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## ***"Transformational Leadership": A New "Way-Of-Being" In A Patients First Integrated Delivery System***

**By Ted Ball**

If our health system is transforming, how will that change how our provincial and local system leaders behave? Will they become *"transformational leaders"*? What does that mean? How will our leaders be any different when they start becoming "system leaders" -- while also being "silo-leaders"?

In the past, traditional "command and control" styles of leadership have focused on having personal power and authority over others within a silo. This style of leadership has been reserved for a few key individuals -- whose role has been associated with behaviours of "control", "direction" and "knowing what is best for others".

It implies that someone up there in the organization is responsible for your well-being. At the macro-system level, it implies that some inner-circle of super-smart people actually know the correct answers to the challenges faced in each organization and each community. Some believe that because only they possess the intellectual capital to decide "what is best", they should be treated as "special".

Some have understandably labeled this stance **"narcissistic"** -- where some leaders are clearly more focused on advancing their own self-interests, than on serving the best interests of their communities. But this "grand leader" management style of the past, does not support an empowered, accountable, and responsible work force -- the type of workforce which is necessary to build and maintain a flexible, innovative, collaborative, dynamic and successful *Patients First Integrated Healthcare Delivery System*.

Transformational Leaders believe that people throughout our organizations and healthcare services delivery systems have the ability -- and the responsibility -- to lead others through change. But leadership needs to start at the top. **Pope Francis** is turning out to be a good example of a humble leader who challenges the status quo -- and the "way we do things" in the entrenched bureaucracy in Rome. He simply tells the truth, and forces complete transparency. What an interesting approach for leaders!

When launching his *"Patients First Action Plan"*, **Dr. Eric Hoskins** planted his strategic direction in the bedrock of some very key values -- including "service to people", "patients first", and a deep commitment to maintaining Medicare -- including expanding our national public health care program to include Pharmacare.

Many people I have spoken to thought that **Minister Hoskins' *Empire Club*** speech appealed to their sense of *purpose*. They liked that. They would really like to get back to that point where there is a sense of mission and purpose -- something bigger than themselves. He also committed in his speech to **transparency** -- which means telling/revealing the "whole truth". Truth-telling is not really very common in systems that are primarily governed by self-interests. So how will our "*Transformational Leaders*" behave in this new world of enhanced transparency?

Change management scholar, **Peter Senge**, notes that "the most outstanding leaders do not mesmerize an attending audience with their brilliance or eloquence, rather, what distinguishes them is the clarity and persuasiveness of their ideas, the depth of their commitment and their openness to continually learn more. They do not have the answer." Instead, they are committed to removing barriers that stand between the organization's reality, and its desired future. This includes providing a "safe environment" -- which allows, and even celebrates its mistakes -- and it includes providing people with the opportunity to learn from their best mistakes, and to change.

In his book *Stewardship: Choosing Service Over Self-Interest*, **Peter Block** supports Senge's views. He offers **stewardship** as the new foundation for leadership -- describing it 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. The underlying value is about deepening our commitment to service -- to serving others".

That is certainly the mental model that Dr. Hoskins and Dr. Bell seem to bring to this system transformation journey ahead. The Minister's *Empire Club Speech* modeled the whole concept of "servant-leadership" -- very different than the current style of leadership that has thrived in the health sector over the past ten years. What happens in a system when "**Stewardship**" and "**Servant-Leadership**" are the new operating styles of the leaders? The system transforms instantly. We copy our leaders. That's why what leaders say, and do, are so important.

In the emerging system, top managers (CEO and Senior Team) will be "**in service**" to middle managers (Directors & Managers) who are "in service" to front-line healthcare service providers -- and to those who support them. The shift here is from being "**in control of**", to being "**in service to**". Big change!

So our healthcare leaders -- at both the system and organizational levels -- need to stretch themselves in order to act as true "*stewards*" -- who can coach, guide and mentor people towards their organization's evolving vision. Authentic stewardship and service therefore requires a genuine commitment to the well-being of the larger community, or organization, as well as a balance-of-power.

I think that the **Wynne/Hoskins/Bell Team** -- as well as local leaders in governance and management throughout the health services delivery system -- can also learn a lot about the type

of leadership our health system needs right now, by learning about the *Heifetz's Model*: -- "*adaptive leadership*".

**Ron Heifetz**, in his seminal work on *adaptive leadership* points out 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." So it is not the leader's job to "tell us the answers". It is their job to provide the facilitative and collaborative leadership required to successfully undergo a "*transformation*" from our current system to the *Patients First Integrated Delivery System*.

*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. 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* and *Stewardship* 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.

So, if our system is to successfully transform, then these new **transformational** and **adaptive models of leadership, stewardship** and **servant-leadership** will be required at both the system and operational levels to create a *Patient First Integrated Delivery System*.

**FORWARD THIS BLOG TO LEADERS -- AND EMERGING LEADERS -- WHO WILL BE PROVIDING TRANSFORMATIONAL AND ADAPTIVE LEADERSHIP SUPPORT.**

