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to Advance Effective Teams

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Aligning Leadership Practices, Principles and Values to Advance Effective Teams

Introduction

If *effectiveness* can be described as a state of producing a desired effect and *teamwork* thought of as a group of persons acting together for a common cause, it could be concluded that an *effective team* is a group that is in a state of producing a desired effect for a common cause. What are the design elements that allow an effective team to form, function, and excel to accomplish the desired outcome? What leadership skills are required to position a team for high performance? How does the alignment of leadership practices, principles and values advance effective teams in the constant state of healthcare transitions? The following exploration is an overview of the need for leadership in the health care environment and provides guidance for adopting various leadership styles to address the multitude of situations arising through industry transitions. Whether someone is new to leadership or has leadership experience, this paper provides information that is applicable for those who want to grow personally and professionally to the next level and advance effective teams by aligning leadership principles, practices and values.

Background

According to John C. Maxwell (1993), internationally recognized leadership expert, “Making sure the work is done by others is the accomplishment of a manager. Inspiring others to do better work is the accomplishment of a leader. Leadership is influence, nothing more; nothing less. Everything rises and falls on leadership” (p. viii). As stated within the Medical Group Management Association’s (MGMA) Medical Practice Management Body of Knowledge Review (BOK), on the topic of Organizational Governance (2009), we are faced with the need for increasing change in the health care industry that is slow to embrace organizational change, but quick to adopt medical
technology. Additionally, the body of knowledge notes that those who work for change have few allies as many are comfortable with the status quo (p. vii). Regardless of the situation, change is difficult and requires absolute commitment and active leadership. Human Resource Management, MGMA’s Medical Practice Management BOK (2009) documents that the leadership skills an executive develops and exhibits are often what differentiate the successful practice from those practices “just getting by” (p. 144). It takes a high functioning and ever-developing work force to provide the pieces for an effective team while it takes high levels of leadership to have the vision to complete the puzzle.

**Methodology**

Through research and mentoring sessions, this exploratory paper seeks to examine the alignment of leadership practices, principles and values to advance effective teams. Initially a foundational knowledge of current realities of leadership in healthcare will be presented. A discussion of leadership practices, principles, and values and effective team building components, which will lay the groundwork for further discussion of leadership awareness, creating effective teams, and leading effective teams will follow. Leadership awareness will include insights to maximize leadership potential of self and others, and the discovery and leveraging of strengths through a concept called “basements and balconies”. Creating effective teams will dive into the dynamics of team building, communication and connection, and relational quotients as strategies for team creation. Leading effective teams will include a discussion of strength based leadership and the skill application of coaching, mentoring, and teaching as a lead into innovation and creativity to enhance team dynamics to navigate transition.

**Purpose**
The purpose of this paper is to: explore the relationship of leadership to team effectiveness; to increase awareness in growing leaders of the need to create effective teams to be positioned for high performance in the future of healthcare; and to learn how to apply techniques for leadership and team development that results in effective organizational governance using MGMA’s body of knowledge domains as representative of governance structures in the medical practice.

Foundational Knowledge

Current Realities of Leadership in Healthcare

To begin the exploration of aligning leadership to advance effective teams, it is important to look at the landscape of healthcare, past, present and its future outlook. Historically healthcare has lived in a constant state of crisis, and the present is not an exception. The circumstances of the crises vary from century to century. Blending compassion, courage, and discipline, Florence Nightingale changed the lives of countless soldiers through her heroic actions and willingness to hold herself and others accountable. She led the development of organized healthcare. Today a similar challenge presents itself in the access to and funding of healthcare. Leaders must act with a culture of ownership and vision. The common thread between Florence Nightingale’s time and the current challenges is effective leadership willing to raise up a team of individuals focused on accomplishing the mission at hand.

Ronald Menaker (2014) tells us, “Leading organizations is challenging in every industry. The extreme challenges facing healthcare leaders are exacerbated by many factors, including increasing costs and regulations, an aging population with chronic conditions, financing mechanisms that do not incentivize healthy living, waste in the healthcare industry, growing numbers of uninsured, a shortage of providers, rapidly
changing technology, and so forth” (p.71). The evidence of the reality of these industry threats are jeopardizing the viability of many healthcare organizations today.

A recent Forbes article (2015) “Healthcare Leadership Must Shift from Cottage Industry to Big Business”, Glenn Llopis highlights that the healthcare industry has been teetering on the brink of an upheaval and the implementation of the Affordable Care Act placed it in a state of emergency, one in which the current changes are shining a spotlight on the fact that healthcare has become a fragmented industry of silos. The outcome of this fragmentation for consumers is the cost is too high, quality is too low and services are not accessible. In the article, Marc Hafer, Chief Executive Officer (CEO) of Simpler discusses that the healthcare has been stuck in the age of guilds and craftsmen, never going through the industrial revolution. He further explains because healthcare evolved over time to be incredibly specialized, this caused fragmentation and that combined with the failure to work in teams created barriers where we can only talk about being patient centered, but functioning in silos where departments become the center instead of the patient and their journey.

Additional interviews conducted by Llopis in his Forbes article “Healthcare Industry Must Reinvent Itself Using Leadership Techniques from Business World” he found agreement among healthcare industry leaders, in one thing: leadership has not kept up with the industry’s evolution as healthcare transitioned from a cottage industry to big business over the past 23-30 years. Moreover, leaders do not have the required change management competencies to effectively lead and rapidly turn around the re-invention of the current healthcare business model (n.p.).
Leadership traditionally found in healthcare had a reliance on those with a medical background that provided the mindset of the practice, perpetuating the culture of fragmented silos as each played the role of the expert. As explained by Dr. Michael Soman and Marc Hafer, in the interview with Llopis, the current leadership gap has been building since Medicare came into existence in 1965 which stimulated the growth in the healthcare gross domestic product (GDP) and healthcare becoming a market driven system. Unfortunately, the healthcare system had its own momentum and business management and leadership styles. It continued efforts to build new capacity into the physical facilities and technology, assuming it would result in the delivery of higher quality healthcare, when the reality called for a new skill set and focus (n.p.).

The healthcare industry has been slow to deliver customer-centered value. But the ground is shifting rapidly, according to Pricewaterhouse Cooper (PWC) Health Research Institute (HRI), giving way to what they have termed the “New Health Economy ™”. In the 2014 HRI essay, PWC identifies that traditional healthcare systems, who want to succeed will need to embrace this economy of technological advances, empowered consumers, disruptive new entrants, and rising demand by an aging population that is ushering in a new era in healthcare (p.1). PWC 2016 report highlighting “Behind the Numbers” also projects a medical cost trend dip of 6.5% in 2016, despite improvements in efficiency and quality, the bend in the curve is due to cost shifting as consumers look for greater value (n.p.). Disruptive innovation in a converging health market is creating new growth opportunities due to rising costs, market pressures and scientific advancements. PWC (2014) concludes that as the money flows from consumers to new
players in the new economy, today’s siloed disease treatment industry will be replaced by a wide-open health marketplace (p.1).

So, a question arises, what shifts in leadership must occur to be successful in the future healthcare environment? In the June 2, 2014 Forbes interview by Llopis with Clayton Corwin, President of Stone Creek Company, he sums it up this way:

Healthcare is a huge and complex industry sector, struggling with change and disruption affecting virtually every aspect of the business. But the umbrella challenge facing the industry is changing its culture so that the behavior of every participant aligns with the needs and wants of the healthcare services consumer. Industry leaders need broad based management and organizational skills; team building abilities; financial and business acumen; governmental and political awareness; and a base of industry knowledge. In short, the type of skill set required for any senior executive successfully leading an organization in a complex business and regulatory environment. Leadership will also require courage – courage to start with a blank sheet of paper and challenge the status quo at every front. Approaches taken towards many aspects of the business that worked satisfactorily in the past may have no application in the future world of healthcare (p. 2-3).

Overwhelming? It is sure to be if a leader feels the burden and faces these current realities of healthcare alone. This is not the time for a leader to try the “lone ranger” approach. Leaders will need to rely on others prepared to not only be accountable to the mission and vision, but to become partners in ownership.

In today’s complex and dynamic world, we must go beyond mere accountability and foster a culture of ownership where people hold themselves accountable because they have a personal buy-in to the values and mission of their hospitals. Today’s hospitals can’t survive, much less thrive, with hired hands on the job – they need people who think like partners, people who own their work rather than just renting a spot on the organization chart” (p. 19-20).

The industry of healthcare has and will continue to have significant breakthroughs, clinically, technologically, and in the business arena. Tye and Schwab (2014) remind us that no matter how significant the breakthroughs, healthcare is most likely to realize its mission, vision, and values through “a single ingredient: people – the roots of healthcare” (p. 16). Acknowledging that people are the key ingredient to accomplish the mission, a leader’s responsibility must be to cast a vision so others can follow. This principle dates back nearly 700 B.C. when the prophet Habakkuk was instructed by God to “Write the vision, and make it plain on tablets, that he may run who reads it” Habakkuk 2:2 (NKJV). The people are the ones who achieve the desired “patient-centered” culture for which organizations are striving, so leaders must empower their workforce.

Health Care at the Crossroads: Guiding Principles for the Development of the Hospital of the Future, a white paper by the Joint Commission, as cited in “The Florence Prescription,” advises cultural change:
Instilling patient-centered care is not just about changing policies and practices; it is about changing culture, which is never easily done. For staff to be empathetic to patients, the hospital must also have an empathetic culture for staff…To achieve a culture that is patient-centered and supportive of staff, hospital leadership and staff must share common beliefs and values. Coming to these common beliefs and values may be the hardest part of achieving cultural change” (p. 7).

Leadership has been simply described in one word, influence. In facing the enormous challenges in healthcare, leaders must choose to be influencers. In the book “Influencers”, the authors caution that we do have the power to change anything, but the choice must be made to influence, functioning as an agent of change instead of falling into the pitfalls of coping. The trap of serenity will cause one to seek solace rather than a solution (p. 7) as in the following metaphor:

A community leader catches sight of a steady stream of automobile hurtling toward a cliff and plunging to destruction. In view of the devastating carnage, the leader springs into action. However instead of rushing to the top of the cliff to prevent the disaster, a fleet of ambulances is called to the bottom of the cliff (p. 9).

As Florence Nightingale sets an example, leaders must commit to becoming better at exerting influence than coping. When the foundation for their practice of leadership, shaping beliefs and values, is principle-based, it will stand the test of time, encouraging leaders as change agents.

**Leadership Practices, Principles and Values**
In differentiating leadership practices, principles and values, the three can be
looked at in the following way: (1) a practice is an action that is taken and may work in
certain situations, whereas; (2) a principle is an external truth that is as reliable as a
physical law, and; (3) values are important and lasting beliefs or ideals to be shared in
determining what is desirable or undesirable. Principles therefore can function as a map,
allowing wise decisions to be made in practice guided by values. How decisions are
made have a significant impact with lasting effects. Batterson (2011) relates that destiny
is no mystery as it is the result of daily decisions and defining decisions. Making good
decisions has a cumulative effect, paying dividends the rest of one’s life and the few
defining decisions that are made, will be managed the rest of one’s life (p.170). Once
embraced and internalized, principles become part of personal and organizational values
and guide decision making.

Renowned leadership expert John C. Maxwell (2007) shares his combined
insights from decades of leadership experience with observations from the worlds of
business, politics, sports, religion and military conflict in his principle based leadership
book, “The 21 Irrefutable Laws of Leadership.” He quotes one of the most important
truths as this: “Leadership is leadership no matter where you go or what you do. Times
change. Technology marches forward. Cultures vary from place to place. But the true
principles of leadership are constant – stand the test of time – are irrefutable” (p. xx). He
goes further to explain four ideas in the study of principle based leadership (p. xx):

- The laws can be learned.
- The laws can stand alone.
- The laws carry consequences with them.
These laws are the foundation of leadership.
The Maxwell philosophy embraces that everything rises and falls on leadership. He reminds leaders in “The 17 Indisputable Laws of Teamwork”, when working to build an effective team:

- Personnel determine the potential of the organization.
- Relationships determine the morale of the organization.
- Structure determines the size of the organization.
- Vision determines the direction of the organization.
- Leadership determines the success of the organization. (Maxwell, 2001, p.211).

Recognition of healthcare as a service industry, requiring an internal (self) to external (consumer) focus, has brought about the introduction of lean process management that has been prevalent in the manufacturing industry. In a Forbes interview (June 7, 2014), Dr. Paul Dechant, CEO of Sutter Gould Medical Foundation, agrees and cites two key principles of the lean management approach (p. 1-2):

- The principle of continuous improvement-everyone working every day to improve the work that they do. Motivating continuous improvement is key as the opportunity and the knowledge must be within the organization, just not at the top.

- The principle of respect for people. Acknowledging that people on the frontlines have a lot to offer about how to improve things and use that knowledge to implement changes and make improvements.
Dechant further explains, “Lean recognizes that when you harness these two concepts together and build a management system and culture that allows them to work together effectively, amazing changes can happen” (p. 2).

As for leadership style, Dr. Michael Soman, President and Chief Medical Executive (CME) of Group Health Physicians found the most compatible style in healthcare is adaptive leadership. This style encapsulates bringing the right people together and working together to find a solution; giving up things that don’t work anymore and embracing new ideas while holding on to your values.

Adaptive Leadership has as its main aim adapting organizations to the external and internal pressures for change. It is the style with which this is achieved that makes the evolution of this approach relevant. This style has profound impact on the wellbeing and performance of the workforce that helps to embed a positive workplace culture into organizations (Llopis, June 2, 2014, p. 3).

Adaptive Leadership can apply 4 principles that encourage the engagement of followers in helping an organization adapt to its environment:

- The understanding of the underlying purpose of the organization
- The utility of people skills/mix/experience in assisting with adaptation
- A tolerance of ambiguity
- A freedom to act

These principles promote commitment, trust and engagement between leaders and followers within organizations which is the bedrock for Adaptive Leadership (Llopis, June 2, 2014, p.3).
In addition, the necessity for transparency, customer service, and servant leadership become concepts to manage change, build strategies, and create a workplace culture for the industrialization of healthcare that serves the patient. Leaders must live the values and principles first if they truly want to see the organization succeed. Tye and Schwab (2009) describe that art as part of leadership as knowing how to balance and how to integrate, left brain discipline and right brain creativity.

Rules are of the left brain; values are of the right brain. When people don’t share a common set of values, you need to have lots of rules…people can choose whether or not to follow the rules, but their values will always shine through in how they treat others (p. 45).

The prescription further describes a patient-centered culture in terms of “invisible architecture” serving as the soul of the organization as the physical architecture is the body. In comparison, culture is to the organization what personality and character are to the individual and culture becomes the only sustainable source of competitive advantage which then defines whether an organization is good, great, or just “another” (p. 38).

Leadership practices, principles, and values will serve as a guide to effective team building while serving as the supportive foundation of the organization’s developing culture.

**Effective Team Building Principles**

MGMA’s Human Resource Management, Medical Practice Management BOK (2009) discusses creating an efficient and effective human resource function as being one of the most important activities in a medical practice. It advises, however, that a function exclusively focused on the employees without an organizational commitment to increase
patient satisfaction through a cultural change, will fall short on improving service. Conversely, a commitment focused on service to people fosters a transformation to service excellence. Through extra effort and increased commitment towards how workers are treated results in engaged employees who will contribute to organization’s success, production, and cost effectiveness (p. 43).

It is interesting to note that most people can identify championship teams, but find difficulty in understanding the “how to” of building and maintaining successful teams. Existing research identifies vital principles for effective team building and through the study and application of these team building principles, teamwork capacity increases. At the very core of this foundation is to debunk the myth that greatness can be achieved through solo efforts. Maxwell’s Law of Significance described in “The 17 Indisputable Laws of Teamwork” (2001) places a sense of urgency to acknowledge the value of team, so then we can become better team players. Maxwell asserts, “One is too small a number to achieve greatness” and real value cannot be achieved alone (p. 4). Until “we” instead of “me” is a foundational belief, synergistic teams will not be birthed.

As an example, even though the United States Presidential Office is held by one person, below the surface there exists a team with which to achieve greatness. To quote former President Lyndon Johnson, “There are no problems we cannot solve together, a very few that we can solve by ourselves” and Woodrow Wilson remarked, “We should not only use all the brains we have, but all that we can borrow.” Once the principle of teamwork is embraced, organizations can seize the opportunity to create a culture that makes it possible to reach a team’s full potential that enables them to strive for the seemingly impossible.
The seemingly impossible becomes the vision. This in turn becomes the reason for which the leader is looked to most often. “Everything starts with a vision and there will be no team without a vision” (Maxwell, 2001, p.20). The Law of the Big Picture captures everyone in a group embracing the vision for achieving the big picture, enabling them to have the potential to become an effective team (Maxwell, 2001, p. 20-21). In this vision, each team player has a part to contribute in which he/she will be most effective.

During interviews of winning teams, the teams are characterized by having players who put the good of the team ahead of personal agendas. Additionally, the people who build successful teams offer reflections and apply laws that deal with every person on a team having a role to play, and every role plays its part in contributing to the bigger picture. Without that perspective, the team cannot accomplish its goal. This perspective applies the Law of the Niche to team building. The application of this view ensures that good things happen to a team when a player takes the place where he adds the most value and great things happen when all the players on the team take the role that maximizes their strengths—their talent, skill, and experience (Maxwell, 2001, p. 32).

The most effective teams then set in motion the Law of the Edge (good leadership) to achieve greater success. This leadership principle is about understanding the team players, bringing them together and working together. The leader becomes the lifter, pushing old boundaries of creativity and ultimately transfers ownership and empowers those who execute the work. The result is the development of additional leaders from within the team sharpening that edge (Maxwell, 2001, p. 213). To maximize the effectiveness of the team, one must have leadership awareness that gives
that “edge.” This includes awareness of current leadership levels, potentials to maximize, and strengths to discover and leverage to then create and lead effective teams.

**Leadership Awareness**

Ronald Menaker, EdD, FACMPE (2014), introduces an integrated leadership model that incorporates the concepts of leading self, others, and organizations to achieve excellence; it relies on the integration of work and life in order to maintain long-term success. Research commonly reveals that leading self is the starting point for becoming an effective leader. Menaker (2014) suggests that without the relevant knowledge, personal control, and confidence, an individual will not be effective in leading others or organizations. Furthermore, knowledge and leadership competencies are developed through a lifetime of learning about the industry and about oneself (p. 1).

Maxwell (2011) outlines a leadership game plan for life in “The 5 Levels of Leadership” with proven steps to maximize leadership potential. Each level of leadership requires an increased self-awareness of not only the current level at which a leader is operating, but also insights of how the levels relate to each other, knowing it is a building process which remains dynamic, changing from relationship to relationship. Within each level, certain principles of leadership apply and applied effectively, so maximizes the potential of a leader. Brief descriptions of the five levels are as follows:

- **Level 1: Positional** – the only influence comes with a title. Rights have been granted by the position or title and people follow because it’s required. People who stay here are bosses, not leaders.
- **Level 2: Permission** – the agenda is relationship based. People begin to follow because they want to as a trusting relationship has developed.
Level 3: Production – based on results. Leaders begin to gain influence and credibility and people follow because of what the leader has done for the organization.

Level 4: People Development – the result is reproduction. The leader becomes great, not because of power, but because of the ability to empower others.

Level 5: Pinnacle – leaders gain a positive reputation and develop other leaders. People follow because of who the leader is and what they represent. These leaders transcend their position, organization and sometimes their industry. (Maxwell, 2011, pp. 6-10)

Increasing awareness has shown to be a leadership challenge. Accepting the challenge is a way to increase leadership ability (influence), resulting in a positive impact through maximizing leadership potential.

Maximizing Leadership Potential

Self leadership. Dr. John Ng (2013) provides four aspects to self-leadership beginning with self-awareness, which he defines as the “ability to acknowledge, understand and be conscious of one’s own values, perspectives, strengths, weaknesses, leadership propensity and emotional needs” (n.p.). Having self-awareness will lead to the second aspect, self-management, which is defined as the ability to nurture and harness one’s own passion, abilities, emotions, and leadership capacity in decision making. The first two aspects will equip a leader to then move into Dr. Ng’s third and fourth aspects of others awareness and others management.

The most important ingredient to achieve self-leadership is integrity. The dictionary defines integrity as “the state of being complete, unified.” One who walks in
integrity has evidence that words and action are in alignment. V. Gilbert Beers is quoted as saying that “a person of integrity is one who has established a system of values against which all of life is judged.” Leading self with integrity will display not what one does as much as who we are, that determines what we do. Integrity will foster an environment for trust to be built. Stephen Covey (2006) believes that trust is the one thing that changes everything, making an impact 24/7, 365 days a year. It undergirds and affects the quality of every relationship, every communication, every work, every project, every business venture, every effort in which we are engaged. It changes the quality of every present moment and alters the trajectory and outcome of every future moment of our lives – both personally and professionally (pp.1-2).

The 5 Waves of Trust model by Covey (2006) serves as a metaphor for how trust operates in life. Like a drop of rain in a pool of water, the first ripple is self-trust, reflecting an inside-out approach, beginning personally, with ripples continuing into relationships, expanding into organizations, then marketplace, and finally encompasses the global society at large. “To build trust with others, we must start with ourselves” (Covey, 2006, p.40). Ralph Waldo Emerson describes self-trust as “the first secret of success…the essence of heroism.” Leadership is limited in an environment lacking in personal integrity. This impacts the team effectiveness as it is in direct proportion to the trust in leadership.

Maxwell (2007) paints a picture of leadership ability as “the lid that determines a person’s level of effectiveness” (p.1). The Law of the Lid holds that team members cannot effectively rise above the functional level of the leader, so to take the lid off, it is
imperative that a leader focus on continual professional growth and have a high level of integrity as self-leadership quality. Therefore, if one is to effectively lead others, it warrants continued self-leadership growth in skill, acumen, and seeking wisdom through mentorship and coaching. “6 Ways Successful Teams Are Built to Last” is a 2012 article in which Llopis lists “be aware of how you work” as being the number one way to increase leadership influence. Being extremely aware of one’s leadership style and techniques, requires critical evaluation of where a leader can improve, especially in areas that will benefit those being led. Are the style and techniques as effective as one thinks? How well are they accepted by the team? These are questions that can move a leader from good intentions to holding oneself accountable in course-correction and modify the approach as necessary to assure one is leading from a position of strength and respectability (Llopis, 2012, n.p.).

Mature self-leadership development will allow a leader to confidently administer important design elements of team building dynamics, communication and connection, and relational quotients, allowing an effective team to form and function. ‘It takes a leader to raise up a leader’ is the Law of Reproduction, and the only way you will be able to develop other leaders is to become a better leader yourself - “We teach what we know, we reproduce what we are” (Maxwell, 1998, p.139).

Leadership of Others. When one grows in the area of self-leadership, leading of others can be accomplished. A further review of the third and fourth aspect of Dr. Ng’s (2013) self-leadership model proposes not a linear but interactive effect among the four factors of self-leadership. The third factor is “other-awareness”, which is defined as the “ability to acknowledge and recognize the passion, gifting, strengths, weaknesses,
potential, and needs of others” which facilitates the fourth concept of “other management”, described as the “ability to grow and motivate other people to develop their potential and/or fulfill the organization’s objectives (n.p.). Great leaders begin with self-awareness, move to self-management, then proceed to other-awareness culminating in other-management (Ng, 2013, n.p.).

In their book, Coaching for Impact (2000), Drs. Magee and Kent-Ferraro view this progression as “a ‘leader as coach’, who is able to lead, train, teach, demonstrate, and set examples in understanding how one thinks and how the other person may process information for understanding” (p.7). A model of an empowered team is rooted in the leader’s coaching effectiveness, which is about a strategic and calculated ‘letting go’ to develop each player, looking for opportunities to develop each individual and hold them accountable, so that over time each player develops maximum capability and potential (p.33).

“The people’s capacity to achieve is determined by their leader’s ability to empower” (Maxwell, 1998, p.126). The “Span of Control Index” developed by Drs. Magee and Ken-Farraro (2000), gives the perspective as to the level of team empowerment and coaching required for the project at hand. As the coaching process evolves the span of control moves from players operating with low levels of ownership, commitment and creativity to players coached to peak performance, decision making placed in control of the team, and self-directed types of teams are birthed (pp. 134-135).

Excellence within teams most readily occurs when there is: (a) an unwavering commitment to a common mission; (b) genuine belief in goal achievement; (c) each team member has a meaningful role and is treated with respect, and; (d) when there is a strong
sense of mission, cooperation, and mutual support in pursuing the goal (Orlick, 1998, p.149). People gain the most from leaders who show their belief in the team through mutual respect and support. Empowering by leading with strength-based leadership, coaching, mentoring, and teaching that inspires innovation and creativity, will excel the team to high performance to advance towards the desired outcome that is hoped to be achieved.

**Discovering and Leveraging Strengths**

Gallup research presented by Laurie Baedke, FACHE, FACMPE and certified Gallup Strengths Performance Coach (2012), concludes the best led organizations know that the direct path to individual, team, and organizational strengths begins with a primary investment in their employees’ greatest talents. Additionally, although weaknesses must be avoided and managed as necessary, a fixation on the weakness is a mistake. The presentation of the data revealed a direct correlation between increased employee engagement when focus was placed on strengths. The effective development strategies of strength-based leadership begin with each individual’s mastery of self and then moves through to others.

**Basements and balconies.** Rath and Conchie (2008) point out that each member of the team benefits from having a basic understanding of each person’s strengths. When teams build a common language of strengths, it immediately changes the conversation, creates more positive dialogue, and boosts the team’s overall engagement (p. 71). StrengthsFinder 2.0 (2007) assesses individuals to categorize strength themes which have descriptors and barrier labels. Within each theme, an individual can operate from on the balcony (positive) or in the basement (negative). For example, a team member may have
a theme of “focus.” They may operate from the balcony and be viewed as the point person, disciplined and purposeful, conversely, with the same theme in the basement operative, the team member moves to stressed, intense, and absorbed. In this dichotomy, conflict is created for the leader as the knowledgeable and respected leader effectively fulfilling the role, can at the same time can be overridden by feelings of inadequacy, with focus inefficiently directed internally, compensate by exerting excessive levels of control, become distant or seem distracted, or exhibit a lack of authenticity. It creates a stress in the leader which ultimately may manifest itself in harmful ways to the team by creating barriers in communication, leading to misunderstandings with harmful effects on the work environment.

Continuing growth through the healthcare crisis requires intensity of focus in necessary to accomplish the priority goals while concomitantly supporting the staff through change management. To illustrate an example of the balcony/basement concept, a leader wearing multiple hats, may find themselves in a large revenue cycle initiative while working the recruiting plan to onboard new medical providers. In a focused state, the leader is a risk to moving from the ‘balcony’ of discipline to the ‘basement’ of stress, creating distance in the staff and forgetting the simple gesture of greeting the staff and supporting the day to day activities. In the cascade of events, the staff begins to feel underappreciated, affecting the productivity for the very goals the leader is focused on accomplishing.

In this view, Baedke (2012) explains a new definition of weakness as being a lack of knowledge, skill or talent that negatively affects performance that must be managed. In the cascade of events, the staff begins to feel underappreciated, affecting the
productivity for the very goals the leader is focused on accomplishing. The expectation for strength based leaders that understand basic strengths principles separates into two phases of growth. In phase one, personal effectiveness improves, which leads to each direct report’s effectiveness. Continued growth into phase two exhibits improved team effectiveness and only then influential changes manifest throughout the team and organization (Baedke, 2012).

Creating Effective Teams

It’s easy to observe that everyone, every day, in some way, is part of a team. So, the question is not about being part of a team, but the creation of an effective team for which individuals can be a part. Processes, change efforts, goals, decision, and implementation all include strategies that require effective teamwork. Part of a leader’s responsibility is to help others achieve excellence and achieving excellence in others requires recognizing individual differences (Menaker, 2013, p. 65). Maximizing individual differences, bringing forth strengths and managing weaknesses will assist in developing chemistry for the team’s success. The time and energy is needed to lay the foundation for a successful organization, ensuring all the parts are in place which includes excellent leaders surrounded by high-performing teams (Menaker, 2008, p. 77).

Dynamics of Team Building

According to Collins (2001), good to great leaders begin transformations by applying the rigorous discipline of people decisions, first by getting the right people on the bus as the “who” questions need to consistently come before “what” (vision, strategy, organization structure, tactic) decisions (p. 63). In cases where an organization has been
in existence and new leadership enters the picture, this may mean some members will need to get off the bus if unable to align with the established mission.

Scott Fay (2014) in his book, “Discover Your Sweet Spot”, outlines seven steps to create a life of success and significance, mapped in The Sweet Spot System™. The third step contained in the ‘build’ phase is a process of tear down and then build up to prepare the ground for your dream to take root (p. 39). As a landscaper, Fay uses the analogy of weed removal to identify, own, and eradicate weeds that keep growing and stealing energy until they are removed. “Weeds come in a variety of shapes and sizes; from self-limiting beliefs to self-appointed saviors, from inefficient products to ineffective people” (p. 47). The question is posed, “What is being built by letting the weeds remain? The people who are watching matter and they are evaluating your leadership by your response to the weeds” (Fay, 2014, p. 47). This build phase was observed in the following project example to improve and expand primary care in a rural community.

Near the beginning of the new millennium, a small critical access hospital located in rural America found themselves in a dilemma in how to most efficiently and effectively meet the primary care needs in a community of approximately 30,000. The physician population was aging and a provider gap would soon be upon the community as physicians were retiring and recruiting to this area had been given little attention. This current reality, coupled with the new requirements placed on the independent physician to adopt technology would require a significant investment to avoid impending penalties structured in the Affordable Care Act that seemed insurmountable. This situation led to an independent physician approaching the hospital to purchase the practice and design an employment model.
Within a period of 4 years, a hospital-based, multi-specialty practice, employment model was formed and refined to meet the challenges. The results were multifaceted and included: the establishment of Rural Health Clinics in the community; attracting physicians and midlevel providers to close the impending primary care gap; improving access to health care, increasing volumes from 11,000 to 33,000 annual visits; meeting and exceeding targeted projections for budget; increasing hospital revenues; implementing and upgrading technology to meet government standards and performance improvement goals in the medical practice community; maximizing governmental reimbursement; and contributed to the strengthening of comprehensive medical services by contracting multi-specialty providers for outpatient and inpatient care.

“When the team you have doesn’t match up to the team of your dreams, then you have only two choices: give up your dream or grow up your team” (Maxwell, 2001, p. 50). The leader in the previous example accomplished the latter, with the following four recommendations in team building dynamics: (1) remove ineffective members; (2) develop team members; (3) add key members; and (4) change the leadership (Maxwell, 2001, p. 50-52).

**Communication and Connection**

“Connecting is the ability to identify with people and relate to them in a way that increases your influence with them” (Maxwell, 2010, p.3). When connecting, one feels the interaction is *with* them, unlike when communication may make others feel it is happening *to* them (italics added for emphasis). As a leader connects, they position themselves to make the most of skills and talents as the relational factor multiplies.
Glenn Llopis includes creating an environment where others feel safe to speak up, as one of the fifteen things successful leaders do automatically as they deflect attention away from themselves and encourage others to voice their opinions. Using their executive presence to create an approachable environment, others confidently share their perspectives and points of view as they feel it is safe to speak up (n.p.). Rather than making closed-door decisions, a CEO of a large medical system put this into practice by blogging about the dire straits of the hospital’s finances, then meeting with the employees to discuss an idea about saving jobs. The CEO received an overwhelming response and by handling the challenge with fairness and equity as all levels of employees were part of the solution. The connection made, reaped the added benefit of increased morale as everyone pulled together for the cause.

**Relational Quotients**

Menaker’s Integrated Leadership Model (2014) outlines the process for leading others by developing relationships and the competencies that will increase relational quotients. Through investing time and networking, competencies that will assist in relationship building include: professionalism, effective listening, conflict resolution, appropriate use of assertiveness, diversity and inclusiveness, and maintaining perspective (p. 41).

Relationships will be enhanced if others approach you knowing that helping them will be the focus of your attention. Serve others, listen to them, and show appreciation for their efforts. Relationship enhancement is directly correlated with presence and committing time to others. Coaching, mentoring, and nurturing
others will be very helpful in building relationships (Rath and Conchie, 2008, p. 46).

Leaders are as strong as the connections they make with each person on the team. Connecting will allow a leader to charismatically use “the capacity to assess context and locate opportunities for novel strategies” by reading the moment and thus create opportunity to demonstrate the cause in dramatic ways (Rainey, 2014, p. 352). To examine a relational quotient example one can go as far back as ancient biblical times, as Jesus provides an example of mastering the skill of connecting with his twelve disciples and the community as he taught in parables to relate to others. These stories used common activities or objects throughout the Bible’s four gospels to make a teaching point to bring a common understanding to all who listened. The Christian movement has continued growth through time, with a world-wide reach, and is maintained on the basis of relationship building.

To explore, why people follow, Gallup conducted a study from 2005-2008 and found that through the descriptive words a distinct pattern emerged representing a very clear picture of what followers want and need from influential leaders in their lives: trust; compassion; stability; and hope (Rath and Conchie, 2008, p. 82). These needs require time to develop. That crucial investment of time demands a leader takes the vital steps to slow down, actively listen, thoughtfully reflect and focus on the building of relationships if one is to effectively lead a team that will have lasting significance.

**Leading Effective Teams**

Legendary investor, Warren Buffet put it, by definition, “A leader is someone who can get things done through other people.” Maxwell (2001) describes the type of
self-centered leadership to avoid when he quoted, “If you think you are the entire picture, you will never see the big picture” as a leader focus should be on the “goal not the role” (p. 16). This leadership other-centered attitude will foster a team that has “members who have mutually beneficial shared goals and will be motivated to work together, not be manipulated by someone seeking individual glory” (Maxwell, 2001, p. 17). In effect, leading well is a selfless endeavor, it is about empowering the team members operate in their strengths while minimizing weaknesses to fully expend energy in achieving the mission.

**Strength Based Leadership and Application**

Getting the right strengths on the team is a good start, but not enough. “For a team to create sustained growth, the leader must continue to invest in each person’s strengths and in building better relationships among group members” (Rath and Conchie, 2008, p. 76). When this (strengths-based leadership) is accomplished, it allows the entire team to spend even more time thinking about the needs of the people they serve and engages the team to benefit organizational effectiveness (p. 76). Moving forward to achieve success, the progress made requires risk, may lead to failure, and provides learning opportunities. Maxwell (2013), in his book, “Sometimes You Win, Sometimes You Learn”, writes about the art to managing that risk, coming from successfully coordinating the two zones for success: (1) the strength zone, where the best work happens; and (2) the comfort zone, where there is safety (p. 222).

The theory of maximizing success requires making the most of success and failure through the combination of being in the strength zone, while getting out of the comfort zone. The result is great performance and winning is continually (Maxwell, 2013, p.
Coaching, mentoring and teaching. Empowerment can result when a leader applies the three disciplines of coaching, mentoring, and teaching. Teaching is sharing knowledge to provide education. When one is mentoring, they are sharing their own experience with the intention of the mix of experience and expertise to accelerate the learning experience. In coaching, the preference is to skillfully explore through intelligent, open, and curiosity based questions, as many options for a solution that is generated from the participant (Simpson, 2011, p. 2).

There are many great examples of these disciplines. To highlight great outcomes of the effective application of teaching, mentoring, and coaching, one can turn to the world of sports and study Wayne Gretzky who is a Canadian former professional ice hockey player and former head coach. He played 20 seasons in the National Hockey League (NHL) for four teams from 1979 to 1999. Nicknamed "The Great One", he has been called "the greatest hockey player ever" by many sportswriters, players, and the NHL itself. He is the leading scorer in NHL history, with more goals and assists than any other player. He scored more assists than any other player scored total points, and is the only NHL player to total over 200 points in one season – a feat he accomplished four times. In addition, he tallied over 100 points in 16 professional seasons, 14 of them consecutive. At the time of his retirement in 1999, he held 61 NHL records: 40 regular-season records, 15 playoff records, and six All-Star records. As of 2014, he still holds 60 NHL records (Wikipedia, Sept. 13, 2016).
One could get curious about how Gretzky excelled, one might be surprised in his response. Gretzky denied that he had any exotic innate abilities. He said that many of his advantages were a result of his father's brilliant coaching.

Some say I have a "sixth sense" … Baloney. I've just learned to guess what's going to happen next. It's anticipation. It's not God-given, it's Wally-given. He used to stand on the blue line and say to me, "Watch, this is how everybody else does it." Then he'd shoot a puck along the boards and into the corner and then go chasing after it. Then he'd come back and say, "Now, this is how the smart player does it." He'd shoot it into the corner again, only this time he cut across to the other side and picked it up over there. Who says anticipation can't be taught? (Gretzky & Reilly, 1990, p. 87).

Gretzky learned much about hockey from his father, Walter Gretzky, on a backyard rink, nicknamed the "Wally Coliseum", where winter was total hockey immersion with Walter as mentor-teacher as well as teammate. Walter's drills were his own invention, but were ahead of their time in Canada (Wikipedia, 2016, Major Coaching Influences).

In his autobiography, Gretzky describes how at practices his dad would drill him on the fundamentals of smart hockey:

Him: "Where's the last place a guy looks before he passes it?"
Me: "The guy he's passing to."
Him: "Which means..."
Me: "Get over there and intercept it."
Him: "Where do you skate?"
Me: "To where the puck is going, not where it's been."
Him: "If you get cut off, what are you gonna do?"
Me: "Peel."
Him: "Which way?"
Me: "Away from the guy, not towards him." (Gretzky & Reilly, 1990, p.88)

Evidence would say that Walter Gretzky effectively taught, mentored, and coached Wayne Gretzky to pinnacle performance, resourcing him to achieve his best and functioned as a catalyst and changed the world of hockey. There is a lot to be gleaned from this example for leaders in healthcare. For healthcare organizations to anticipate, “to be where the puck is going”, to focus towards “where one needs to pass the puck”, and to strategically plan to navigate change when one gets “cut off”, are lessons leaders can apply from Gretzky’s instruction.

To lead an effective team, the leader must anticipate, through careful analysis, what change is on the horizon. Then prepare through teaching, mentoring, and coaching, every person on the team for the role for which they are designed, efficiently utilizing the resources that are available to achieve the mission. Eventually, like Walter Gretzky, the protégé is empowered and becomes self-directed and the leader’s role changes. President Theodore Roosevelt states “the best executive is the one who has sense enough to pick good men to do what he wants done, and self-restraint enough to keep from meddling with them while they do it.” An enemy of empowerment is the leader’s fear of becoming dispensable, leading to spending time managing the “B” team instead of leading the “A” team. It has been said that leaders who are effective spend eighty percent of their time with the top twenty percent of their team. Most teams do not naturally get better on their own and a leader’s investment of time will determine the potential of the team. A team
that reaches its potential always possesses a catalyst, like a Gretzky, “get-it-done-and-then-some people” (Maxwell, 2001, p. 73) and effective leaders leverage the catalyst for innovation and creativity.

**Innovation and creativity.** “We all need to be revitalized in a manner that inspires hope and evolution in order to propel innovative opportunities for growth, prosperity and sustainability” (Llopis, Apr 7, 2014, n.p.). Llopis advises the critical nature of having an open mind to innovation, for it is the key to creating a workplace environment that allows teams to thrive. The process for innovation begins by identifying: (1) how people want to lead and be led; (2) the function they can best serve to add value; and (3) the required tools to adapt to change in positive and meaningful ways (n.p.). In the article, Llopis outlines five immediate things leaders can do with their teams to foster an environment of innovation and initiative, which apply when forming a new team or revamping an existing one:

1. Trust yourself enough to trust others: Transparency is required as innovation requires breaking down old rules of thought and creating new ones. Accomplishing trust will foster increased patience, better listening, and gratefulness for new experiences and relationships.

2. Collaborate and Discover: Real collaboration occurs in a trust filled environment. It is not just about working closely together, but taking leaps of faith together to discover new ways of thinking and create greater outcomes. One does not know which idea will take shape into the new innovation that creates impact and influence.
3. Communicate to Learn: Through effective communication, teams find their rhythm and find ways to build trust and collaborate. Communication sets the tone and propels thinking in a variety of directions, leading to innovation. Thinking of the team as an innovation lab, to learn from one another and plant seeds for future innovation.

4. Be a Courageous Change Agent: Accepting the role of a change agent in support of “constructive disruption” requires one to have an entrepreneurial attitude, embracing risk as the new normal, and beginning to see opportunity in everything. Then innovation becomes second nature.

5. Course Correct to Perfect: Finding the perfect combination of people on a team, leaders must often course correct. This process steers one closer to the desired culture to be created and fosters the skill of adaptation (n.p.).

People are encouraged to grow and innovate by creating the environment of empowerment, for it brings constant change. Change is the price of progress. (Maxwell, 1998, p. 127). A team will need a catalyst to reach the goals of the mission and break new ground. A leader is responsible for fostering these catalyst level team members and they can be identified by the following characteristics: intuitive, communicative, passionate, talented, creative, initiating, responsible, generous, and influential (Maxwell, 2001, p.78-83). One such definition of a catalyst is offered through the Social Innovation School of thought as “an exceptional individual who dreams up and take responsibility for an innovative and untested idea for positive social change, and usher that idea from dream to reality” (Echoing Green, n.d., n.p.).
Effective leaders invest fully in their catalysts to make things happen! Examples of catalyst performances are documented all through history, as they are history makers. And of note, they did not make significant impact through solo efforts nor without sacrifice. From the biblical times example of the disciple, Paul in his work with the early church recorded in the book of Acts documenting the triumph of Christianity in the face of bitter persecution, to examples the history of the United States: the founding of the New World by Christopher Columbus; George Washington leading the victory in the Revolutionary War; gaining independence for The United States of America; the many faces of those leading the efforts of the emancipation of the slaves through Civil War efforts; Florence Nightingale leading the organized healthcare movement; the allies and heroes of war coming together to overcome injustice, ensuring liberty and freedom; and the list goes on. Fostering the catalyst, expressing innovation and creativity to form effective teams, under principled leadership, may very well produce the next healthcare movement.

Discussion/Analysis/Summary

According to Ronald Menaker, MBA, CPA, EdD, FACMPE, Mayo Clinic’s Administrator of the Division of Cardiovascular Diseases (2014), “One of the key aspects of leadership and building a team is enhancing relationships” (n.p.). He further states, When we’re talking about teamwork, we’re talking about building relationships, serving others, helping them achieve their hopes, their dreams and their aspirations by being a servant leader. By focusing on the dreams of others, we build community, which is what we’ve achieved at Mayo, at MGMA, and at ACMPE” (n.p.).
In the future, it will take courage to lead effective teams to successfully navigate the future of healthcare. Fellows in the American College of Healthcare Executives, George Masi and Jody Rogers, PhD (2013) explain why courageous leadership is required: “We simply believe the secret to any high performing organization is that everyone within it knows that leadership at all levels is expected, encouraged and rewarded and that individuals everywhere are responsible for making extraordinary things happen!” (p. 4).

Conclusion

In concluding this exploration, advancing effective teams can be accomplished: through gaining a greater understanding leadership thought; by aligning leadership practices, principles and values, and; with a leader’s dedicated application of those skills. This in turn enhances team form and function to navigate the inevitable transitions in the healthcare industry. There exists a paradox that while leadership is enduring, dynamic and simple in theory, the execution can be complex. Mastering leadership is a life long journey, with no particular destination. Dedication to the goal of reaching a pinnacle leadership level will allow one’s influence to extend even beyond immediate reach and time for the benefit of others in the future of healthcare.
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