

# Leadership Skills for Leading Microsystems

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“ A man goes to knowledge as he goes to war: wide-awake, with fear, with respect and with absolute assurance.” - Carlos Castaneda -

This paper will address leadership from the perspective of *systems thinking and organizational behavior*. In particular, I will focus on leadership at the Microsystem level of healthcare systems. Microsystems can be defined as, “a small group of people who work together on a regular basis to provide care to discrete subpopulations of patients. It has clinical and business aims, linked processes, and a shared information environment, and it produces performance outcomes.” (Nelson et. al., 2002) Healthcare Microsystems will be differentiated from such terms as department or team. The level of analysis will be at the leadership level of microsystems. In healthcare that level is often a medical director, a nursing director, and a middle level administrator that constitute the leadership triad. The ability of the triad to function at a high level is paramount to successful healthcare delivery. Various elements of successful leadership will be discussed from a literature review as well as my consulting practice and work with current microsystem leadership.

We begin our discussion of leadership with several examples and types of leadership that differs across individuals and organizations. De Vries (2007) points to eight leadership archetypes: strategist, change-catalyst, transactor, builder, innovator, processor, coach, and communicator. There is no one great man or woman but different leadership styles are needed at different times in the organization. In a three-year field study at Dartmouth Medical School we examined 20 healthcare microsystems and while there were commonalities, each of the leaders was different and I can see how they suited the particular organization. It was the match between the type of organization and the leadership style that made them great leaders in each particular setting. Slater (1999) points to another facet of great leadership, which simply is “act like a

leader not a manager”. In our study we also found while leadership styles varied, the leaders had a common understanding of leading and not micro-managing. An additional component of leadership was the ability of leaders to draw out their employees and to activate them and then step back. This concept of “activating employees” is discussed in some detail by Buckingham (1999).

In our study we found activated employees that cared deeply about the quality of care they provide to patients. Several organizations had quality and systems thinking embedded in their organization like 6 Sigma (Smith), Lean Thinking (Womack), and Balanced Scorecard (Kaplan). Leaders often spoke in with a knowledge that their work was part of a system of interrelated parts and were students of Deming (1994), and Drucker (1997). This way of seeing the system of interrelationships not things, and processes not snapshots is also mentioned in Osland et al. (2007). Furthermore, leaders demonstrate an ability to “move beyond blame, distinguish between dynamic and detail complexity, focus on areas of high leverage, and avoid symptomatic solutions (Osland 2007). In my work with high performing clinical microsystems I have also witnessed many of these kinds of behaviors from leaders.

A concept closely related to systems theory is the notion of a complex adaptive systems or CAG’s (Arrow 2000, IOM 2001). One critical element of healthcare microsystems is that in fact they are CAG’s and when conceptualized in this way, are easier to understand. Microsystems are dynamic and involve multiple individuals and elements that come together to create the larger healthcare system. For example, imagine the care process that supports an ER, transition to ICU, transition to internal medicine, transition to primary care. We can quickly begin to understand that healthcare is delivered as a highly complex adaptive system. Highly successful leaders in our study often conceptualized and thought of their units as CAG’s. The Spine Center at

Dartmouth Mary Hitchcock Medical Center was designed specifically as a type of CAG. What does it then take to be an effective leader besides the ability to see their unit as a CAG?

Leaders work at a fast pace and often are engaged in activities that consist of brief meetings, multiple tasks at once, and have a great deal of variety in their daily work (Osland et al. 2007). Reflection is many times a forgotten element of a manager's job due to the real-time problem solving that managers are engaged in. But is precisely this reflective quality to action that makes a leader highly effective (Schoen, 1983). In our three-year study and in my work as healthcare consultant I have been very fortunate to meet with healthcare leaders that are often reflective and thoughtful. Several leaders that I have spoken with build active reflection time into their schedule so they have the ability to process their actions. It is precisely the reflection time that often gives a healthcare leader the ability to be a visionary.

One role of a leader of a microsystem is the ability to see the future as part of the present and lay a course for the unit, which will most likely make it successful. The leader as visionary is discussed in detail in (Stacey 1992, Katzenbach 1995, Hamel 2000). The importance of the leader as a steward for planning a course and direction for the unit can be thought of as a primary role of the leader. Stacey (1992) describes how the leader must provide direction despite the often unknowable and chaotic dynamics of the marketplace. In our study we worked with several leaders of healthcare emergency departments and discovered first hand how these leaders deal with uncertainty. In a primary care practice in Boston a Microsystem leader dreamt of an 8-minute waiting room time and was able to guide the unit to achieve this goal with 95% certainty. A leader that has a strong inclination toward being a visionary must also possess the ability to be a teacher and to foster organizational learning.

In the work of Senge (1990) Palmer (1998), and Chawla (1995) basic principles of organizational learning are discussed. In my work with healthcare leaders I have often heard the term “organizational learning” as a key element to a successful leader. Palmer (1998) focuses on being a teacher as a leader. The quality of leaders that allows them to successfully implement their vision often lies in the fact that they can teach their employees to fulfill their aspiration. Senge (1990) in his widely successful book “the fifth discipline” offers a roadmap for leaders that allows them to build learning organizations. I have found that many of the leaders we interviewed were familiar with Senge’s work and thought of their work as contributing to the learning of the organization. One aspect of organizational learning is the ability to articulate a concrete vision in terms of a mission statement.

Lencioni (2000) describes the leader’s critical role as steward for the organizational mission and organizational clarity of purpose. Being able to act in accordance with the mission of an organization is a leader’s clear task and he or she must be seen as often embodying the mission. In one primary care setting I worked with the mission was articulated by a front door receptionist and she made it clear that the mission was a “living mission”. Where she got the idea about the living mission was from the Microsystem leaders that placed importance on it. She viewed the leadership team as being true to the mission and so thought it was also important to her. Most organizations have some kind of mission statement, but in my work it has always been very clear if the mission statement was “living” or “dead”. Simply asking employees about the mission statement can often give quick insight into how successful leaders are in that particular organization. Often times I have found that successful leaders embody not only the mission of the organization but often have personal mission statements to which they frequently refer. One

particular group in Idaho that I worked with consisted of three leaders that all had personal mission statements and shared an overlap in their personal and professional relationships.

In leading healthcare microsystems perhaps one of the most important elements of successful leadership is the ability of the physician leader, nurse leader, and administrative leader can work together. Lencioni (2000) and Henton (1997) describe the need for multiple formal and informal leaders to work well together. In particular, in healthcare the leadership triad is crucial to high levels of performance. The nature of the work can often be silo driven and if leaders don't make a point of working together there is no real unity. The lack of unity for the three leaders is often perceived by the employees who then stay within their own professional silos. This often reduces the quality of the care experienced by patients. As a patient comes into contact with all three aspects of care (nursing, physician, administrative), the experience can often be disjointed if the leaders are not working well together. In smaller microsystems where professional silos are not as concrete sometimes it is a leadership duo that is critical to work together. In studying high performing microsystems we (Nelson 2002) found great leadership teams that worked very well together. This was exemplified by such things as the ability to complete each other's sentences by leaders that worked together. Healthy communication channels and the ability to process rich information environments is often seen as critical to high performance.

Communication and information technology has been described as being of central importance in high performing clinical microsystems. In our study we found that 20/20 of our research microsystems had a great deal of highly productive communication channels. Consistent with prior research on strong communication networks (Lencioni 2000), we found that our highly functioning microsystems had very advanced channels of information flow. This is not to say that all of them had electronic healthcare records or highly sophisticated information

technology, rather communication channels were smooth and transparent. It was easy to locate any particular piece of information in real-time and very quickly. From a slightly different lens leaders were also very articulate about their work and the functioning of the unit.

Communication styles varied but it became clear in our work that leaders could readily articulate the mission and vision of the Microsystem and convey this to the rest of the staff. Getting staff buy-in in large complex adaptive systems can be a challenge, thus again the need for a very strong leadership triad or duo. Communication channels are often thought of as the oil that provides effective medium for the gears to do their work.

Having completed the last discussion with the role of communication and leadership I want to turn now to looking at the bigger picture. It must by now be clear that leading healthcare Microsystem is no easy challenge. In addition to all the meetings and daily tasks, attention must be paid to such things as communication styles, vision and mission, and fostering a learning organization. I would like to explore in this next part of the paper the link between each of these areas of leadership to see if we can gain additional knowledge about leading complex adaptive systems.

#### Interrelationships Among the Leadership Principles

While there are different kinds of leaders as De Vries (2007) points out, being a visionary and setting a strong tone for the organizational mission I would argue is a must. Some leaders feel more comfortable than others in the murky waters of the dynamic exchange between present day actions and future results. Leading by its definition is meant to guide and thus I would argue the leaders are responsible for creating and fostering the mission and vision of the organization or of the particular Microsystem. It also makes sense to conclude that the higher up your leadership

status in the organization the more strategic and thus more visionary one must become. Mid-level managers in healthcare microsystems deal with a tremendous amount of daily variation and complex functioning between their own microsystem and other microsystems. So while all leadership entails some degree of vision it makes sense that the closer the leader is to the actual functioning of the unit, the less strategic, and the more the operational role of the leader is needed. In the units that I have worked with we often see nurse managers as being very task driven while the physician leadership has the more strategic long-term focus. The administrative lead often also has quite a few line duties and thus is more operational focused and less strategic. As I mentioned earlier the healthy functioning of this leadership triad is of utmost importance for the successful healthcare delivery and high performance at the unit level.

Often healthcare leaders of healthcare microsystems come from a strong clinical background and not from a management background. This lack of training often leads to dysfunction or at least a lack of clear organized leadership. Furthermore the hierarchies between nurses and physicians as well as other clinical silos often leads to alienation and can disrupt the leadership triad from effectively leading the microsystem. In working with healthcare leaders and their teams we often focus on getting all the relevant parties to the same table and to work on facilitating or enhancing communication between the professional disciplines. We try to create a better understanding between the leadership triad and find common ground, which they share as leaders. The importance of open and transparent communication often is the first part of any engagement that can foster greater communication and organizational learning. What about the relationship then between organizational learning and communication?

Senge (1990) devotes an entire chapter in his book on openness, the ability to have meaningful conversations where the what is more important than the who. The different



disciplines in healthcare often have a unique language, which must be transcended when speaking across silos. Onlok healthcare system in San Francisco is a great example for effective communication between silos. There is a weekly microsystem gathering where each of the disciplines has the ability to talk about their perspective on a given clinical case. One thing that makes this meeting very powerful is a full health electronic medical record system. While each of the silos has their own sub parameters they all look at the entire chart on a video projected electronic database. This allows for effective cross-silo conversations and engenders organizational learning. Having spent time observing the microsystem gathering I can tell you that the communication and organizational learning that goes on is quite substantial and the patients receive a very superior kind of patient care. Is there a connection between the mission of the organization and communication within the Microsystem?

Focusing on Onlok as a great example the mission is communicated clearly in all aspects of patient care. Many walls have the mission statement printed and staff is reminded of the mission in the staff kitchen area. In addition, the leaders of the various microsystems have smaller microsystem missions that tie into the overall organizational mission. What makes this mission alive is the rate at which leaders remind staff and vice-versa about the mission of the organization. So it is the effective communication which gives rise to a living mission statement. The ability of leaders to be reflective is also built into the Onlok system of care. The schedule allows time for effective reflection. During each morning the Microsystem meets as a group and discusses the patient they saw yesterday and the ones they will see today. The leadership at the Microsystem level facilitates the conversation and can be seen as an arbiter of inter-silo conversation. It is important to note that effective communication is supported by each silo being given the same amount of time to voice their input. In many other systems that I have worked

often the silos are very far apart in equal balance and thus nurses and medical assistants do not have the same opportunity to effectively contribute to the group. What about the role of systems thinking and complex adaptive systems and organizational learning?

In my work on improving healthcare microsystems I always start with a basic conversation about systems thinking. The high performing clinical microsystems tend to be well versed in process redesign and systems thinking. The notion of a complex adaptive system is often already embedded in the work of the unit. Mayo healthcare clinic has been doing lean thinking and has at any time a number of quality improvement initiatives going on. A Mayo health system is a true healthcare learning organization with a real devotion to total quality management.

In concluding, leading healthcare microsystems is a challenge and I have never worked with any client yet that did not have a healthy respect for just how difficult it is to do it well. There are different types of leaders and the smart organizations put the right people in the right place at the right time. The total quality movement and systems theory as well as complex adaptive systems knowledge is quickly being adopted by many healthcare systems. Reflection is a challenge in healthcare, which tends to be very operations intensive. However, it is a sign that residency programs are cutting the hours in order to make sure there is time for reflection and certainly leaders in healthcare systems acknowledge the need for reflection. The importance of having a strong mission and vision focus is also imperative for successful healthcare leaders. The extent to which the mission and vision is articulated clearly to staff is often a sign of good leadership. Finally, the importance of a highly functioning leadership triad between nurse, physician and administrator, cannot be stressed enough. I look forward to continuing my quest to

improve healthcare microsystems and working with leadership on incorporating some of these principles and ideas into their daily work lives.

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