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Health Links Will Need The Right Mix of Stewardship/ Servant-Leadership and Adaptive Leadership If They Are To Succeed

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In the '90's, **Michel Laonde**, the CEO of Hawkesbury Hospital (later the Board Chair of Champlain LHIN) and I brought together the key stakeholders interested in creating an **Integrated Delivery System (IDS)** from the Ottawa area to spend a day with **Peter Block**, author of *Stewardship: Choosing Service Over Self-Interest*.

In those days, because of leaders like **Dr. Wilbert Keon** who had written a major paper on *Integrated Delivery Systems* as CEO of the *Ottawa Heart Institute*, and other local health system leaders in the *Champlain District* who were keen on the IDS concept, there was a real appetite for innovation, but we needed grassroots leadership to make it happen.

Why? Quite frankly, many leaders were still stuck in their silos -- defending their turf & perks. Twenty years later, we can talk about the high-level goals of *Health Links*, but how can they achieve these goals? What type of leadership do we need to make it happen?

Peter Block is one of those people who can have a profound impact on people simply by engaging in authentic dialogue about the group's vision -- and how they could provide the leadership required for a fundamental organizational and system transformation in their unique circumstances.

We all came away from our one-day encounter with Peter Block as strong advocates for the concept of "stewardship". Block defines *Stewardship* as "the willingness to be accountable for the well-being of the larger organization by operating in service, rather than in control of those around us. Stated simply, it is accountability without control or compliance".

Block redefines authentic leadership as "stewardship". He says that leadership has come to be associated with behaviors of control, direction and knowing what is best for others. It implies that someone up there in the hierarchy is responsible for our well-being.

"This disempowers employees", says Block, "limiting their confidence and willingness to contribute to the well-being of the organization." Instead of expecting to control people, Block believes that organizations must turn to a new approach to governance -- a partnering of empowered people, rather than patriarchy.

The underlying value of stewardship is about deepening our commitment to service -- a word we use, but don't always live. *Authentic service* is experienced when:

- The primary commitment is to the larger community;
- Each person joins in defining purpose and deciding what kind of culture the organization developed as well as what they will become;
- There is a balance of power; and,
- There is a balanced, fair and equitable distribution of rewards/shared benefits.

Block goes on to explain that stewardship is about being accountable – and it's about placing ownership and control of work processes close to the core work. It is about redesigning the social architecture of an organization by exploring ideas about:

- Reintegrating the managing and doing of work.
- The redistribution of power, purpose and privilege;
- The differences between stewardship and leadership;
- How staff functions and professional turf interfere with partnership, participation and total quality improvement efforts; and,

Block says that in most organizations, “the fire and intensity of self-interest seems to burn all around us. We search so often in vain to find leaders we can have faith in. Our doubts are not about our leader’s talents, but about their trustworthiness. We are unsure whether they are serving their institutions or themselves. And when we look at peers, our neighbours, and ourselves, we see so much energy to make sure we each get our entitlements”. He says, “the antidote to self-interest is to commit and to find a cause much bigger than ourselves.”

Health Minister **Deb Matthews** says that what is bigger than ourselves is transforming the system to preserve it. If people are just in this for themselves, the larger public purpose will not be achieved.

Are the fires of self-interest burning in your *Health Link*? Or, does the managerial and governance leadership work colaboratively to serve and to support others to succeed -- by removing barriers, and by providing the appropriate, just-in-time supports to achieve the outcomes for which people are being held accountable. Are the leaders across the system aligned on a shared vision?

Organizations that practice **Stewardship**, Block explains, will succeed by choosing service over self-interest, and by a far-reaching redistribution of power, purpose and compensation. Without this, little change will result.

Can there be a transformation of our health system, without first having a transformation in how we "do leadership"? What will that leadership transformation journey be like?

To replace the traditional management tools of "control" and "consistency", healthcare organizations need to offer partnership and choice at all levels, to their staff -- as well as to their clients/patients/customers. Individuals who see themselves as "*stewards*" will choose responsibility over entitlement, and they will hold themselves accountable to those over whom they exercise power.

The transformation is from "Bosses" to "Coaches".

Block proceeds to demonstrate how applying the concept of *Stewardship* will radically change all areas of organizational governance and management. He says we need to reintegrate the managing of work with the doing of work. No one should make a living just watching, measuring or defining what is best for other human beings. Managers must "add value". Everybody manages, and everybody does real work.

Robert Greenleaf, another relevant leadership scholar, echoes Block's preferred leadership style with what he calls the "*Servant-Leader*". He says: "the servant-leader is one who is a servant first." So, the bosses are "in service" to those who report to them, not the other way around.

In *The Servant Leader Within*, he wrote, "it begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. The difference manifests itself in the care taken by the servant -- first to make sure that other people's highest priority needs are being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants?"

The words "servant" and "leader" are usually thought of as being opposites. When two opposites are brought together in a creative and meaningful way, a paradox emerges. The words servant and leader have been brought together to create the paradoxical idea of servant-leadership. The basic idea of *servant-leadership* is both logical and sensible. Since the time of the industrial revolution, managers have tended to view people as objects; institutions have considered workers as cogs within a machine.

While these leadership styles need to be part of the mix, I think that the transformation of Ontario's healthcare delivery system into 75-80 *Health Links* will require what **Ron Heifetz** calls, "*Adaptive Leadership*". He says that the test of true leaders is in how they respond to *adaptive problems* -- those problems that challenge us to learn an entirely new way of being and doing. Most crises in human systems can't be solved with an easy technical fix -- they are adaptive problems.

Nonetheless, people usually want leaders to respond with a "quick-fix", and many leaders, eager to please, and to "show-their-stuff", respond accordingly -- by taking the problem on their shoulders, and coming up with a solution that typically alleviates a symptom -- not the underlying problem.

Heifetz points out that "a major pitfall of leadership is assuming that somehow you're the one who's got to come up with the answers, rather than develop the adaptive capacity, the capacity of people, to face hard problems and take responsibility for them."

Adaptive Leadership means raising tough questions, rather than providing answers; it means framing the issues in a way that encourages people to think differently, rather than laying out a map of the future; it means co-creating with people their new roles, power relationships, and behaviors, rather than orienting them in a new direction and giving them a big push.

It also means orchestrating conflict, rather than quelling it. Conflict is a tremendous source of creativity. Heifetz says that leaders in the midst of adaptive change must be able to “artfully guide their people through a balance of disorientation and new learning. They need to hold the group in an optimal state of tension and disequilibrium that stimulates a quest for learning, without jarring people so much that they simply aren’t able to learn.”

Adaptive Leadership -- along with *Stewardship* and *Servant-Leadership* -- clearly go hand-in-hand: adaptive leaders are acting in the interests of the whole organization when they refuse to play Superman and solve problems for others (thus taking the glory on themselves), when they recognize that the success of the organization requires them to nurture people toward acting and thinking in entirely new ways. Viewed in this way, the terms are synonymous, each puts a different slant on this new form of organizational leadership.

Health Link partner boards and *Health Link* senior managers need to make an intentional decision to transform their leadership paradigms to *Stewardship/Servant-Leadership* and *Adaptive Leadership*, if they want to succeed. How might this happen among the *Health Link* CEO's and senior teams?

First, Boards and CEOs of *Health Link* partners need to engage in deliberate conversations their shared vision about whether or not they are engaging in a transformation -- and what that means -- in terms of changing how the Board governs and changing how the CEO and senior team leads. What specifically will change? When will they transform? How will they execute their strategy?

Think about it. Maintaining the same leadership paradigms, means maintaining the status quo – while talking rhetorically about “transformation”. This must change -- if the emerging vision for *Health Links* is to be realized. Remember: a caterpillar transforms into a butterfly. What will transformation do to you?

In their recent essay on [Organizational Connectivity](#), **Hugh MacLeod** and **Graham Lowe** say that “when front-line staff are not effectively managed, when they don’t feel supported and valued, and when the leaders of their own organization are not modeling collaborative and respectful relationships, how can we expect them to excel in patient care or service delivery?”

Good question! The answer is: **Leadership Transformation**.

Next week’s blog: “*HEALTH COACHES: An Innovative Program For Providing Truly People-Centred Care*”.

**FORWARD THIS BLOG TO COLLEAGUES WHO ARE INTERESTED IN
BEING BETTER LEADERS.**

