recent version of the STARK laws as having been last updated at version II, this may signal to senior executives that the early careerist lacks creditability and relevancy. There are few items that can immediately affect (negatively, in particular) a recent graduate's creditability. Never rely on just one source of information for timely knowledge of health events and industry updates until you are confident and trust the source implicitly. Self-development and personal responsibility cannot be underscored enough in this regard. Early careerists should read fervently and stay attuned to the industry.

Benchmarking

From a mentorship perspective, senior leaders are seeking to develop potential leadership talent in others. Several

identifying characteristics are referred to as indicators that an individual will make a good leader. First, managers will look at job performance of individuals and compare their performance with that of their peers. A good leader will go above and beyond the established requirements to accomplish a goal or complete a project. They will also do the job well, communicate well, treat people with respect, and be loyal to their supervisor and organization.

Potential leaders have strong interpersonal skills and have the ability to interact with individuals on a variety of levels. Empathy is considered to be an important leadership attribute by many people. Potential leaders develop trustful, reliable, and consistent relationships. They assist others to succeed. Potential leaders know the mission, vision, strategies, goals, and objectives of the health organization and can translate the larger plan into a series of smaller, more specific plans that can be used within their area of responsibility.

Potential leaders also demonstrate clear and concise written and verbal communication skills within the workplace. Strongly developed communication skills may indicate an individual's ability to address conflict. Individuals who are self-driven may be seen as having a strong work ethic and, therefore, may be identified as having leadership potential. Self-driven individuals may also have a tendency to be motivated when presented with a desirable task, demonstrating initiative and drive until the project reaches its completion.

Finally, individuals who have an ability to create an organizational vision and motivate others to buy into the vision have potential as future leaders. The ability to translate the health organization's "large" vision into a vision for the specific area of responsibility is a highly valued skill. The application of motivating action to accomplish the work needed to achieve the vision is even more important. Individuals who demonstrate such abilities have a complex understanding of the organizational vision and can be considered forward thinkers.

Once individuals with leadership potential are identified, the next step is to begin the process of developing these skills in the individual to prepare him or her for leadership opportunities of greater scope and scale. According to managers, strategies to promote early leadership development within individuals include exposure, increased responsibilities, special assignments, job rotation, and coaching. Individuals should have exposure to a number of factors, including interactions with senior executives, uncomfortable situations, customers, external resources, internal resources, different levels of the organization, and different degrees of risk. Exposure allows the early leader opportunities for trial-and-error learning and making mistakes in a nonthreatening environment. Assigning increased responsibilities to early leaders will allow for this kind of learning and leadership development. Other benefits of these interactions include opportunities to enhance tolerance to stressful situations, communication within the team and organization, and improvements in the leader's influence on his or her team.

Early leaders should also be given the opportunity to complete special assignments that will allow them to develop "transferrable skills." Development of these skills will allow individuals to gain a better understanding and knowledge of the various roles within the organization. Rotating jobs will give the early leader the opportunity to learn about the skills and requirements needed to perform unfamiliar duties within the organization. A leader with a well-rounded knowledge of organizational culture will be able to meet the needs of the employees, their departments, and the organization as a whole.

Finally, early leaders need multiple opportunities to receive coaching and feedback regarding their performance. Opportunities for modeling and mentoring will allow the early leader a safety net as he or she begins to analyze his or her leadership performance.

Sometimes, early leaders may run into situations in which "derailment" may occur. Early leaders who begin to withdraw from communication or engagement; exhibit adverse effects from personal stressors, such as excessive familial or community obligations; fail to follow through on assignments and projects; and demonstrate immaturity and lack of self-control may be unprepared to handle the early leadership role. If intercepted early, derailment of the early leader can be avoided. Bolt and Hagemann offer strategies to prevent derailment of the early leader, including increasing communication and feedback, developing an action plan, providing more opportunities for coaching, and providing new opportunities or challenges.[5]

MEASURING THE SUCCESS OF THE CRAWL STAGE

The discussion of the crawl stage methodology presented here concludes by focusing on the measurement of crawl success by outside agents and stakeholders. This analysis is done through both empirical and evaluative thinking in regard to profession-driven standards and competencies. As a result, it is during the crawl stage that the early careerist begins to fully appreciate the profession that he or she is entering.

Empirical thinking is a skill-based approach that involves the memorization of lists, facts, and other entry-level competencies. Through this type of thinking, the early careerist demonstrates to superiors that he or she understands the technical nature of the organization. Possessing empirical thinking demonstrates to superiors and outside agents that the early careerist has spent time understanding the inputs, processes, and outputs of the organization. Additionally, it demonstrates a basic understanding of the organizational architecture. Empirical thinking may be analogous to the metaphor of an individual "learning the ropes." This phrase was developed by sailors in the British Navy centuries ago. The first task of any new sailor was to "learn the ropes" of the ship—that is, how the ropes were rigged to the masts, tethered to the sails, and connected to the moorings. Every sailor who boarded a ship for the first time learned the ropes so that he could contribute to the work of the ship. This same analogy can be applied to the business world.[6] Every profession has certain skills, traits, and entry-level competencies that must be memorized or performed to be acknowledged by senior leaders as meeting certain basic performance standards. Passage through this phase entails the movement from the unconscious incompetent or conscious incompetent to the conscious competent or unconscious competent stages of knowing. Execution of profession-driven empirical thinking demonstrates this competency.

The second standard that demonstrates a transition from the crawl stage to the walk stage of development is the execution of evaluative thinking. Evaluative thinking involves the ability to prioritize tasks within the health organization, to assign weighted values to projects based on organizational impact, and to screen the importance of new information filtering into the organization. Evaluative thinking allows the early careerist to make competent decisions on how to manage his or her day, perform tasks as assigned, and prioritize those tasks. A simple analogy may be a decision to spend time cleaning out one's email account versus planning for the weekly staff meeting where you are expected to provide input on a topic. Evaluative thinking allows early careerists to be competent not only in performing tasks, but also performing them in the proper order that allows for maximum output.

Both evaluative and empirical thinking are based on organizational goals and organizational objectives and will differ from organization to organization. For example, the prowess gained in becoming a group practice manager of a multiple-physician cardiac practice will be different than the mastery demonstrated by a CEO in managing a larger healthcare system.

THE CRAWL TIME LINE

Assigning an organizational time line to the crawl stage is difficult because the time required to master the "crawl" will be unique from individual to individual. Some crawl time may be spent in a degree program; in residencies, internships, or other practicum situations; and in the first professional positions in the health industry. Factors affecting advancement from the crawl stage to the walk stage include the size and complexity of the organization, the interdisciplinary nature of the job(s) to which the individual is assigned, the opportunity for outside professional development, and the desire and motivation of the employee to advance up the corporate ladder. These factors are variable and difficult to predict between organizations and individuals; however, the authors of this text, based on their more than 50 years of health and leadership experience, believe that it may take 5 to 10 years for a recently graduated student to advance prodigiously and effectively through the stages and tasks of the "crawl." This does not mean an early career health leader cannot perform entry-level tasks effectively; rather, it means that to advance to higher, more responsible positions within the industry, crawl-stage development is required.

THE WALK: STRATEGIES FOR MANAGING GROUPS AND TEAMS

In the walk stage, individuals learn more difficult and more complex information about leadership. The prospective leader is still in a safe environment and will most likely make mistakes, just as toddlers often fall down when they progress from crawling to walking. Training is more complex during the walk stage. Perhaps the leadership trainee begins learning about how to make changes in the organization, how to lead a project team, or how to deploy more comprehensive and complex communication skills. For example, the early careerist might learn how to lead successful and effective meetings. This skill incorporates excellent communication skills but also requires learning about facilitation of meetings. This is a skill every leader must have. For example, a meeting attendee who "takes over" or is talkative at inappropriate times should be seated at the corner of the meeting table or where the individual does not have easy face-to-face contact with other meeting attendees; this could reduce their inappropriate behaviors. This "knowledge" comes by learning from a mentor, in coursework, or from role modeling. Further capability

elicited from this knowledge is then garnered from doing the task or using the knowledge appropriately.

In the walk stage, there is an increased emphasis on communicating evaluative and empirical information to groups or teams. As part of this phase, health leaders begin to understand the complexities and challenges of managing teams. A *team* is defined as an interdisciplinary group of individuals who are brought together to accomplish specific tasks or projects. The interdisciplinary nature of the team allows its members to accomplish what larger and unspecialized groups cannot perform as well. For example, a baseball team, where each player has demonstrated competency as a pitcher, catcher, infielder, or outfielder, is classified as a team.

A *group* is defined as two or more individuals who come from random disciplines with no apparent collective skills necessary to accomplish complex and specific tasks. A large group of competent baseball pitchers with 95-mph fastballs, for example, may lack the skills of an outfielder who can catch a fly ball and immediately throw the ball from left field to home plate. A team is more specialized, whereas a group tends to be more random and may lack specific skill sets for tasks with great complexity.

In the walk stage, leaders begin to understand the complexities and challenges of managing teams. The Roman army discovered it was difficult for 1 person to manage more than 12 people simultaneously. This rule of thumb, or heuristic, has remained a metric for small-group leadership for more than two millennia. Developing leaders would be wise to not attempt to personally manage too many people simultaneously.

The walk stage becomes far more abstract, which inherently makes it more difficult and more comprehensive. The developing leader will need to access more resources during this stage of development. It is during the walk stage that developing leaders might be required to actually lead a group outside the training situation. Learning in the crawl stage about leading a group or team (from in-training leadership exercises in coursework, perhaps) can serve the leader well when leading a real group in a real situation. Role-playing is one of the activities an instructor could adopt to support this learning. For instance, one company's motto in this regard is "Role before you roll," which means that company employees engage in role-playing before attempting to bring a new product to market.[7, 8]

Interdisciplinary leadership can be understood in terms of shared leadership. Shared leadership requires that all team members "carry responsibility for team process and outcomes, thereby accepting formal and informal leadership roles that shift according to the situation."[9] The leader managing the interdisciplinary team may step in and out as the primary leader, with other individuals taking over at times as primary leader—a "taking your turn" approach. A series of individuals may temporarily fill the role of primary leader when the situation requires the most appropriate individual to be involved. Interdisciplinary leadership requires that individuals demonstrate competence and understanding of other disciplines to serve within the leader role in such a situation.

McCallin calls for a paradigm shift in which interdisciplinary leadership continues to be a form of "shared leadership" with a defined "practice leader." Under this approach, the practice leader accepts the role of managing the team, including the processes of development and coaching. The practice leader is also responsible for "coaching" other team members in the "art of shared leadership," which would include providing learning opportunities to find solutions to problems and achieve desirable outcomes.[10]

TEAM BUILDING

In the crawl stage, a person manages him- or herself primarily. By comparison, in the walk stage, the individual begins to lead larger numbers of people and manage greater quantities of resources. No leader can be successful without the ability to manage resources and lead small groups. As a result, one of the most critical tasks for young executives to master is the process of leading and building consensus in teams so as to produce positive outcomes for the health organization. Although the theoretical process of leading and building teams is often covered in organizational behavior texts, Ledlow and Coppola suggest that no health leader can be truly effective without first having dedicated him- or herself to the study of the theories, processes, and dynamics of team evolution. This knowledge may then be put in practice through experience.

Surprisingly, many health leaders are unfamiliar with the process of team building. This may be due to the fact that they moved into organizations with relatively large and stable groups of employees who are comfortable in their positions. It may also be because the leader has become a prominent figure in his or her field of study through excellence in the execution of skills, as might be the case with a surgeon, for example. This level of leader acknowledgment is different for a middle-level health leader and especially for a CEO of a large healthcare system who maintains responsibility for many elements of the enterprise. Without the experience of leading increasingly larger groups, the leader may not be fully aware of the life cycle and evolution associated with standing, ad hoc, and process action teams.

Given the importance of understanding this facet of team life, an overview of team building strategies is provided here. The following analysis is based on the work by Coppola as published in *Healthcare Executive*.[11]

Tuckman's Model of the Group Dynamic Process

It is during the walk stage training that students will most likely learn about the stages of group development. The first lesson is that a group of individuals does not become a cohesive, productive group overnight without training or without time. A descriptive process provides insight or knowledge into this phenomenon. In 1965, Bruce Tuckman described a process of team development that developing leaders in the walk stage would be wise to understand.[12] This process includes five stages: forming, storming, norming, performing, and adjourning. As an addition to the Tuckman model, an initial stage is important in team development; that additional step is called the "informing stage."[13] Understanding the steps in the team-building process will assist leaders in maximizing team output. Conversely, failing to understand life-cycle issues in team development may result in team failure or decreased team productivity.

Leaders at the walk stage gain their first understanding of this process by managing interdisciplinary teams. During this phase, they come to recognize the importance of building and maintaining teams that produce positive outcomes within their organizations if they are to advance to higher levels of responsibility. However, the dynamics of organizing, maintaining, and guiding teams may be difficult and complex to manage. Teams go through stages of development and an organizational life cycle that may mirror the growth and development of the organization itself. Failing to understand organizational life-cycle issues commonly encountered in team development may result in the leader's inability to manage more complex and interdisciplinary groups in later stages of personal growth and development.

Informing Stage

Prior to the development of any new team, or additions to an existing structured team that rotate members in and out, there is an official notification of membership. This notification may be either verbal or in writing. In some cases, the individuals may be knowledgeable of the mission of the team and be familiar with other team members. During the informing stage, the prospective team member will form generalizations and opinions about the mission of the group. If not provided with enough structure, the individual may make judgments that prove counterproductive when the team initially meets and begins to work. Furthermore, if the candidate is knowledgeable of other team members, he or she may also form opinions and biases (good or bad) about other individuals in the group.

Informing Stage Strategy

Many leaders overlook this important stage of team development and pay little attention to its significance. Numerous threats to team productivity can be overcome in this initial stage through the formal presentation of vision and mission statements as well as clearly defined goals and objectives of the group bounded in a specific time frame of performance and objective measurement. The face-to-face verbal communication of these strategic points by the leader to the group is critical (as suggested by media richness theory); it is a must, not just something that occurs "if the leader has time and opportunity."

Additional strategic considerations include the time frame for notifying individuals of their team membership and the latent period between notification and the first required meeting. Shorter periods of latency may affect an individual's motivation to be on the team if other important projects are competing for time and attention, not unlike constructs associated with the garbage can model of decision making. Longer periods of latency (90 days or more) may result in an individual moving out of the department or organization where the team assignment was made. A reasonable time for notification of team action is 15 to 30 days.

Other considerations should include a known desire of the individual to be on the team, the special skill set the member brings to the team, and outcomes obtained with similar projects. Finally, an implied task of leaders prior to appointing individuals to a group is a working knowledge of personality dynamics between members. Previous working relationships, both positive and negative, should be included as part of the decision-making process before informing anyone of team assignment.

Forming Stage

The forming stage might also be called the "discovery stage." Typical professionals and working adults may be overtly cordial during this stage and attempt to overcompensate by remaining passive and agreeable. Other commonly encountered dynamics include the initial group membership being dominated through individual conservativism and by those members with a high internal locus of control. If members have worked well together

in the past, there will be an initial latent discovery period of testing between members, where mutual support and a reconfirmation of cooperation are established. For members who lack familiarity with one another, there is a desire to be overtly convivial and supportive. New ideas may be offered implicitly or posited as participatory questions, such as "What do you all think would happen if we did 'X'?" If no one has been formally appointed as the mentor or leader of the group, the team may wait for an informal leader to emerge who possesses expert knowledge of small-group leadership or information power necessary to accomplish the team mission.

At this stage, many members of the group may share the perception that there is only one best way to handle the problem or mission. In reality, more than half of the group members may have already made up their minds about what to do, but are reluctant in this genial stage to be perceived as overbearing and lacking participatory collegiality. Conflict is important at this stage to limit "groupthink." Groupthink is a phenomenon, first formally identified by Janus, in which a group may make a decision that is harmful, unwanted, or benign. Conflict that is constructive is important in group processes. Conflict management skills should be part of organizational members' training and specifically group or team training. Emphasis should be placed on the problem-solving style of conflict management.

Forming Stage Strategy

It is beneficial in the forming stage to have previously outlined team member roles. This groundwork will catalyze and expedite the protracted collegial followership that professionals often bring into the complexity of team and group dynamics. Establishing clear goals and objectives is important as well, because it aids in the variance and unbounded rationality of excessive "outside the box" decisions. Finally, establishing a time line for the team is important. Many teams will expand their stages of incremental development to fill the time allotted to complete the task. Providing a time to complete initial tasks and objectives may expedite the forming stage. During this stage, the leader has to balance group development (storming and forming) with urgency; this can be a difficult balancing act if significant time constraints are present.

Storming Stage

A team will arrive at the storming stage when a tipping point is achieved and the members of the team no longer feel an obligated sense of prioritizing collegiality over task accomplishment. In the storming stage, members may compete for leadership of the group, try to gain control over the group's creative development, and exhibit frustration with imperfect information or animosity toward others for failing to support their own ideas. In the storming stage, the proverbial "gloves are off" philosophy takes hold, and members become more interested in their personal agendas and goals than in the team objectives.

In the storming stage, disrupters are typically present. Disrupters are people who have not been appointed as formal group mentors or who have not been recognized by the group as informal leaders. As a result, they may seek to exert control and dominance by exercising disruptive behavior. Outside of the leader role, the disrupter is the most common and most easily recognized role in any team dynamic situation.

Storming Stage Strategy

In this stage of group dynamics, many outside leaders and agents will want to intervene and provide management influence. Although seemingly productive, this path might be the worst one for a leader to follow. President Abraham Lincoln is credited with forming a "team of rivals" wherein competing personalities and strong partisan opinions were found to be necessary to achieve positive outcomes and maximize productivity. Intervening too quickly and discouraging professional discourse may result in a perception of group powerlessness and a perception that the team is merely a "rubber stamp" for the leader's vision. Frustration, professional discourse, and passionate competition between team members can be healthy and necessary to achieve higher goals. From a creative standpoint, when partisan personalities will not let go of their personal ideas and agendas, the only option is to develop a new collective idea that is truly accomplished through the input of all team members. Professional discourse is healthy and necessary; leaders should be wary of micromanaging the storming stage too quickly.

Norming Stage

In the norming stage, individuals begin to relinquish their personal agendas. At this point, team roles have been clearly identified within the group and can be recognized by outside agents and stakeholders. Informal and formal leaders begin working together to accomplish tasks and achieve desired outcomes. Other participants in the group may assume one or more roles as followers, innovators, experts, or researchers, among other actor positions. In this stage, lingering disrupters may assume supportive roles or enter into passive positions by accepting delegation. Some individuals may exchange roles over the course of the team's tenure.

Norming Stage Strategy

Leaders may be initially bewildered by the task organization of the group and the agenda that the group is moving toward. Leaders should be cognizant that the reason the group was formed was to complete a task or mission that could not be accomplished individually or through institutionalized practices and policies. They need to know that team members have gone through the informing, forming, storming, and norming phases and now possess a unique point of view of the problem under study. Leaders need to trust in the process and allow the team to accomplish its task(s). If one or more group members are not "norming" to the group, then the group leader or manager may need to remove them from the group or replace those members. However, replacing members at this stage will set back the group dynamic process and bring the group back to the earlier stages of team development. In essence, if the group leader assesses the situation and determines that certain group members will deter the group from performing the desired work, it is better to go with a smaller team or take more time to replace group members: This choice is the group leader's decision. The team or group is ready to accomplish what it has been formed to do.

Performing Stage

In the performing stage, the team has developed new ideas and carefully thought out objectives that would not have been possible to accomplish by any one individual in the group working along. The adage, "None of us is as smart as all of us," is salient in this context. There is an increased recognition of superordinate goals and a realization that the organization's needs are superior to individualism. A sense of pride in team identity is recognized and a clear sense of "we-ness" over "I-ness" becomes visible. The "we-ness" culture of the group is developed and enhanced when a confirming communication climate is established by the group's leader or manager. This consideration is especially important in health organizations, and even more so with interdisciplinary teams.

In the performing stage, new responsibilities and new requests for information can be processed quickly. The team may be eager to demonstrate its ability to multitask and continue to be challenged. Products, ideas, and tasks are brought to fruition in this stage: There is visible output; there are tangible results.

Performing Stage Strategy

As the group's leader, first and foremost, you should say, "Thank you!" to team members. Recognize individuals in the group for their contributions. Make a point to understand the role each member played in the development of the new idea or product so that these talents and abilities can be used appropriately next time.

In addition, take a step back and be supportive of the group's work. A potential threat to morale, future team building, and group productivity arises when a leader attempts to place his or her superfluous thumbprint on the product for the sole purpose of possession. Leaders need to know when to lead, but they also need to know when to support and trust in the collective wisdom of the team.

Adjourning Stage

In the adjourning stage, both internal and external stakeholders recognize the completion of the group's work. The reason for the team's formation has been accomplished and there is a recognition of new (or updated) programs, polices, or procedures in place. Members are ready to move on to their next positions of responsibility and assume new challenges.

Adjourning Stage Strategy

In this stage, document the process and save the output of member work. Incredibly, the good work of ad hoc (temporary teams or groups focused on a specific project), seasonal teams (e.g., Joint Commission preparation teams), and standing teams (organizational Six Sigma teams) is often lost in the process of personnel turnover and the dynamic turbidity of the environment. More often than not, legacy files and best practices are discarded or reinvented with each new cycle of team formation. Given these possibilities, means of archiving best practices and lessons learned should be established. Now is the perfect time to build knowledge management and organizational learning systems. A team or group section, departmental, or even organizational (depending on the scope and scale of the work) presentation or briefing may be a good start to manage knowledge, diffuse knowledge to others, and provide a platform for organizational learning.

Good to Great Groups and Teams

Once a health leader has mastered the crawl stage, and understands the process of team life-cycle development and associated challenges in the walk stage, the leader can focus his or her attention on making good teams great. In health organizations, good group and team accomplishments are important. However, the dynamic and varied world of health also calls for great groups and teams combined with great effort to achieve results that enhance everyone's life. The need for great groups is urgent, so as to solve the most pressing strategic and operational problems

in the health industry and within health organizations. The organizations of the future will increasingly depend on the creativity of their members to survive.[14]

Health leaders must understand the type of people who make for great groups. People in great groups have the following characteristics:[15]

- Intrinsically motivated, buoyed by the joy and challenge of problem solving
- Focused obsessively on fascinating projects
- Oblivious to "ordinary," bureaucratic, and trivial matters

> These people love the discovery process and they have dazzling skills (such as [clinical], mathematical, statistical, [financial], or computer). They have the unique ability to identify problems and find creative, boundary busting solutions[with] hungry, urgent, quick minds; many have expansive interests with encyclopedic knowledge. They have the ability to see what others don't see in part because they have command of more data (and the ability to use it) in the first place.[16]

The key for health leaders to understand is to gather, unite, and make an effective group of people, who individually are great, into a synergistic team capable of superior problem solving, persistent energy, and tremendous innovative capacity. Health organizations increasingly will require such teams if they are to compete in a competitive environment amid significant health challenges where information is readily available and just-in-time learning is commonplace:

> Great Groups tend to be less bureaucratic than ordinary ones. Terribly talented people often have little tolerance for less talented middle managers. Great Groups tend to be structured, not according to title, but according to role. The person [who] is best able to do some essential task does it.[17]

Every great group has a strong and visionary leader who has a talent to select or hire people better than the leader; successful health leaders look for people of excellence who have the ability to work well with others. Health leaders, considering goal-setting theory, set challenging goals for the group or team: "Look how morale soars when intelligent people are asked to do a demanding but worthy task and given the freedom and tools to do it."[18] Successful health leaders have a vision and a plan to realize it while being expert motivators. They make their group or team feel and know why their work is important; this kind of sharing improves problem solving and increases the pace of work.

Bennis and Biederman suggest the following factors be considered as part of the team building process:[19]

Killers of Groups

- Constraints and trivial structure/tasks
- Error-free environments
- Closed systems
- Military model of leadership (authoritative/strongly directive)

Enhancers

- Freedom and autonomy (failure is a learning event; errors are a natural part of learning)
- Risk taking
- Enabling and encouraging environment (confirming communication environment)
- "If you can dream it, you can do it" mentality

Take-Home Lessons

- *Greatness starts with superb people.* Recruit the best people possible. Recruit problem solvers who happen to be computer programmers, physicists, nurses, physicians, and so on.
- *Great groups and great leaders create one another.* Collaboration is critical; the standard command-and-control models of leadership/management do not work. Leaders of great groups must act decisively, but never arbitrarily.
- *Every great group has a strong leader.* A leader is an organizer of genius—a maestro who is a pragmatic dreamer and who has an original, yet attainable vision. A good leader eliminates distractions and trivial matters (consider the path–goal model).
- *The leaders of great groups love talent and know where to find it.* They revel in the talent of others.
- *Great groups are full of talented people who can work together.* Sharing information and advancing the work are the only real social obligations.
- *Great groups think they are on a tremendously important mission.* These groups are filled with believers; doubters are dismissed. Their clear, collective purpose makes everything they do seem meaningful and valuable.
- *Great groups see themselves as winning underdogs.* They have to compete against challenges and against the odds.
- *Great groups are optimistic, not realistic.* They envision things that have not been done before.
- *In great groups, the right person has the right job.* The leader has achieved good ability–job fit and members are all competent of their peers' expectations.
- *The leaders of great groups give them what they need and free them from the rest.* Leaders stay focused on a path–goal approach to accomplishment.

- *Great groups share information effectively.* The leader ensures that a communication network exists and that everyone has full access to it.
- *Great groups ship.* They produce.
- *Great work is its own reward.* In Herzberg's two-factor theory, group members are intrinsically motivated by a transformational leader.

Bennis and Biederman used qualitative (as opposed to quantitative) research methods to come to these conclusions. Their work was mostly done through histories, literature review, interviews, and possibly some observation (qualitative methods). Which model do they propose for leading great groups? Which conditions foster the creation of a great group? Which parts or the whole of the model will work (can be applied) in health situations? Enhancers of great groups can provide the answers to these questions.

Group Size and Composition

Another important factor in group and team dynamics is group size and composition. Shull, Delbecq, and Cummings (1970) determined that group size influences decision processes in several ways; for example, communication becomes difficult as the number of members increases and less time is available for each member to speak.[20] When the size of a group increases beyond eight members, the potential contribution from adding another member should be carefully weighed against the added difficulty of running an effective meeting and the project as a whole.

Janus's notion of "groupthink" (mentioned earlier in this chapter) is noteworthy when considering group issues. "Highly cohesive groups sometime foster a phenomenon called 'group think' (Janus, 1972); group think involves certain kinds of illusions and stereotypes that interfere with effective decision making."[21] Ensuring constructive conflict in the group or establishing and maintaining a "devil's advocate" role or contrarian role in the group can reduce the potential of groupthink.

Overview of Other Essential Skills in the Walk Stage

Although learning how to manage and interact with teams is an essential skill that must be mastered by the developing leader, it is not the only skill set required. The developing leader must also gain experience with larger budgets, multidisciplinary task organization, and strategic planning. Several methodologies are available to help the developing leader to gain experience in these areas if there is not a direct opportunity in the workplace to do so.

Becoming involved in the local community can assist the developing leader in acquiring skill sets that are not immediately available in the workplace. Many local governments and communities have colloquial health boards and advisory committees that routinely seek volunteers. These organizations can assist the developing leader in obtaining experience in strategic planning and managing resources. Many of these boards have strategic plans that look forward into the future for three to five years and can be excellent places for a young health leader to practice skills related to strategic planning and forecasting, analysis, budgeting, and building interpersonal relationships and networks.

As with the crawl strategies, the developing leader in the walk stage can seek relevant opportunities in professional organizations. The opportunity to run for office or lead large committees may be available in the professional organization that will assist the developing health leader in working with teams across large distances (using teleconferencing technology) and provide him or her with an excellent opportunity to exercise leadership skills along an informal chain of influence.

Leading an event and becoming a host of a multidisciplinary health event are also good ways to expand the expression and development of the nascent leader. Hosting a local event and managing a committee of experts who provide continuing health education to a group of senior executives, for example, provides an opportunity for the developing leader to get noticed, to network within the community, and to become recognized as someone who can manage people in informal networks.

Mastery of Walk Tasks

In the walk stage, there is an implied understanding that material learned at the crawl stage has been mastered. For example, the chief executive no longer gives detailed and explicit directions and instructions on how to complete tasks to the subordinate health leader; the subordinate health leader knows what to do to accomplish the assigned task. The young executive, at this stage, should have mastered basic skills in regard to participating fully on interdisciplinary teams; completing projects in a timely manner; producing thoughtful and correctly executed whitepapers, business case analysis, or other analyses; and taking on greater responsibility in terms of leading people and managing more materials, financial resources, and other logistical components of the health organization.

The young executive at this stage should begin to serve as a peer role model in the health organization rather than

directly seeking mentorship him- or herself. Although the CEO always has the responsibility to role model and mentor junior members of the organization,[22] young executives may begin to discover the benefits of being role models themselves during the walk stage.[23] At this point, the young executive has learned the complexities of the organization and is ready to assume some mentoring duties.[24] Thus the walk stage is characterized by the "powering down" or "pushing down" of the mission, vision, values, strategies, goals, and objectives of the CEO to the subordinate health leader, accompanied by the subordinate health leader's ability to translate higher-order organizational directives and competitive strategies into operational and tactical execution at the departmental, unit, and section levels. The subordinate health leader, by now, should be demonstrating leadership qualities and organizational values to more junior employees in the organization.

The young executive also relaxes from reacting to the environment. In the walk stage, he or she has mastered the basics of the organizational environment and becomes active in controlling events in a strategic and forecasted nature.[25-27] The leader in the walk stage also knows the difference between basic and complex competencies in the organization. A simple example can be found in the naive nature of how an organization measures productivity or executes a budget. A health leader at the entry level, and definitely at the middle level, after working in a health organization for a period of time, should be responsible for explaining productivity measurement to more junior employees and administrative personnel, rather than seeking counsel from a more senior health leader concerning these issues.[28,29]

MEASURING THE SUCCESS OF THE WALK STAGE

The young executive in the walk stage has sought out professional education and self-improvement in two forms: didactic (continuing health education) and practical (on-the-job training). When these forms of development are combined, they provide for the ability to exercise competency in both empirical and evaluative thinking. These competencies were exercised in the crawl stage; however, when these two competencies are mastered and the skills of each executed in a combined and simultaneous fashion, one sees the emergence of critical thinking and the ability to apply that thinking to create positive outcomes in the health organization. Critical thinking is apparent when the young executive has demonstrated the capacity to merge both empirical thinking and evaluative thinking into seamless actions and decision making that result in favorable outcomes.[30,31]

Critical thinking is a skill that involves not only knowledge of content, but also concept formation and analysis. Furthermore, critical thinking encompasses the ability to reason and draw conclusions based on imperfect data, and the ability to recognize and avoid contradiction with imperfect information. Critical thinking is important in moral and ethical analysis where gray areas exist and conflict and partisanship over processes and policy are evident. In extreme cases, the ability to think critically allows an individual to see both sides of controversial topics such as euthanasia and right-to-life issues. In its simplest form, it allows an individual to balance enduring beliefs with behaviors. For example, it may be unwise to tell a subordinate employee that he has gained weight, even though it may be true. Excessive and unnecessary honesty—that is, honest discussions over issues that are not organizationally related or that may be personally hurtful to people's self-esteem—can be undesirable in leaders, and the adroit health leader knows how to balance the importance and consequence of individual action and deeds.[32] This facility directly relates to emotional intelligence.

There is a certain expectation that young executives will be able to anticipate organizational needs, take initiative in solving problems before they become too onerous, and find solutions to issues before they become apparent to others. This ability to anticipate is typically the product of multimodal training experiences that include volunteerism, personal self-improvement, affiliation with professional organizations, maintaining relevancy in the literature, and becoming a mentor to junior employees.[33]

The burgeoning mastery of critical thinking skills may be ineffable and difficult to notice in the workplace; however, the long-term effects of applied critical thinking on an individual's success in the organization are readily identified. The young executive who has mastered these skills is more likely to be promoted and advance within the organization than those individuals who are still educating themselves on empirical and evaluative competencies. Finally, when the young leader is seen advancing in the workplace through demonstrative stakeholder approval of senior leaders, the young leader has successfully graduated from the walk stage.

A conceptual model of critical thinking is depicted graphically in **Figure 7-2**. In this conceptual model, the ability to think critically is a function of combining empirical and evaluative thinking. These two constructs are, in turn, derived from the organizational mission, vision, strategies, goals, objectives, and competencies that represent the skill sets of the organization. In essence, they encompass the knowledge of the health organization, which (ideally) is archived and housed in the health organizational knowledge

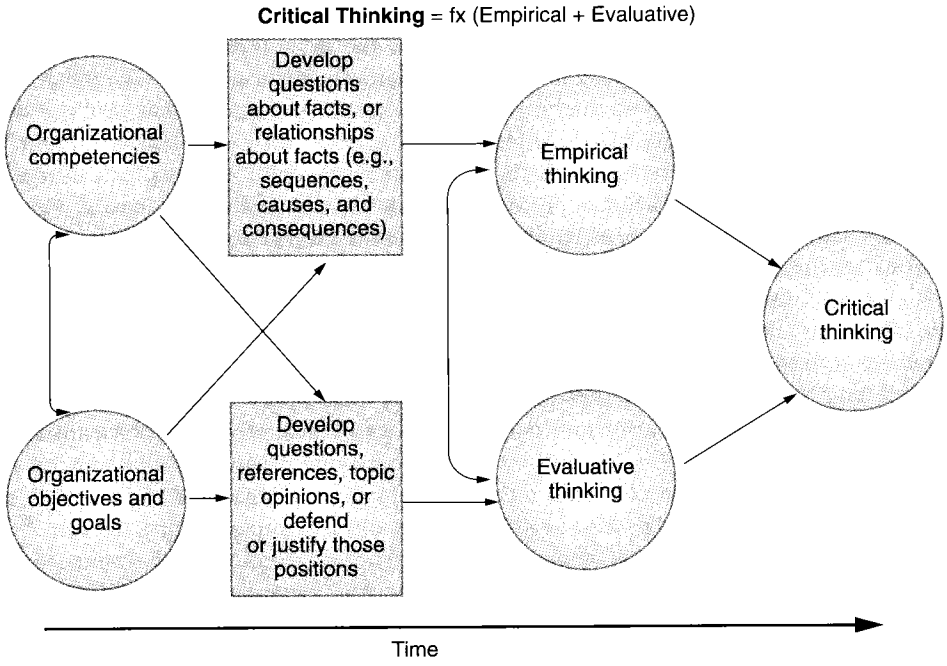


FIGURE 7-2 Conceptual model of critical thinking.

management system. As the model suggests, obtaining effectiveness in mastering organizational directive and competitive strategies, goals, objectives, and competencies results in a young leader successfully "learning the ropes" of the organization. Over a period of time, with appropriate experiences and opportunities, the young leader hones his or her empirical and evaluative thinking abilities. A tipping point finally occurs when these items are mastered and become an internalized part of the young executive's activities of daily action and decision making. This is an example of unconscious competence: The health leader performs "leadership" as a natural part of who he or she is in the health organization.

The Walk Time Line

Similar to the analysis provided in conjunction with the crawl time line, accessing the necessary time to achieve critical thinking skills is difficult to judge. The walk time line will certainly involve graduate education, or similar continuing health education, resulting in the mastering of competencies associated with industry norms.[34] Mastery of competencies in the health environment might also be achieved through extensive and progressive on-the-job training. As with the crawl stage, advancement from the walk to the run stage will be based on unique factors in the environment that may include access to graduate and continuing health education, opportunities in the workplace to exercise skills, and the individual's motivation to challenge him- or herself by taking on new responsibilities in the health organization. These factors are also mutable and will vary from organization to organization and from individual to individual. As a guideline, it may take 7 to 15 years to master these advanced competencies.

THE RUN: STRATEGIES FOR LEADING ORGANIZATIONS

When aspiring health organizational leaders have progressed successfully through the crawl and walk stages, it is time for them to run. In the run stage, the health leader has been screened and evaluated by outside stakeholders and deemed prepared to lead hundreds of people, manage millions of dollars, and direct strategic plans and policies that may affect the lives of tens of thousands of others; this stakeholder assessment is usually accomplished in the hiring of a senior health leader through screening and interview processes. Candidates who successfully survive these processes are placed in leadership positions, becoming accountable and responsible for the diverse myriad of responsibilities and challenges inherent in every health leadership position. They have the knowledge, they have

gained the skills, they have practiced, and now it is time for them to become the leader. This is the most difficult part of the leadership development cycle, because the person who fills this position has a major responsibility—namely, he or she must get things done.[35] At this stage, the leader is ready to be effective as the head of departments or even as the head of the institution or organization. Leaders in this stage have the knowledge, skills, and experience required to lead gender-diverse, ethnically rich populations and motivate highly educated professionals who have received many different kinds of training; they also have the capabilities needed to integrate their health organizations with the communities they serve and to improve the health status of those populations through the organization's products and services.

In the run stage, the execution of complex skill sets allows the leader to lead and operate in the large-scale health organization. These complex skill sets include professional characteristics and qualities, the ability to manage change, the ability to manage crises, and the willingness to accept risk.[36] A final complex competency is the ability to think conceptually.

Professional characteristics of the leader in the run stage include demonstration of ethical behavior and actions, the moral courage to do the right thing, a strong preference for "we-ness" over "I-ness," organizational beneficence, and altruism. The senior leader of the health organization exercises the external presence necessary for the organization to be reflective of the leader's own personal characteristics. It is the leader whose honesty, values, and charisma become the mortar holding together the bricks from which the organization's personality is built.

Moreover, the senior-level executive must be able to manage change. Organizational change may stem from a variety of factors, including technological developments, organizational changes, needs of the employees, economic changes, and social movements. The *green movement* is an example of environmental change, wherein conscientious consumers have begun making decisions about which goods and services to buy based on the organization's posture and efforts related to conservation. The health leader who does not look for opportunities in this movement to promote the organization's initiatives and values may face a loss of business as these consumers look for more eco-friendly organizations from which to purchase health products or services.

In managing change, the senior executive must be sensitive to fluctuations in the environment, being able to assess change, plan for change, and facilitate change. In this regard, it is important to remember that "to lead" is "to move the organization forward," and organizations move forward through change. Change becomes a catalyst for organizational improvement, and the senior leader is aware of this opportunity for improvement based on external or internal environmental pressures. Areas of change might include new staff, new services, new technology, redesigned tasks or jobs, and organizational culture change, for example.

In managing change, the executive leader has the most important role when addressing crises to ensure that issues are addressed and handled effectively. It is no small epiphany to say that many leaders earn their reputations on the ability to manage crisis. Hook explains that the principles for managing crisis situations may be classified into three groups: getting organized and oriented, developing a course of action, and implementing the plan.[37]

Another senior-level competency is the ability to accept personal risk and to engage in prudent organizational vulnerability. If the leader cannot do so, then leading an organization will not be possible. Risk taking often is the seminal and actionable element that distinguishes the fully mature and competent leader from those less skilled persons still experimenting with factors in the run stage. An example of a leader engaging in personal leadership risk might be Barack Obama's bid for the U.S. Presidency in 2008. The first-term Senator from Illinois may have hindered his ability to become reelected to the Senate if running for President weakened his ability to legislate for the people of Chicago, or if he professionally embarrassed himself on the national stage. Of course, this run-from-behind personal risk was successful for Obama, and serves as an excellent example of risk taking in leadership.

CONCEPTUAL THINKING

The ability to think conceptually might be considered the ultimate goal of a leader. In its simplest form, conceptual thinking is "outside the box" thinking. It is the ability to see what everyone else has not seen, and to think and act in ways that others cannot think and are incapable of enacting. Alternatively, conceptual thinking might be considered as the lack or absence of perceptual blindness. Perceptual blindness is a process of self-selected institutionalism where all future or current problems are addressed based on past practices and procedures. It also incorporates the concept of exercising personal bias and ignoring obvious factors in the environment that are contributing to the existing situation. In this regard, the theory of the hammer applies: When an

individual has a hammer as a tool, then all the problems look like nails.

Conceptual thinking allows a leader to think strategically. Through strategic thinking, a leader is able to view tomorrow's world without the limits imposed by today's resources and other constraints. Strategic thinking involves anticipation of future events before they happen, and the controlling of events on the horizon. The ability to think strategically, combined with the openness of the leader to explore different methods of practice and policy, allows the leader, and his or her organization, to adopt new technologies early and penetrate new markets ahead of competitors. In short, conceptual thinking provides an organizational advantage for both the leader and the organization within the health industry.

Measuring the Success of the Run Stage

Because the run stage is a continuous process of planning conceptually and thinking strategically, the measurement of the run stage can be framed in terms of the overall success of the organization as defined by market share or other organizational performance metrics. The latter metrics might include the return on investment on new projects and ventures, the rate of penetration into new markets, the development of new product lines, an increase in patient enrollment, satisfaction scores, and other similar measures.

In addition, the successful senior leader will attain a high level of approbation from the external stakeholders in the operational community. These stakeholders may be members of the governing board, outside advocacy groups, or unions. In its simplest form, success at the run stage is based on stakeholder satisfaction, organizational prosperity, and the creation of an organizational culture that is poised to thrive in a dynamic environment.

The Run Time Line

The time line for achieving success in the run stage may cover 10 to 20 years, or even take a lifetime to achieve. For some individuals, success in this stage may never be fully realized. It is reasonable to suggest that some leaders may never be regarded as ready to lead large-scale health organizations, owing to a variety of mutable and immutable factors. Nevertheless, entry into this echelon of excellence should be a benchmark for all early careerists to achieve.

EFFECTIVENESS AND LEADERSHIP DEVELOPMENT

The overall effectiveness of any leader development or organizational life cycle can be measured and gauged only through stakeholder dynamics and health organizational performance. Effectiveness is defined as the ability to achieve approbation from outside stakeholders. In this respect, effectiveness is a qualitative term whose measurement is based on the individual preferences of those measuring the leader themselves. A review of the performance of the President of the United States provides a clear example of this dynamic in action. In approval polls, the President's overall satisfaction rate is based on an amalgam of priorities that are individually calculated by stakeholders and that result in a simple yes/no satisfaction rating. As suggested by the cliché, "Beauty is in the eye of the beholder," leader effectiveness is similarly based on the opinions and subjective judgments of stakeholders.

Stakeholders are constituents with a vested interest in the affairs and actions of the health leader and the health leader's organization. They include those individuals, groups, or organizations that are affected by the leader and that may seek to influence the leader. Stakeholders can be classified into three groups:

- *Internal stakeholders*, who operate entirely within the bounds of the organization and typically include management and professional and nonprofessional staff.
- *Interface stakeholders*, who function both internally and externally to the organization and include medical staff, the governing body, and stockholders in the case of for-profit healthcare organizations.
- *External stakeholders*, who are generally those acting as suppliers, customers, patients, community members, and third-party payers, including government agencies, and those who provide resources. Other external stakeholders include competitors, special-interest groups, local communities, labor organizations, and regulatory and accrediting agencies.

The leader in any health organization needs these stakeholders to survive. However, the leader must also analyze all stakeholders in the environment to determine which are relevant, which groups could be potential threats, and which have the potential to cooperate. Balancing the demands of multiple stakeholders with different interests poses a major challenge for any leader. Achieving stakeholder

approbation on a continual basis is a signature of the leader who has mastered empirical, evaluative, critical, and conceptual thinking skills.

When health leaders are fully competent at leading health organizations, large groups, large projects, and the like, the next salient issue becomes effectiveness. Simply put, how effective is the leader in the health organization? Leading people and managing resources to accomplish the health organization's mission, strategies, goals, and objectives are major components. Creating a robust culture that is able to withstand and thrive in dynamic environments, developing future leaders, and moving the health organization in the appropriate direction to achieve its vision are other elements. **Figure 7-3**, which depicts major constructs of health leadership effectiveness, is provided for thought, reflection, and discussion; use it as a starting point for your own career planning.

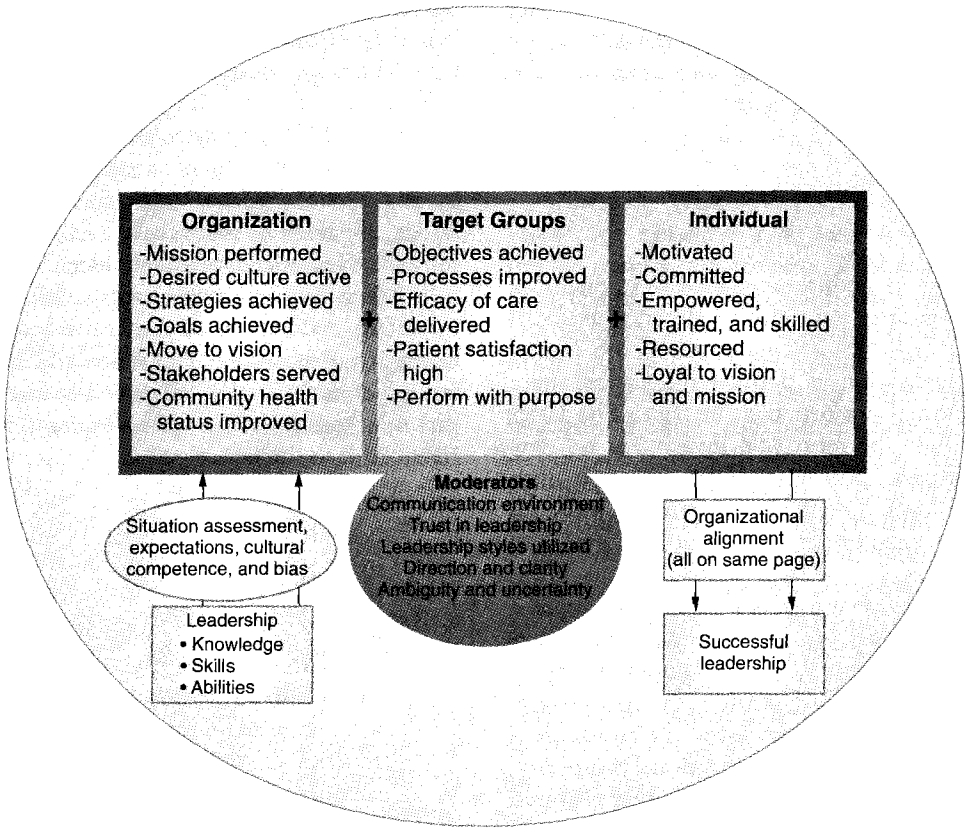


FIGURE 7-3 Macro constructs of health leadership effectiveness.

SUMMARY

This chapter looked at techniques and applications of leadership in leading groups, ranging from small groups of individuals to interdisciplinary teams in small- and large-scale organizations. These elements are ordinal stages for developing competent leadership capabilities, which are in turn built on the crawl–walk–run methodology of health leader development. Mature leaders recognize that different skills are required to lead small groups of individuals than are needed to guide large and complex organizations. Individuals and teams may respond better to verbal communication and direct interaction, whereas leaders of large and complex organizations must develop alternative approaches to communication, such as well-written and well-developed policy and mission statements,

or nurturing and developing human resources proxies to spread the leader's vision down the hierarchy of the health organization. This chapter examined additional best practices in communication, leadership archetypes, and some delegation, participatory, and collaborative practices used in a group or team context.

DISCUSSION QUESTIONS

1. How would you describe the cycle of leadership? Identify the knowledge, skills, and abilities at each stage of the cycle that contribute to understanding health leadership development. How do you "learn the ropes" in a health organization?
2. Explain Tuckman's model of the group dynamic process and summarize its importance for health leaders in group or team supervision. What is the most important stage and why?
3. Which elements would you include when constructing a five-year leadership development plan based on an ultimate health leadership position goal? What is your goal, and how do you get there? Which empirical and evaluative competencies do you need to reach your goal?
4. Compare and contrast a great group or team, a team mired in a groupthink situation, and an ineffective group or team. Could you distinguish how a health leader performs in each of these group or team situations?
5. Which elements or components would be included in a health leader's checklist for leading and managing a group or team focused on superior performance and outcomes?
6. How would you evaluate health leader development as a concept? How would you relate leader development opportunities and events to the cycle of leadership and the knowledge, skills, and abilities necessary to achieve mastery in each stage of the cycle?

EXERCISES

1. In a one-page paper, describe the cycle of leadership and identify essential knowledge, skills, and abilities at each stage of the cycle that contribute to understanding health leadership development.
2. In a half- to one-page paper, explain Tuckman's model of the group dynamic process and summarize its importance to health leaders in group or team supervision.
3. Construct a five-year leadership development plan for yourself. Then, in a one- to two-page paper, outline a development plan based on your ultimate health leadership position goal. How long will it take you to reach your ultimate goal?
4. In a one- to two-page paper, compare and contrast a great group or team, a team mired in a groupthink situation, and an ineffective group or team. Also describe how a health leader performs in each of these group or team situations.
5. Devise a health leader's checklist for leading and managing a group or team focused on superior performance and outcomes; the checklist should be one half to one page in length.
6. In a two- to three-page paper, evaluate health leader development, and relate leader development opportunities and events to the cycle of leadership and the knowledge, skills, and abilities to achieve mastery at each stage of the cycle.

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