



# INNOVATIVE LEADERSHIP FOR HEALTH CARE

Field-Tested Frameworks and Processes to Innovate Leadership and  
Build World Class Health Care Organizations for the 21st Century

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FOREWORD BY MAUREEN METCALF, M.B.A.

# ***Praise for Innovative Leadership for Health Care***

The aspiring health and health care leader has a rapidly expanding library from which to choose. But not all sources provide a scholarly yet practical route to improve one's leadership skills. This useful guide provides unique advantages over others, based upon several decades of careful scholarship married with hands-on practice. It addresses the key elements of human psychology: cognitions, motivations, and behaviors or actions. Learning to lead effectively requires self-knowledge and experiential challenges; the book provides activities to encourage these. It draws upon two proven frameworks—Innovative Leadership Model and Leader-Follower

Framework—not in a prescriptive fashion but in a flexible, personalized yet holistic way of addressing key dimensions for consideration in improving one's leadership. Finally, the guide stresses lifelong learning and innovation—critical elements in facing the Volatile, Uncertain, Complex and Ambiguous (VUCA) features of health and health care leadership in the 21st Century. A must-have for all new and mid-level health and health care leadership professionals.

***Eric B. Schoomaker, MD, Ph.D., FACP, Lieutenant General, US Army (retired), 42nd Army Surgeon General and Former Commanding General, US Army Medical Command***



Most of us learn to be leaders by an unstructured, trial and error process. If we are fortunate, we may have a mentor or two along the way to help us develop leadership skills. What this book does is present a road map and structure for both individuals and teams to be successful in an increasingly complex and fast-paced world. The book, in addition to teaching effective skills, also teaches attributes that will help leaders be ethical, kind, and caring human beings—which the world needs right now. The authors should be congratulated for putting together such a helpful guidebook that reflects first-rate psychological and educational research and decades of experience understanding and teaching leadership.

***Dean L. Winslow, MD, FACP, FIDSA, FPIDS, Professor of Medicine  
Division of Hospital Medicine, Division of Infectious Diseases and Geographic Medicine,  
Stanford University School of Medicine***



The urgent need for Innovative Leadership within health care did not require a once-in-a-century pandemic. Before Covid-19, longstanding industry inefficiencies were producing access, quality, and affordability challenges. The result was too often quality problems and a poor patient experience. Working through this book will help health care practitioners adopt novel approaches that can transform health care to a new generation of industry excellence.

***James E. Taylor, Ph.D., Senior Vice President, Chief Diversity, Inclusion,  
and Talent Management Officer, UPMC***



Nearly all leadership books I have read left me numb, cloudy and a bit lost on what and how I should improve my leadership skills. Finally, there is a book that leverages the time-tested process engineering approach of six sigma to leadership development! This book distills volumes of leadership materials and scientific evidence into a clear cut, robust, process-driven framework with consecutive steps guiding the reader to reflect, goal set, and accomplish. Abundant tables and charts facilitate reflection and learning. A clear language for introspection and growth is facilitated by the many useful examples. Developmental stages for insight, maturation and improvement are provided to enable growth at any stage of leadership development. In concert with or without a coach, rapid progress in leadership development is highly predictable with this wonderful text.

***C. Dan Johnson, MD, MMM, FACR, FSAR, Professor, Mayo Clinic Alix School of Medicine  
Co-lead, Science of Health Care Delivery, Mayo Clinic Alix School of Medicine  
Chair Emeritus, Department of Radiology, Mayo Clinic in Arizona***

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The 2020-2021 pandemic has highlighted the need for leadership skills in health care. Mastery of the basics is not sufficient as we continue to evolve in the 21st century, where our system will face more and more rapid-fire challenges. Future leaders need more than experience. They need definitive training. That is exactly what they will find in the *Innovative Leadership for Health Care*. Whether in the early or advanced stages of a leadership journey, readers will discover easily understood principles that they can rapidly implement in their organizations. These expert authors guide you in building a better version of yourself and in motivating your team to do the same for the long-term. This is a book that leaders will return to again and again as they navigate through their careers.

**Matthew L. Moorman, MD, M.B.A., FACS, FAWM, FCCM**  
**Clinical Associate Professor of Surgery**  
**Case Western Reserve University School of Medicine**  
**Chief, Division of Trauma, Critical Care, and Acute Care Surgery**  
**University Hospitals Cleveland Medical Center**



Often health care providers believe that the practice of leadership is an innate ability rather than the important scholarly and applied science necessary to drive innovation and change. This new contribution to the field walks one through the deliberate steps that one must grasp to drive effective change in the rapidly changing health care environment. It is both focused and logical in its approach as well as highly readable. All those engaged in moving organization to excellence should read, re-read, and reference this text throughout their careers. A classic in the field.

**Christine E. Kasper, Ph.D., RN, FAAN, FACSM, Dean and Professor**  
**Crenshaw Endowed Chair**  
**University of New Mexico College of Nursing**



This book is a must-read for health care leaders and administrators! In times of dramatic change, leadership becomes more critical, and the gaps and impact of ineffective leadership become visible and damaging. The COVID-19 pandemic highlighted previously unexposed gaps in all facets of leadership. The *Innovative Leadership for Health Care* book is highly effective at bridging self-awareness and leadership behavior with health care systems and cultures. By aligning these four elements, leaders can do the challenging work of creating environments where health care providers, patients, families, and payers experience the best collective outcomes and the best experience.

**Andy Manzer, MHA**  
**Chief Operating Officer at Berkshire Medical Center**



*Innovative Leadership for Health Care* is a helpful and informative workbook for health care leaders. The frameworks and tools provided guide leaders through activities as they navigate the ever-changing world of health care. This book is a practical guide with exercises and reflections to assist the reader in developing their individual plan to continue their journey as an innovative leader in health care.

**Amy B. Smith, Ph.D.**  
**Medical Educator, Lehigh Valley Health Network**  
**Professor of Family Medicine**  
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FORWARD BY MAUREEN METCALF

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As a theoretical foundation, we worked with or studied many thought leaders in leadership development, developmental psychology, and integral theory. The theoretical giants on whose hard work we built the Innovative Leadership and Organizational Transformation models include Wiley W. Souba, Jr., MD, ScD, M.B.A., Susanne Cook-Greuter, Ph.D., Terri O'Fallon, Ph.D., Belinda Gore, Ph.D., Hilke Richmer, Ph.D., and Ken Wilber. These leaders shared their theories and ongoing guidance and encouragement, creating a solid framework that is comprehensive and theoretically grounded.

The opinions and assertions contained herein are the sole ones of the authors and are not to be construed as reflecting those of the institutions with which we are affiliated.

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Publisher and friend, Keith Bellamy

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# FOREWORD

As we face a global pandemic, the importance of effective health care leadership has become glaringly apparent. We have health care systems, practitioners, and researchers that have conquered many diseases, including smallpox, tuberculosis, and polio, and developed effective treatments for many other physical and mental health conditions. Still, cooperation, coordination, compassion, communication, and a focus on virtuous character among health care professionals and the general public remain challenging and even more essential. So, you might ask, why this book?

This text is the tenth book in the Innovative Leadership series. Over the past decades, we have seen leaders' expectations increase as the world has become more interconnected and complex. Great strides have been made in learning about the brain and how it impacts human behavior and leadership development. Leaders must update how they think about leadership (their internal algorithm) and how they behave as leaders.

As a leader, coach, and consultant, I have noticed that most leaders focus their learning and development efforts on building expertise in their field or industry. They increase their knowledge and hone their skills. They generally invest less time and effort in updating how they lead, even when leading is their primary job. Leadership is a field of expertise driven by a body of research that is evolving at a rapid rate. Leaders need to “innovate how they lead” at a rate that matches or exceeds the pace of change in their industry to lead during this rapidly changing time.

Innovative Leadership is the art of evolving how leaders lead to ensure they can weather their organizations through the broad range of changes they will face over the next decade and beyond. In times of dramatic change, our leaders must move institutions forward and create the thriving future we hope to leave for future generations.

This book provides health care workers with frameworks and tools based on the most current research in leadership, psychology, neuroscience, and physiology to help them update or innovate how they lead and build the practices necessary to continue to update their leadership skills. In 2014 we published the Innovative Leadership Book for Physician Leaders. We wrote this new book to update the 2014 volume based on the latest research and to serve all health care professionals.

I envision a world filled with highly effective leaders who help society navigate the challenges and opportunities to create a more just, equitable, peaceful, and healthy planet! Every leader matters. Each action we take moves us closer to this vision or further away. For most of us, our behaviors can do both, and we aspire to do more good than harm. With the best tools and practices, we can move from more good than damage to building leaders who consistently deliver exceptional results. This vision requires that we train and equip leaders with the latest knowledge, skills, most evolved mindsets, virtuous character, and inspire them to bring their best selves to work every day. What you do sends ripples through the entire community and world. I aspire to contribute to your greatness!

A handwritten signature in black ink that reads "Maureen Metcalf". The script is fluid and cursive, with a large initial 'M' and a long, sweeping tail on the 'f'.

Maureen Metcalf, M.B.A.

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# INTRODUCTION: INNOVATIVE LEADERSHIP FOR HEALTH CARE

The Robert Wood Johnson Foundation's Urban Institute reports that on an average night in the United States, around 465,000 people will go to sleep in our hospital beds. They will wear our gowns, eat food prepared in our kitchens, have their faces washed with water from our sinks. Some will undergo lifesaving procedures; some will undergo preventative observation, all will be in a state of vulnerability, unlike almost any other experience. Many will receive care they would term as "miraculous." Whether it is inside one of our 6,100 hospitals or in a rural office 100 miles from the nearest metro emergency room, health care is a big responsibility. It is always intimate. It is always humbling. It is often urgent.

Advances in training, education, information, public policy, and technology account for many of these daily miracles. We assert these miracles are also the result of extraordinary leadership. Leadership leveraging the strength of the team to go beyond the limitations of the individual. Leadership creating resources when and where they are needed. Leadership reaching beyond what can be touched and extending to the health care delivery system.

Just as receiving health care is intimate, humbling, and often urgent, so is leadership development. This book provides the education and tools to help you grow personally and increase your knowledge and skills. If you are not touched as well as challenged, lost as well as enlightened, and reflective as well as affirmed, then we have failed you. Leadership growth is a contact sport. Changing who you are is the real leadership growth that you seek. Creating miracles for your patients, staff, and community is your reward for risking this personal leadership journey.

Health care professionals are highly respected and valued in society. They have essential, existential roles as healers of the sick and injured and promoters of physical and mental health. Effective health care professionals apply their knowledge and skills appropriately and ethically. They respect colleagues, patients, patients' significant others, and the limits of their knowledge and skills. They are leaders in that they are aspirational and inspirational. They influence these stakeholders and the organization's cultures and systems in which they have a formal leadership role. They lead themselves, their people, their teams, and their organizations.

Becoming a better health care leader and optimizing innovation hinge on your ability to authentically examine your inner makeup and diligently address some challenging limitations. Leadership innovation or elevating your leadership quality can be accelerated by a structured process involving self-exploration, allowing you to enhance your leadership beyond tactical execution. While we provide a process, we want to be clear that readers should use this process to be effective for them. We each face different challenges and relate to leadership development in different ways. Each of us will use this book slightly differently. With that in mind, we tried to create a framework that is actionable and easy to follow. The process of leadership growth can be challenging, especially when it requires exploration of implicit beliefs and assumptions and potential changes to your overall worldview. Combining health care leadership with innovation requires you to transform the way you perceive yourself, others, and your role as a health care leader.

*Wiley W. Souba noted, "Unless one knows how to lead one's self, it would be presumptuous for anyone to be able to lead others effectively... Leading one's self implies cultivating the skills and processes to experience a higher level of self-identity beyond one's ordinary, reactive ego level... To get beyond their 'ordinary, reactive ego,' effective leaders relentlessly work on 'unconcealing' the prevailing mental maps that they carry around in their heads (Souba, 2011a; Souba, 2011b; Erhard, Jensen, & Granger, 2011; Erhard, Jensen, Zaffron, & Granger, 2011). This unveiling is critical because leaders are more effective when they are not limited by their hidden frames of reference and taken-for-granted worldviews. This new way of understanding leadership requires that leaders spend more time learning about and leading themselves."*

By earnestly looking at your own experience—including motivations, inclinations, interpersonal skills, proficiencies, and worldview, and aligning them with the context in which you operate—you can optimize your effectiveness in the current dynamic environment. Through reflection, you learn to balance the hard skills you have acquired through experience with the introspection attained through in-depth examination—all the while setting the stage for further growth. In essence, you discover how to strategically and tactically innovate and elevate leadership the same way you innovate in other aspects of your profession.

We define leadership using the following chart. Leaders must attend to and align all elements of the overall system continually to respond to changes within the system and external factors within your context, such as insurers and government regulations.

**Context – Respond to all stakeholders (patients, families, hospitals, governments, payors, doctors, nurses, staff, researchers, new technology providers, suppliers, alternative treatment providers, extended care providers, insurers, and others)**

	<b>Inside – Meaning-Making</b>	<b>Outside – Observable</b>
Individual	<p><b>Leader Intention</b></p> <ul style="list-style-type: none"> <li>■ Cognitions (perceptions, attitudes, beliefs)</li> <li>■ Motivations and emotions (why we act and think as we do)</li> <li>■ Developmental maturity (Meaning making capabilities)</li> <li>■ Personality type</li> </ul>	<p><b>Behaviors (actions)</b></p> <ul style="list-style-type: none"> <li>■ Communication</li> <li>■ Competencies</li> <li>■ Resilience</li> </ul>
Interpersonal, Teams, and Organizations	<p><b>Organizational culture</b></p> <ul style="list-style-type: none"> <li>■ Vision</li> <li>■ Values</li> <li>■ Agreements</li> <li>■ Guiding principles</li> </ul>	<p><b>Systems and processes</b></p> <ul style="list-style-type: none"> <li>■ Visible systems</li> <li>■ Processes</li> <li>■ Physical infrastructure and equipment</li> <li>■ Facilities</li> <li>■ Technology</li> <li>■ Reward and recognition systems</li> </ul>

This table is foundational to depict how we talk about the facets of the leader’s self and organization. When one facet changes, the leader must realign other aspects to ensure efficient and effective operation. Many leadership programs focus on leadership behaviors; this book is different in that it addresses where the leader fits within the overall system and how they are responsible for leading.

- The upper left quadrant reflects the inner meaning-making of each leader (the personal). It contains both innate and developed capacities. This quadrant provides the foundation of self-awareness and individual development. It serves as the basis for behavior, competence, and resilience. Leaders must be aware of their inner landscape to be truly effective.

- The upper right quadrant reflects observable behaviors, actions, competencies, and communication. This quadrant is what we see in leaders. Leadership training often focuses on checklists of behaviors because they are easier to assess and discuss. This book is different; it suggests actions, but it is not prescriptive. We acknowledge that behaviors tie to your meaning-making, culture, systems, and processes.
- The lower left quadrant is inside the groups (interpersonal/dyads, teams, and organizations). It includes the vision, values, agreements, guiding principles, and other factors that create health care cultures.
- The lower right quadrant reflects the visible systems, processes, physical infrastructure and equipment, facilities, technology, and reward and recognition systems.

Part of what is innovative about this approach is that it requires leaders to focus on all four areas concurrently. When one area changes, others are impacted. When leaders' beliefs change, their behaviors often change. Behavior changes impact culture and systems. The same is true when the organization changes, such as sheltering in place during a pandemic. Health care leaders need to change their behaviors and face new challenges, such as telemedicine's increasing use. One essential leadership skill is to quickly realign across all four quadrants in response to changes in any single quadrant.

Innovative health care leaders influence by equally engaging their personal intention and action with the organization's culture and systems to move the health care organization forward to improve the lives of the people it serves. These leaders also take into consideration the rightful interests of the organizational members. Depending on the role of leaders and sphere of influence, they impact individuals, teams, and the entire organization. Health care professionals who are *innovative* leaders adapt and develop themselves and their organizations to optimize effectiveness with changing environments or contexts (psychological, social, physical). This book guides health care professionals in becoming Innovative Health Care Leaders.

### ***Why Leader Development is Important***

Today, there is a vast amount of health and wellness information available at our fingertips—and some of it is misleading or contradictory. Therefore, modern health care professionals must have heightened abilities to communicate. A century ago, health care education shifted from an apprenticeship to the study of medical sciences. During the early to mid 20th century, remarkable advances were made

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in microbiology, pharmacology, pathology, surgery, nursing, and many other health care aspects. These advances continued during the late 20th century with equally impressive advances in radiology, imaging, neurology, nursing, psychology, psychiatry, rehabilitation medicine, physiatry, complementary medicine, and more. In the 21st century, it became apparent that health care and wellness involved teams of health care professionals, patients, and patients' significant others and increased self-treatment and treatment by non-health care providers. Bioinformatics, computer sciences, telecommunication, and artificial intelligence have added new "members" to health care teams and new approaches to deliver, receive, and exchange health care information. As such, health care professionals need to prepare for the evolution of their "identities" from paternalistic sources of all health care knowledge to current and future roles as guides, counselors, advisers, team members, and leaders. It is imperative to understand our leader and follower types and tendencies, our stage of leadership developmental "maturity," and how to adapt to various situations, people, constraints, and opportunities to evolve and develop.

Today health care professionals must understand and utilize knowledge and skills pulling from emotional and social intelligence, effective communication, team-building, and leadership to be optimally effective and exceptional at performing the duties in their professional field. Moreover, 21st-century health care professionals must become innovative health care leaders who can adapt and evolve to meet new situations and challenges at the personal, interpersonal, team, and organizational psychosocial levels. Although we each have different styles, personalities, and life experiences that often include various opportunities and practices of leadership, we must all continue to develop as leaders and as followers regarding our knowledge, skills, and leadership maturity throughout our professional life cycles and lives. It is essential to be aware of developments, principles, and skills relevant to effective leadership and regularly reflect upon where we are in our journey and areas on which to focus.

Effective health care leaders also must consider everyone involved (health care team members, patients, patients' significant others), the context of the health care issue (e.g., health and wellness promotion, disease and injury prevention, rehabilitation, rest and recovery, physical or behavioral health issues, alternative treatments, end-of-life preparation), and where these others are in their journeys.

### ***Marrying Health Care Innovation and Leadership***

Leadership needs innovation in the same way innovation demands leadership, and by marrying the two, leaders can better their capacity for growth and improved effectiveness. Let's explore innovating leadership more tangibly by defining it in practical terms.

## **What Does Innovating Leadership Mean?**

*Leadership moves an organization forward to improve the lives of the people it serves and simultaneously considers the organizational members' and stakeholders' rightful interests.*

It is important to note that individual leaders will perform leadership activity in a manner that is authentic to their unique skills, abilities, personality, beliefs, values, and other influencing factors. This book references several models to help you build a general understanding and create a common language to discuss how we develop as leaders.

Effective leadership encompasses both the science of leading and the heart of the leader. It requires heartfelt care, compassion, and authenticity to be genuinely effective. This care does not mean leaders are soft, but instead, they demonstrate empathy when taking tough action. Understanding theories and principles is a good start but insufficient if the leader does not show deep care for their followers and the people they serve. We look at the competency of emotional intelligence, and it is a thread through the entire book to address the importance of a balanced approach.

**Health care leadership is a process of influencing people strategically and tactically, effecting change in intentions (character), actions (competence), culture, and systems (context) to move a health care organization forward to improve the lives of the people it serves and simultaneously takes into consideration the rightful interests of the organizational members and stakeholders.**

**Innovation is a novel advancement that shapes organizations and people by impacting the personal character, behavioral competence, communication, and cultural and systematic context.**

In our experience, leadership and innovation are inextricably connected and share a profound commonality. In addition to linking leadership to innovation, notice that we're also revealing it as an essential part of our individual experience. Just as with leadership and innovation, the way you uniquely experience and influence the world is defined through a mutual interplay of personal, behavioral, cultural, and systematic events. These same core dimensions that ground leadership and innovation also provide a context and mirror for *your total experience* in any given moment or on any given occasion. Optimally, then, leadership is influencing through an explicit balancing of those core dimensions. Innovation naturally follows as a creative advancement and elevation of this basic alignment across all four elements.

Marrying leadership with innovation allows you to ground and articulate in a way that creates a context for dynamic personal development—and dynamic personal growth is required to lead innovative, transformative change.

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Though we are defining innovative health care leadership broadly, we also are making a distinct point: *The core aspects that comprise your experience—whether it is Leader intention (character) or action (competence), organizational cultural or systems (context)—are inextricably interconnected. If you affect one, you affect them all.*

Innovative health care leadership understands that these dimensions exist simultaneously in all experiences and influence every interactive experience. If, for example, you implement a strategy to realign an organization's value system over the next five years, you will also affect personal motivations (intentions), behavioral outcomes, and organizational culture. Influencing one aspect—in this case, functional systems—affects the other elements because all four dimensions mutually shape each other. You can only innovate your leadership by comprehensively addressing all aspects. In sum, leadership innovation is the process of improving leadership that allows already successful leaders to raise the bar on their performance and their organizations' performance.

An innovative leader is someone who consistently delivers results using:

- **Strategic leadership** that inspires individual intentions and goals and organizational *vision and culture*
- **Tactical leadership** that influences an individual's actions and the organization's *systems and processes*
- **Holistic leadership** that aligns all core dimensions: *individual intention and action, along with organizational culture and systems*

## **The Opportunity for Innovative Leadership**

Much of today's health care organizational changes focus on system functionality, but that is only *part* of the total picture. Being guided by more strategically inclusive decisions may be the difference between managing dysfunction and creating tangible success. Your leadership must consider a fuller definition of innovation that comprehensively aligns vision, teams, and systems and integrates enhanced leadership perspective with system efficiency.

This balanced approach to leadership and innovation is transformative for both you and your organization and can help you respond more effectively to challenges within and outside the enterprise. Innovating/elevating your leadership provides the means to successfully adapt in ways that allow optimal performance, even within the constant change and complexity of an organization. Conceptually, it synthesizes models from developmental, communications, and systems theory, delivering better

insight than singular approaches. Innovative health care leadership gives you the capacity to openly recognize and critically examine aspects of yourself, as well as your organization's culture and systems, during any circumstance.

### ***Defining What an Innovative Health Care Leader Does***

What are the specific behaviors that differentiate an innovative leader from a traditional leader? A successful innovative leader is one who can continually:

- Clarify and effectively articulate vision, and link that vision to attainable strategic initiatives
- Develop oneself and influence the development of others
- Develop personal resilience and continually build capacity to navigate complexity, uncertainty, and stress
- Develop effective communication skills and to be aware of perceptions and responses of senders and receivers, paying particular attention to how to communicate critical and challenging information
- Build effective teams by helping colleagues engage their leadership strengths
- Cultivate alliances and partnerships
- Anticipate and effectively respond to challenges and opportunities
- Develop robust and resilient solutions
- Develop and test hypotheses like a scientist
- Measure, learn and refine on an ongoing basis
- Grow personally, developmentally to evolve their perceptions and meaning-making capabilities

To illustrate some of the qualities of Innovative Leadership, we offer this comparison between traditional leadership and Innovative Leadership:

Traditional Leadership	Innovative Leadership
A leader is guided primarily by the desire for personal success and peripherally by the organizational success	A leader's altruistic vision of success provides humble guidance based on both performance and the value of the organization's positive impact
A leader decides in a "command and control" style; the leader has all the answers	A leader leverages the team for answers as part of the decision-making process
A leader picks a direction in "black/white" manner; tends to stay the course dogmatically	A leader perceives and behaves like a scientist: continually experimenting, measuring, and testing for improvement and exploring new models and approaches
A leader focuses on being technically correct and in charge	A leader is continually learning and developing self and others
A leader manages people to perform by being autocratic and controlling	A leader motivates people to perform through strategic focus, mentoring and coaching, emotional and social intelligence
A leader tends to the numbers and primarily utilizes quantitative measures that drive those numbers	Leaders pay attention to performance, customer satisfaction, employee engagement, community impact, and cultural cohesion

### **Leadership Models**

This book incorporates two leadership development models. Metcalf and Morrow-Fox's Innovative Leadership Model and Barry and Grunberg's Leader-Follower Framework complement each other with a differing depth of emphasis on essential leadership processes. Together they provide a broadly inclusive structure for thinking about, talking about, and learning about leadership. These models are discussed in subsequent chapters and integrated with the lessons to enhance your development as an innovative leader.

The Innovative Leadership Model is a five-element roadmap for becoming an innovative leader. The Innovative Leadership Model elements include Leader Type, Developmental Maturity, Resilience, Situational Analysis, and Leadership Behaviors.

The book follows the five elements of this pyramid model, creating a shared language and mindset toward developing the innovative leader's "head and heart".

Additionally, the Leader-Follower Framework includes four "C" elements across four psychosocial levels: Character, Competence, Context, and Communication. The four psychosocial levels include the Personal, Interpersonal, Team, and Organizational levels (PITO). The Leader-Follower Framework serves as a cornerstone for guiding the lessons contained in this book. The Leader-Follower Framework is valuable to develop leadership and followership. To be an effective leader, you must also know when and how to follow effectively. Our roles in a health care team are dynamic; our function at a given time depends on the situation and whether we can best make our expertise and contributions as a leader or follower.

We will explain all the elements, terms, and levels in this chapter. We understand that five innovative leader development elements, four Leader-Follower framework elements, and four psychosocial levels are a lot to track. Don't fret! There will be no tests on these models at the end of this book. Exploring the models will provide you with insight into the knowledge and perspectives that guided this book's development. After this introductory chapter, you will be developing yourself on every aspect contained within both developmental models.

## ***Innovative Leadership and Leader-Follower Framework Integration***

### ***Leader Know Thyself***

Both the Innovative Leadership Model and the Leader-Follower Framework begin with a focus on leader self-awareness. You will assess and understand your **Leader Type**, which we define as your core predispositions and attitudes. You will also examine your **Character**. Your character is more extensive than your Leader Type and includes your physical and psychological makeup. Understanding your Leader Type and Character will allow you to leverage your natural strengths and feed into your development planning.

### ***Develop Your Capabilities***

When we talk about leadership development, a valid question that arises is, "What exactly are we developing?" This book will focus on three levels of capability development. We designed the information, exercises, and assessments to advance your **Leader Developmental Maturity**. Leader developmental maturity is a leader's mental and emotional capability to influence less defensively, more strategically, more inclusively, and more sustainably. You will also be developing your leadership

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**Competence.** Competence is your role-specific and general leadership knowledge and skills. Finally, **Leader Resilience** is the ongoing rejuvenating practice that facilitates your capability to maintain balance, energy, and perspective when adapting to the rigors of leadership challenges. Combining advanced leadership developmental maturity, a high degree of competence and strong leader resilience allows leaders to influence their teams, organizations, and communities powerfully, productively, and innovatively.

### *Evaluate Your Influence*

Leadership, especially Innovative Leadership, never occurs in a vacuum. **Situational Analysis** is the process of aligning the context and desired result by evaluating self, action, system, and culture. It is a method to analyze **Context** effectively. Context is the physical, psychological, social, and cultural environment and occurs across four psychosocial levels. You will explore your **personal contexts**, including psychological and biological aspects, your **interpersonal contexts**, dyadic relationships and interactions, your **team contexts**, your small groups with common goals, and your **organizational contexts**, larger groups, institutions, and systems.

### *Execute Your Influence*

Leaders lead. This phrase means they effectively execute their influence with followers to get something done. **Leader Behaviors** are the observable hard and soft skills in the execution of leadership actions. You will work on developing advanced leadership competencies described later in this book. One of the essential behaviors leaders execute to influence outcomes is *communication*. **Communication** is how the leader interacts with others in sending and receiving information, both verbally and nonverbally. You will be enhancing your communication skills throughout the entire course of this book.

## **A Final Word On Our Leadership Models**

If you are not aware of the Innovative Leadership Model or the Leader-Follower Framework, it will most likely not affect your experience with this book. We hope that explaining these models helps you better understand your path ahead, provides you with a common leadership language and opens your curiosity to research information outside of this book. Your journey to improve self-awareness, develop your leadership capabilities, and learn how to influence lies, not in the models; it lies in your hunger to grow, give, and learn. Proceed with a hearty appetite. The more you invest in the book exercises, the greater your developmental return.

### *The Goal of This Book*

This book aims to help health care professionals become more effective practitioners, team members, team leaders, and organizational leaders. It presents concepts and exercises to help you grow personally and to increase your knowledge and skills. Increased self-awareness, openness to feedback, and willingness to change are essential for meaningful leadership growth.

### *Who Should Use This Book?*

We designed this book for health care professionals at the beginning and intermediate career stages of their professional life spans. It is useful for health care students (medicine, nursing, dentistry, psychology, physical therapy, occupational therapy, social work, case management, health care administration, etc.) and health care early to mid-career professionals. The concepts and lessons are relevant throughout the professional life span; the application of this information may differ based on the challenges and situations you encounter. This book includes exercises and case studies to enhance your self-awareness and leader development.

### *Getting the Most from This Book*

This book has many target audiences: individuals studying and developing on their own; small groups of individuals who periodically get together to discuss the lessons; or larger groups of people who are working with an instructor, facilitator, consultant, or coach to develop as health care leaders. Examples, exercises, and case studies can be used: in person or online to educate students, with leadership teams to build individual and team effectiveness, and by established leaders to build on individual, team, and organizational success. This book presents information relevant to innovative health care leadership, assessments used to determine individual strengths and areas for development and growth, and activities and cases for Innovative Leadership development.

As you take this opportunity to experience leadership development firsthand, take a moment to think about why you purchased this book or took this class. Setting goals and understanding your intentions, goals, and expectations about the learning process exercises will help you identify and drive your desired results.

To help clarify, consider the following questions:

- What are the five to seven events and choices that brought you to where you are professionally and personally?
- What stands out in the list you have made? Are there any surprises or patterns?

- 
- How did these events and choices contribute to choosing to buy and use this book?
  - What do you hope to gain from your time investment in leadership development?
  - What meaningful impact will it have professionally and personally?

In addition to reflecting on the questions, we recommend you reflect on your mindset. Do you have a learning mindset? Do you use the learning practices to help you get the most out of this investment in your development? To answer these questions, read the next few pages to see if you are approaching this program through the lens of a learner. Our experience shows that people who have a learning mindset and adhere to learning practices tend to have a more profound and more enriching overall experience and more effectively take advantage of what this book has to offer.

### *What is “Learning Mindset”?*

Steve Terrell, author of, *Learning Mindset for Leaders: Leveraging Experience to Accelerate Development*, has helped us develop this section on learning mindsets. Think of a mindset as a habitual or characteristic mental attitude that determines how you will interpret and respond to situations. In the context of learning from experience, a Learning Mindset is an attitude that predisposes you to be open to new experiences, to believe you can and will learn, and to grow and develop from your experience intentionally. It includes a set of assumptions and beliefs that govern how you think about and approach opportunities. It also considers whether you generally see situations as opportunities to learn and develop, as well as your typical affective stance toward learning, your emotional state or feeling about learning, learning conditions, and new experiences.



Leaders who have a Learning Mindset see opportunities to learn in all aspects of their work-life and learn more than those who are closed to learning.

### ***The Learning Mindset Model***

The following list of the Learning Mindset model's six dimensions and their descriptors summarizes the crucial aspects of the model.

#### **1. Open to Experience**

- Open to new experiences and ideas
- Intellectually curious and have broad interests
- Receptive and open to change

#### **2. Motivated, Willing, and Desire to Learn**

- Strong internal drive and desire to learn, grow and develop

- 
- Continually seek out and engage in new experiences to gain new knowledge and skills
  - Enjoy the challenge and novelty of new experiences

### **3. Curious About Others**

- Feel a powerful inner need to learn about people in other countries and other parts of the world
- Have a strong desire to understand the challenges others face and how they deal with the challenges
- Always searching for a deeper understanding of the unique ways people behave in diverse settings and situations (e.g., roles, organizations, cultures)

### **4. Attitude of Discovery and Exploration**

- Frequently seek out new, different situations to learn something new
- Often strike out into unfamiliar territory just for the adventure and enjoyment of experiencing something different
- Frequently discard old habits of mind and perceptions to view experiences with a fresh perspective

### **5. Intention and Willingness to Gain Something Positive from Experience**

- Act with purpose and intention to learn something from every experience
- Even when an experience appears to be “negative,” search for meaning and value in the experience
- Typically look at unsatisfying/difficult situations as opportunities to gain valuable lessons and insights from experience

### **6. Belief in My Learning and Growth Potential**

- Belief in significant growth and development of knowledge, skills, and abilities
- Confidence in the ability to substantially grow talent
- Always striving to gain new understanding, develop new skills, and improve abilities

Leaders who have a Learning Mindset demonstrate

- an attitude or stance toward learning that embodies openness to experience
- motivation, willingness, and desire to learn
- significant curiosity about others and how they do what they do
- possess an attitude of discovery and exploration
- and show an intention and willingness to gain something positive from experience

As a result of this powerful constellation of learning-related attributes, these leaders experience more growth and development than leaders who do not have this attitude toward learning.

Additionally, a Learning Mindset leads them to consistently and intentionally demonstrate certain behaviors—“Learning Practices”—so they are continually seeking to learn from experience in every situation and naturally apply what they learn in new, emerging experiences. You can accelerate your development as a leader by using Learning Practices in your own life and work.

### **What are “Learning Practices”?**

Now that you have this book in hand, you may be wondering, “What can I do to improve and grow as a health care leader?” It’s one thing to know that you need to “think more strategically” or improve at “giving performance feedback and coaching.” It’s something entirely different to translate that into practical actions that bring about lasting change, growth, and development.

**Learning Practices** are actions we recommend that you take to accelerate and enhance experiential learning and determine whether you proactively pursue learning in your day-to-day work-life rather than focus only on getting the job done. Leaders who consistently and rigorously use Learning Practices learn more and faster while achieving better results. The following critical learning practices will help accelerate your ability to learn from experience:

Learning Practices	Related Action or Behavior
1. Take responsibility for your learning and development	Be 100% responsible for the outcome of your engagement with this material
2. Approach new assignments/ opportunities with openness to experience and positive intention to learn	Each assignment will provide you with opportunities to learn things you didn't know about yourself or others; take advantage of these opportunities even if you think you might already know the answers
3. Seek, appreciate, and use feedback	Identify who will provide you with feedback and use what you learn about yourself to learn and grow (see the chapter on building your team)
4. Develop a clear understanding of your strengths and areas for development	Determine which assessments will give you the most valuable set of feedback (see the chapter on analyzing your strengths and situation)
5. Ask meaningful questions and demonstrate curiosity	Remain openly curious through the process; ongoing learning is an essential key to success in leadership development
6. Listen in a manner that leaves you open to personal transformation	Listen intently, deeply, and empathetically, identifying ways to not only change your behavior but also how you see the world
7. Respond to experience with adaptability and flexibility	Your ability to respond to unexpected situations with finesse will position you well during your development process (see Resilience element in Innovative Leadership)
8. Actively reflect and practice mindfulness	Take the time to answer the reflection questions and be fully present while you are doing the exercises
9. Actively experiment with new approaches to learning	Find opportunities where you can safely apply new ways of learning skills or behaviors such as special projects or volunteer roles
10. Closely observe and learn from others	Find a mentor or person you believe has mastered the skills you are trying to develop and closely watch what this person does and how they do it. Try to imitate or adapt the techniques they use to succeed

Learning Practices	Related Action or Behavior
11. Participate as fully as possible	Complete all the exercises to the best of your abilities. Apply the concepts and skills that work best for you, and modify those that do not
12. Practice good life management	Invest time at scheduled intervals to work on the materials when you are mentally and emotionally at your best
13. Lean into optimal discomfort; take risks without overwhelming yourself	Be candid, open, and direct. Allow yourself to be curious and vulnerable
14. Take the process seriously, and more importantly, take yourself lightly. Make this a positive and rewarding experience	Allow yourself a balance. Find the lesson and humor in both your successes and mistakes. Most importantly, relax and enjoy the process!

To develop the learning mindset, use these guidelines:

1. Turn the switch to “on.” Decide that you want to develop the Learning Mindset and commit to making it an area of your ongoing growth and development.
2. Be intentional about learning. Use “preflection,” orienting yourself toward learning every day by thinking about and envisioning, in advance, what you want to know. Use reflection by replaying the day’s events in your mind and thinking about what you learned.
3. Use mantras to reprogram your autopilot. All of us operate on autopilot most of the time. Autopilot is both a good thing and a bad thing. While it helps to automate repetitive tasks and actions, it also leads us to stop paying attention to important information in the world around us. On autopilot, we work based on old assumptions, beliefs, and data. If you want to start learning more from experience, find your mantra to orient your mind toward learning. Here are a few examples:
  - a. “Development is about getting better and better, not being perfect.”
  - b. “Never give up.”
  - c. “It’s not whether I win or lose. I win if I learn, grow, and develop.”
  - d. “Orient. Observe. Learn. Improve.”
  - e. “Discomfort and disorientation are a normal part of growth and development.”

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4. Make it conscious until it is automatic. If it doesn't seem natural to you to go through your day with an eye toward learning, then one way to counter that is to repeatedly and consciously do things that someone with a healthy Learning Mindset would do. For example, purposely seek out new experiences that take you out of your comfort zone, and when engaging in those experiences, make it your goal to learn as much as you can through the experience. Over time, you will begin to develop new neural pathways that contribute to new habits of mind and behavior: The Learning Mindset.

To begin using learning practices as tools to accelerate and enhance your progress from experiential learning, start by taking responsibility for your growth and development. Until you *own* your development—***proactively taking, not just accepting, responsibility*** for your learning and growth—you are a passive bystander who is waiting or sleepwalking through life. Unless you proactively take responsibility for your growth and development, learning may or may not happen and, if it does, it will be accidental, incidental, serendipitous, and tacit. And you will be missing out on the biggest developmental arena available to leaders and students: day-to-day work/class experience.

As you face the challenges of health care leaders, remember that the most influential leaders can transform their experiences into growth and development. And the more significant the challenge, the more significant the opportunity to develop as a leader. If you have a Learning Mindset and consistently and rigorously put the learning practices into action, you will learn faster. As a result, you'll perform at a higher level and create significant value for your organization and yourself.

Adopting the Learning Mindset and using Learning Practices is not easy. Benjamin Franklin wrote, "There are three things extremely hard: steel, a diamond, and to know one's self." On the surface, the logic is clear: attitudes lead to behaviors, and often changing behaviors can, over time, change attitudes. You may already be thinking, "Of course, I have a Learning Mindset! I do some of those Learning Practices all the time! Unfortunately, most of us do a pretty poor job of assessing our competencies and capabilities. We tend to exaggerate our strengths and downplay our weaknesses. We all need to use a heightened level of self-examination and conduct honest self-appraisal as we develop as leaders.

## ***How to Use the Book***

Each chapter of the book builds on a series of exercises and reflection questions designed to guide you through the process of developing your abilities as an innovative leader. We recommend that you use the following sequence to process the material efficiently.

### ***1. Read Intently***

Read through the chapter thoroughly. We introduce and illustrate an integrated set of concepts for each element in building Innovative Leadership.

### ***2. Contemplate and Reflect***

Using a set of carefully chosen applications and specifically designed exercises will help bring the concepts to life. Through a process of dynamic examination and reflection, you will be encouraged to contemplate some meaningful, real-life implications of change. You can do many exercises on your own; you will do others with input from colleagues.

### ***3. Link Your Experience***

As you sequentially build your understanding, you will begin noticing habits and conditioned patterns that present clear growth opportunities. Though you may experience personal resistance along the way, you will discover new and positive strengths. As you become more adept at using these ideas, you will find yourself increasingly capable of proactive engagement with the concepts and increasingly respond to situations requiring Innovative Leadership with greater capacity.

Once you have completed the process, you will have created a plan to grow as an innovative health care leader.

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# CHAPTER 1

## Elements of Innovative Leadership

*Too often, leaders of organizational change see the organization as an object separate of themselves... To be an effective leader, one must understand the nature of leadership, one's self, and [the] organization within the unfolding of one's day-to-day experience... [It is] clear how important it is for a leader to be the organizational change he or she seeks.*

—Wiley W. Souba, *The Science of Leading Yourself: A Missing Piece in the Health Care Transformation Puzzle*

The Innovative Leadership Model helps health care leaders orient toward self-understanding (the internal process including character and other behaviors such as competence and communication as a leader), an understanding of organizational culture and systems (context), and an understanding of the development necessary to lead in the ever-changing and evolving field of medicine. You will use this model as the foundation for your leadership development roadmap.

Innovative Leadership integrates several different concepts into a single, cohesive model. The introduction referenced them, and we repeat them here for your quick reference. After reading the models and a case study example, you will complete your development process by putting the models to use in your leadership.

### ***Innovative Leadership***

The five elements that comprise **Innovative Leadership**—Leader Type, Developmental Perspective, Resilience, Situational Analysis, and Leadership Behaviors—are discussed and applied throughout the book's balance. We discuss the concept and various assessment instruments used to assess your leadership within each element for each of the five elements. This chapter defines and describes each component of Innovative Leadership and how they interact and then provides a general framework for innovating how you lead. Subsequent chapters focus in greater depth on the process to develop your leadership, leveraging each of the elements, and

providing opportunities to use the instruments. Ultimately, at the end of this process, you will have elevated your current level of leadership, and you will understand the roadmap to leadership development so you can continue to apply it throughout your career and life.

We use models to create a shared language and a repeatable process for talking about and developing health care leaders and leadership. Each leader will use this material differently to accomplish their goals of moving their organization forward so that it improves the lives of the people it serves and at the same time takes into consideration the rightful interests of the organizational members. This approach requires equal parts of the science of leadership and the heart of the health care leader. Leading with the heart is addressed by character, competencies, and behaviors, such as values and emotional intelligence.

**Figure 1.1 Five Elements of Innovative Leadership**



Theorists have looked at each of these elements separately over many years and have suggested that mastering one or two of them is typically sufficient for effective leaders. We believe that while that may have been true in a less complicated world, it is no longer the case.

Influential leaders need

a much more holistic view than they have at any other time in history. In short, leadership excellence is a journey, and while great leaders may not have mastered all five elements in this model, they will be working toward mastery of all of them.

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## Leader Personality Type

**Leader Personality Type (or Leader Type)** is the first of the five core elements (Figure 1.1) to develop Innovative Leadership. Part of the challenge in innovating leadership is learning to become more self-reflective and to put that self-reflective knowledge into practice. Looking inside yourself and examining your inner being's makeup enables you to function in a highly grounded way rather than operating *only* from the innate biases that lead to uninformed, reflexive, or unconscious decision-making. While biases come in many forms, in this section, we are focusing on personality-related biases.

Each of us needs to understand the leader and follower types associated with our personality or which we may have learned from experiences, role modeling, or personal preferences. It is also critical to know how that type impacts others and how effective it is in various situations. Understanding ourselves and others is the foundation from which we can adapt, develop, and grow to better respond to the reactions of people with whom we interact; when and how to adapt; and the demands, constraints, and opportunities presented in different situations, organizations, cultures, and systems. Type is reflected in the table in the upper left quadrant (individual inside).

The Leader Personality Type reflects your core predispositions, traits, and attitudes as a person. Not surprisingly, these attributes critically influence who you are as a leader, how you respond to stress, and how people will experience your leadership. This understanding, as with the ancient Greek adage –“Know thyself”– is essential because it will provide insight into your “default” presence and will also offer you the opportunity to use other leadership traits in appropriate ways within a situation. One way to observe this is by examining aspects of your inner being that reflect your personality. For example, I may use the Myers Briggs type indicator to suggest that I am an introvert, meaning people may see me as quiet, reserved, and thoughtful. When I am in a situation where being outgoing is required, I realize that I need to step out of my default behavior and take on an extrovert's qualities and be more outgoing. My level of self-awareness helps me “shift gears” when the situation requires a different action. The Leader Personality Type (referred to going forward as Leader Type) is an essential foundation of your makeup and significantly shapes your leadership effectiveness. There are several useful tools for helping to describe leadership and personality types. A wide range of organizations use these tools, e.g., Enneagram, Eysenck Personality Inventory, Eysenck Personality Questionnaire, Minnesota Multiphasic Personality Inventory (MMPI), Myers Briggs Type Indicator (MBTI), Revised NEO Personality Inventory (NEO-PI-R), and True Colors. Each of these tools (or models) has particular strengths in their presentations and specific weaknesses.

Self-awareness, the practice of engaging in self-reflection and achieving clarity of insight, being conscious of one's own identity, and the extent to which perceptions about oneself are accurate and compatible with others' observations, play a pivotal leadership role. Self-aware leaders self-regulate behaviors, cognitions, and emotions more effectively depending on the situation, evaluate their impact on others, and possess higher emotional intelligence levels.

Self-aware leaders become more versatile in their leadership and may perform better. Consequently, successful leader development is the foremost personal development.

Your ability to use deep self-reflection relies on developing a capacity for self-understanding and self-awareness, features of emotional intelligence (discussed further in Chapter Two). Self-understanding and self-awareness allow you to expand your perspective and develop a greater understanding of others. These traits associated with Leader Type support a leader's ability to manage self, communicate effectively with others, and encourage personal learning. It is essential to keep in mind that these personality and leadership types are inherent traits and generally do not change significantly throughout your life. ***By understanding your type and those around you, you can begin to see situations without your perceptions' bias.*** You can develop a more precise understanding and can make more informed decisions with less reflexive behavior. You can learn to deeply understand the inner movements of your strengths, weaknesses, and core patterns. Leadership typing tools help promote this kind of self-knowledge and pattern recognition and build the interpersonal, team, and organizational effectiveness.

Given that we all have “blind spots” (namely, things about ourselves that we do not see but that others recognize about us), another vital way to gain insight about yourself is to seek feedback from trusted colleagues, family members, and friends. Getting feedback can help you understand your “real self.” This understanding is fundamental because the way you appear to others can be challenging to see without feedback or leadership type assessment instruments.

***By learning about these patterns, you can gain perspective on your life and start connecting the dots among your different experiences. Most of us have a concept about how we behave, but that is likely clouded and not entirely true. One of the hardest things for most people is to see themselves accurately. How astonishing it is to see through the clouds and recognize yourself clearly.***

—Roxanne Howe-Murphy, *Deep Coaching: Using the Enneagram as a Catalyst for Profound Change*

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Learning at this deeper level can offer remarkable insight into life areas that you may either exaggerate or underemphasize.

Their overall purpose of understanding is to help you make objective sense of your thought and behavior patterns—i.e., your Leader Type—and those of other people, thereby increasing self-awareness and awareness of others.

## ***Developmental Perspective***

This book will discuss ***Developmental Levels and Perspectives***, also referred to as developmental maturity or developmental levels, as the second of the five core elements (Figure 1.1) in developing Innovative Leadership. Leaders evolve in leadership maturity stages throughout their careers. Each stage of developmental maturity advances the leader's capacities to deal with leadership responsibilities.

Developmental Perspectives influence how you see your role and function in the workplace, how you interact with other people, and how you solve problems. Developmental Perspective is “meaning-making,” or how you make sense of experiences using the Leadership Maturity Framework (LMF). The concept of meaning-making is essential because the algorithm you use to make sense of the world influences your thoughts and actions. Incorporating these perspectives as part of your inner exploration is critical to developing Innovative Leadership. An essential element of the LMF is that leaders can progress through maturity levels as they evolve. The more mature or evolved leaders are, the more effective they will be at leading complex organizations in times of change. While personality type remains relatively stable for most people, each of us can evolve or mature as measured by the LMF.

One reason developmental maturity is so crucial for leaders to understand is that the internal “meaning-making algorithm” or level of maturity influences how every individual is likely to respond. Individuals at an earlier maturity level rely on rules to determine the appropriate course of action, whereas individuals at a later stage of maturity use their values to guide appropriate actions. As leaders, we can be more effective when adding this construct to our repertoire of tools and techniques to understand ourselves and others. It enables us to produce the best outcome for all involved by bolstering our self-awareness and relationship-awareness. Additional information about the levels of maturity is in Appendix 2.

The LMF evaluates three primary dimensions: cognitive complexity, emotional competence, and behavior.

To connect Developmental Perspective with Leader Type, let's consider how these two core elements and models come together. While Leader Type is generally constant over your life, you can grow and develop your leadership developmental perspective. Although your inherent Leader Type determines your initial tendency to lead, good leaders also develop over time, and leaders of all types can be successful as long as they are "mature." Therefore, leaders are both born and made. How leaders "are made" is best described using an approach that considers their Developmental Perspective. The idea that Type remains consistent during your life while Developmental Perspective evolves is an essential differentiator in leadership development and allows you to see what can be changed and what you should accept as static or as an innate personality type.

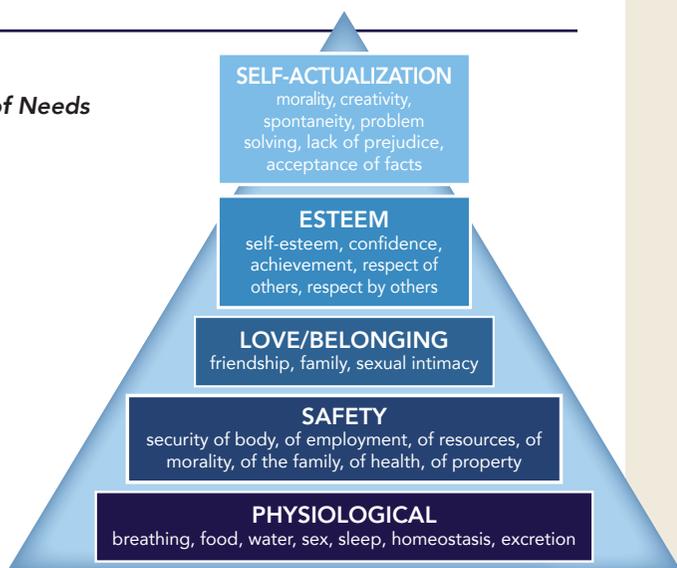
We can also apply this model at the organizational level to help select and train leaders more effectively. Here are some additional benefits of using a model of Developmental Perspective:

- It guides leaders in determining their personal development goals and action plans using their Developmental Perspective as an essential guide. If leaders know their current developmental maturity level and their goal, then the development plan should include actions to close the gap.
- Moving from one Developmental Perspective to the next is called vertical development. Horizontal development is the increase in knowledge and skills about things you already know. Vertical development is a change in how you perceive the world. While horizontal development might teach a leader more about budgeting or managing people, vertical development would change how they saw the allocation of money or people's growth in their organization. Both are important and represent different learning processes. It is essential to consider when determining which individuals and team members best fit specific roles.
- It helps identify high-potential leaders to groom for growth opportunities.
- It helps in the hiring process to determine the individual fit for a specific job.
- It helps change agents understand others' perspective and craft solutions that meet the needs of all stakeholders.
- It helps leaders understand their stakeholders and communicate more effectively with them.

One of this book's key goals is to share this leadership maturity model and provide tools that will help you mature as you progress throughout the book.

**Figure. 1.2 Maslow's Hierarchy of Needs**

The basis of Developmental Perspective is research and the observation that over time people tend to grow and progress through several distinct stages of awareness and ability. One of the best-known and tested developmental models is Abraham Maslow's hierarchy of needs, a pyramid-shaped visual aid he created to explain his theory of psychological and physical human needs. As you ascend the steps of the pyramid, you can eventually reach a level of self-actualization.



Developmental growth occurs just as other capabilities expand in your life. Building on your Leader Type, you continue to grow, increasing access to or capacity for additional skills and capabilities. We call this “transcend and include” in that you transcend the prior level/perspective and still maintain the ability to access the knowledge and abilities associated with that perspective. Using the example of learning how to run to illustrate development, you must first learn to stand and walk before running. And yet, as you eventually master running, you still effortlessly retain the earlier, foundational skills of standing and walking. In other words, you can develop your capacity to build beyond the necessary skills you have now by moving through more progressive stages. It is also important to note that while individuals develop the ability to run, there are many times that walking is a much more appropriate choice of movement. The successful leader has a broad repertoire of mindsets and behaviors and can select the most appropriate one depending on the situation. A health care professional may, in one moment, be having a conversation with a colleague about the next career step and, in the next moment, responding to a code blue life-threatening medical emergency. The people in this situation will move from self-actualization back to safety in their thoughts and actions. After they neutralize the threat, the leader may move to a different focus—the more developmentally mature the leader, the broader the mindsets, and the more comprehensive the options from which to choose. Effective leaders must be able to respond to the context.

People develop vertically, moving through stages at vastly differing rates, often influenced by significant events or “disorienting dilemmas” and the systems in which they operate, including family systems, work context, and community influences. Disorienting events and dilemmas provide opportunities to begin experiencing

your world from a completely different point of view. The nature of those influential events can vary greatly, ranging from positive social milestones such as marriage, a new job, or the birth of a child, to negative experiences, such as job loss, an accident, a pandemic, or the death of a loved one. These situations often trigger lasting changes in your way of thinking and feeling altogether. Some new Developmental Perspectives develop gradually over time, whereas others may emerge quite abruptly.

This book shares processes that support vertical development. Finding the right support for your situation can help you move more effectively through disorientation and gain a precious perspective that will help you perform more effectively as a leader and person.

Some developmentally mature leaders may be relatively young, whereas others may experience minimal developmental growth throughout their lives. Adding to Developmental Maturity's complexity is that Developmental Perspectives' unfolding does not rely on age, gender, nationality, or affluence.

When we try to identify a person's Developmental Perspective, we listen and exchange ideas with others, engage in self-reflection, and display openness to learning. Many people naturally intuit and discern what motivates others and what causes some of their most significant challenges. The developmental maturity framework is essential for health care workers because it helps you lead more effectively and helps you diagnose and respond to your patients' level of meaning-making. Some patients will want you to tell them what to do, while others will want to understand and participate in the process. Mastering the ability to quickly discern the meaning-making algorithm will increase your effectiveness with patients and improve their satisfaction with their overall health care experience.

## ***Resilience***

Resilience is the third key leadership concept (Figure 1.3). We describe it in two distinct ways. Resilience is how much disturbance your systems can absorb before they break down, using an engineering analogy. This view highlights the sturdiness of individual systems. Second, from a leadership perspective, Resilience can be viewed as your ability to adapt in the face of change while continuing to be both adaptable in your approach and driven toward attaining strategic goals. The first definition reflects stability, and the second refers to fluidity and endurance. Addressing all aspects of Resilience is critical to managing stress and increasing your baseline capacity to function in stressful environments.

Innovative leaders must adapt in the face of volatile, uncertain, complex, and ambiguous (VUCA) situations and demands. Innovative health care leaders must

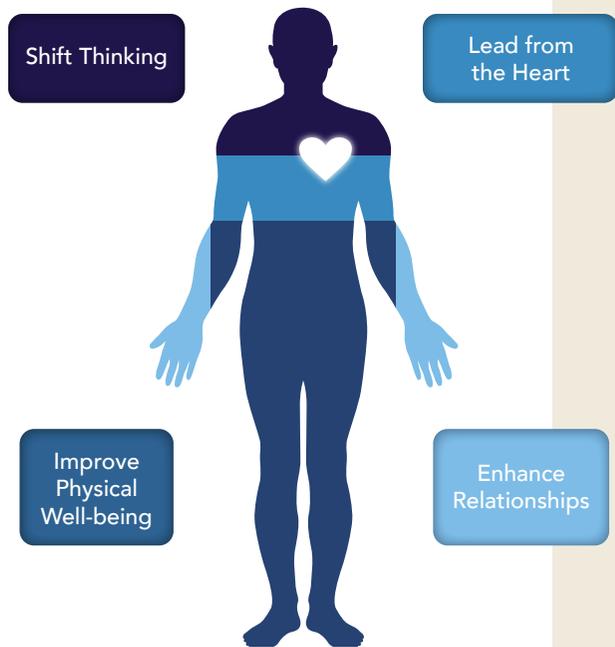
maintain their own physical, psychological, and emotional health to have the resilience essential for success. They must build and sustain the ability to be flexible and focused, build the capacity to regain balance after disorienting situations, and inspire others.

Among the elements essential to leadership, Resilience is unique. It integrates the physical and psychological aspects of leader type and Developmental Perspective to create the foundation of a leader's inner stability. This foundation enables you to demonstrate fluidity and endurance as you adapt to ongoing change. The resilient health care leader shows personal resilience. It is also contagious; it positively impacts others.

**Figure 1.3 Elements of Resilience**

Resilience's underlying premise is that you need to be physically and emotionally healthy to do an excellent job as a leader. In addition to physical and emotional health, the resilient leader also has a clear sense of life purpose, exceptional emotional intelligence, and strong supportive relationships. For most people, enhancing Resilience requires personal change.

Our Resilience model has four categories: improve physical well-being, shift thinking, lead from the heart, and enhance relationships. These categories are interlinked, and all of them must be in balance to create long-term Resilience.



Leaders we work with often initially say they are too busy to take care of themselves. Finding the balance between self-care and meeting all of our daily commitments is tough. Yet, leaders are their own most essential instruments of leadership, so caring for oneself is crucial. Most people fall short of their goals and, over the long term, make choices *for* or *against* Resilience and personal health. Enhancing Resilience is essential to your success. As you improve your Resilience, you will think more clearly and have a more significant positive impact on your interactions with others. Investing in Resilience supports the entire organization's effectiveness.

The following table provides questions for each of the four Resilience categories to identify opportunities for improvement.

<b>TABLE 1.1 KEYS TO BUILDING &amp; RETAINING PERSONAL RESILIENCE</b>	
<p><b>Improve Physical Well-being</b></p> <p>Are you getting enough</p> <ul style="list-style-type: none"> <li>■ Sleep</li> <li>■ Exercise</li> <li>■ Healthy food</li> <li>■ Time in nature</li> <li>■ Time to meditate &amp; relax</li> </ul> <p>Are you limiting or eliminating</p> <ul style="list-style-type: none"> <li>■ Caffeine</li> <li>■ Nicotine</li> </ul>	<p><b>Lead from the Heart</b></p> <p>Understand what you stand for, and maintain focus. Ask:</p> <ul style="list-style-type: none"> <li>■ What is my purpose?</li> <li>■ Am I actively living my life in alignment with my purpose?</li> <li>■ What values do I hold? How do I live these values in my work and life?</li> <li>■ Do I have a practice that allows me to connect with my feelings and share them with others?</li> <li>■ How do I show compassion for my colleagues as well as our patients?</li> <li>■ Do I find opportunities to make a positive and uplifting impact in all of my interactions?</li> </ul>
<p><b>Shift Thinking</b></p> <p>Practice telling yourself:</p> <ul style="list-style-type: none"> <li>■ Challenges are normal and healthy for any individual or organization.</li> <li>■ My current problem is a doorway to an innovative solution.</li> <li>■ I feel inspired by the opportunity to create new possibilities that did not exist before.</li> </ul>	<p><b>Enhance Relationships</b></p> <p>Practice effective communication:</p> <ul style="list-style-type: none"> <li>■ Say things simply and clearly.</li> <li>■ Communicate with empathy.</li> <li>■ Make communication safe by listening, inquiring, and being responsive.</li> <li>■ Encourage people to ask questions and clarify if they do not understand your message.</li> <li>■ Balance advocacy for your point by inquiring about the other person's perspectives.</li> <li>■ When you have a different perspective, seek to understand how and why the other person believes what they do in a non-threatening way.</li> <li>■ When in doubt, share information and emotions.</li> <li>■ Build trust by acting for the greater good.</li> </ul>

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## Situational Analysis

Situational Analysis is the fourth core element of our leadership model. Innovative health care leaders apply the model depicted in Figure 1.4 that considers the mutual interaction of self, culture, action, and systems to perform effectively and achieve desired goals.

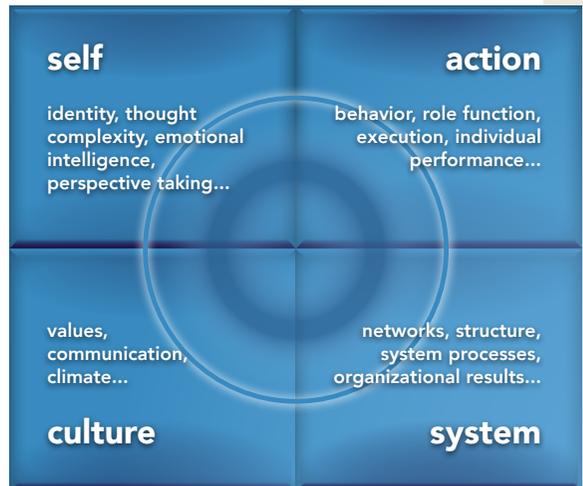
Though much of the work of building Innovative Leadership focuses on an in-depth examination of your personal and professional experience, understanding the background or context of that experience is equally important. Consider that your experience isn't merely a collection of individual expressions, events, and random happenstance; instead, the interplay of your attributes and character, shared relationships, and teams and organizations shape it.

### Figure 1.4 Elements of Situational Analysis

The mutual interaction of self (physical, emotional, mental, and character), culture, action, and systems influences every moment of your experience. All four of these essential dimensions are fundamental to every experience we have. Situational Analysis involves evaluating the four-dimensional view of reality (understanding and adapting to your context) reflected in Figure 1.4. This comprehensive

approach ensures that all dimensions are aligned, ideally resulting in balanced and efficient action. We refer to these four dimensions as inside self, individual action, organizational culture, and organizational systems. Balancing and the ability to align all dimensions without favoring elements is essential for innovative leaders.

At their peril, leaders can take a partial or narrow-minded approach to change organizations by overemphasizing changes with little or no consideration to the culture or how their personal views, inner emotional state—as well as their actions—shape the content and success of the change. In contrast, a multi-dimensional approach provides a more complete and accurate view of events and context. Situational Analysis enables you to create alignment across the four dimensions on an ongoing basis.



American-born philosopher, Ken Wilber, developed a conceptual scheme to illustrate the four basic dimensions of being that form the backbone of experience. His Integral Model provides a map that shows the mutual relationship and interconnection among four dimensions in which each represents essential elements of human experience.

When you use Situational Analysis, you are cultivating simultaneous awareness of all four dimensions. Let's look at an example that will give you a more experiential description of how these dimensions shape every situation in your life.

**Example:** *Visualize yourself walking into a hospital in the morning.*

**Self** (*Upper-Left Quadrant, "I"*): You feel excited and a little nervous about performing surgery today. Are you tired, hungry, or well-rested? What thoughts race through your head about how best to prepare?

**Culture** (*Lower-Left Quadrant, "We"*): You enter a familiar culture of shared meaning, values, and expectations communicated, explicitly and implicitly, every day when you enter the hospital. You understand how things work, and you feel comfortable and psychologically safe in this environment.

**Action** (*Upper-Right, "It"*): Your physical behaviors are obvious: walking, waving good morning, scrubbing before entering the operating room, reviewing the patient chart, checking in with the surgical team. Brain activity, heart rate, and perspiration all increase as the surgery draws nearer.

**System** (*Lower-Right, "Its"*): Lights and equipment (maybe robotics), powered by electricity generated miles away, help you perform a flawless surgery. You easily navigate the familiar environment, arrive at your operating room, log on to the EMR system using the hospital's intranet to check the latest patient records. A team member will update the EMR after the procedure, then the next person on the team will move the patient to a recovery room and ensure that the care team has the appropriate information for the next step in the care process.

Now that you have a clearer understanding of the four quadrants, it is essential to consider, when one component changes, that it likely impacts all others. Highly effective leaders consistently pay attention to each quadrant's impact on the others and work to keep them aligned. Suppose you are promoted and want others to perceive you differently when you visualize yourself walking into the hospital in the morning (situation above). What will be different in all four dimensions as you walk into the hospital?

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Understanding the organizational culture and systems help us know how to adapt our behavior. The office context is different from the hospital and different still from an emergent situation emergency responders face. Leaders must understand the context and adjust themselves to the situation and adjust the situation to the organization's mission and goals.

To add to the complexity of diagnosing, analyzing situations, and the challenges we face as leaders, our primary means of interaction is language. **Communication** involves the leaders making meaning of what is happening based on the context as the leaders experience it, translating into words that the listener interprets and applies to meaning. The leader senses and receives, and conveys messages verbally and non-verbally. Each of us at every moment is always already listening in a particular way, listening from the particular set of values and concerns that constitute our identity. Our way of being and our understanding of the world, given by these values and concerns, constitute the listening that each of us always already is, the listening that determines the way the world occurs for us.

A crucial part of innovating leadership is developing your capacity to be aware of all dimensions of reality in any given moment and to identify misalignments or oversights and **communicate** them effectively to a broad range of stakeholders within the health care system. Even though you cannot physically see the values, beliefs, and emotions that strongly influence the way individual colleagues perceive themselves and the world, nor a group's culture, emotional climate, or collective perception, they still profoundly shape the vision and potential of leaders to innovate.

Situational Analysis is a tool of Innovative Leadership that allows you to make more informed decisions and optimize performance within yourself, your teams, and the broader organization. The alignment of all dimensions is key to optimizing performance.

## ***Leadership Mindsets and Behaviors***

Let's now shift focus to the actionable craft of leadership as observable leadership competencies (knowledge, skills, abilities, and behaviors). This shift involves the fifth core element in our model (Figure 1.1), **Leadership Behaviors**. Leadership skills and health care skills are critical to success and serve as objective performance measures of Innovative Leadership.

Hard skills fall into two primary categories: industry-related knowledge such as health care and functional expertise, such as hospital finance or HR. Leadership skills can be evaluated by observable behaviors and result from knowledge, skills, and attitudes related explicitly to the craft of leadership.

We use the term **Leadership Behaviors** (or competencies) in this book when referring to leadership knowledge, skills, aptitudes, and resulting behaviors. Both hard skills (skills associated with health care excellence) and Leadership Behaviors are critical to building Innovative Leadership; however, the balance between the importance of health care skills and Leadership Behaviors will shift as the leader progresses in the organization. Leadership skills and behaviors become increasingly necessary for career advancement. It is important to remember that many people are selected to move into leadership for their health care skills. Unless they build leadership and management skills, they will be ineffective in a leadership role that requires leadership skills.

Leadership Behaviors are vital because they are the objective actions that leaders take to impact organizational success. We have all seen brilliant leaders behave in a manner that damages their organization, and we have seen other leaders continually behave in ways that promote ongoing organizational success. Effective leadership behavior drives organizational success. Conversely, ineffective Leadership Behaviors can cause organizational dysfunction or failure. Even the most functionally brilliant leader must demonstrate effective Leadership Behaviors to be successful when leading an organization.

Knowledge of these key concepts and associated skills and practice result in leadership behaviors—the objective actions that leaders take to impact individual, team, and organizational success. These behaviors align with the developmental maturity model and specify critical behaviors and mindsets associated with the most influential leaders in complex and dynamic situations.

An example of the need for both health care skills and Leadership Behaviors is a hospital CEO. This CEO may have been a trauma surgeon. To be successful, they must possess health care skills, hospital operations skills to understand how the hospital operates, and Leadership Behaviors to effectively lead people and the organization. If any of these sets of skills are missing, the leader and the hospital risk failure. Early in their career, a mastery of surgery set them apart from their peers. As they progressed into the senior leadership ranks and then to the role of CEO, using Leadership Behaviors became their primary focus. While they never lost the ability to work as surgeons or understand hospital operations, they now rely on functional and leadership skills to guide their direction and actions.

As Peter Northouse demonstrated in his book on leadership, there are different ways to discuss leadership from a skills perspective.

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*There are several strengths in conceptualizing leadership from a skills [actions] perspective. First, it is a leader-centered model that stresses the importance of the leader's abilities, and it places learning skills at the center of effective leadership performance. Second, the skills approach describes leadership in such a way that it makes it available to everyone. Skills are behaviors that we all can learn to develop and improve. Third, the skills approach provides a sophisticated map that explains how effective leadership performance can be achieved.*

—Peter G. Northouse, *Leadership Theory and Practice*

As a leader, it is vital to understand the critical Leadership Behaviors essential to you and your organization. With this understanding, you can determine where you excel and where you may want to refine your skills.

### **Leadership Competency Model**

Competency-based approaches began in the 1970s. In 1973, David McClelland, a psychologist and professor at Harvard University, authored an impassioned article in *The American Psychologist* entitled, “Testing for Competence Rather than for ‘Intelligence.’” In this article, Dr. McClelland proposed the idea of a competency-based assessment system for work and education, noting that the traditional intelligence-based assessments were both often scientifically invalid and poor predictors of success. That article ignited a movement that linked competence in knowledge, skills, attitudes, and behaviors (KSABs) to human capital performance management and development. We refer to this as a competent leader; the leader has mastered the knowledge, skills, abilities, and behaviors required to function effectively. It is important to note that the leadership competency model refers only to the KSABs associated with leadership. It does not specifically reference KSABs associated with any of the professions the leader is leading.

A competency-based approach creates an integrated system that links KSABs to the hiring, performance, management, promotion, and development of people. For the competency approach to be successful, the organization identifies the KSABs needed for a specific role, develops the competency, and ensures that the context or culture in which the leader uses it is integrated into the competency selection. The organization then works to ensure that it measures it in a meaningful way.

While competency models certainly have their detractors, criticisms often aim at executing the approach rather than the approach itself. This integrated, measurable,

role-specific approach has several advantages over other developmental models. It is used extensively in the medical environment with competency guidelines and assessment of clinical skills.

While there are several effective leadership competency approaches, current competency models that measure and develop leadership KSABs often occur both too late in the leadership development process and are too tactical. Because of most competency approaches' role-specific nature, we generally find that new leaders get measured and developed as leaders only after being in leadership roles. This timing of development leaves a lot of opportunity for failure and heartache. Imagine being an anesthesiologist who has been perfecting their clinical skills for several years but is now interested in moving into a senior leadership role within their hospital division and getting limited, if any, training. While this health care leader's intellect, knowledge of the hospital environment, and clinical skills are most likely at a high level, leaders should have had the opportunity to develop their leadership KSABs BEFORE they attempt to move into a senior leadership position.

The KSABs required to be an effective resident or starting clinician only tangentially address the development of practical executive leadership skills. A mounting dossier of research points to developmental maturity as necessary to effective leadership, especially in transformational leadership abilities. Researchers such as Ken Wilber, Susanne R. Cook-Greuter, and Bill Torbert define developmental growth stages called Action-Logics (AL). These action logics (also called meaning-making in the section on developmental perspectives) are also the foundation for Developmental Perspectives. They have transformed these ALs into a leadership development framework with measurable stages. The noteworthy difference between these ALs versus traditional KSABs is that ALs help define the leader's developmental lens rather than the leader's learned information. This approach is analogous to the difference between a competency that defines a tool's use and a competency that defines the hand using the tool. ALs have broader implications. We believe the ALs are an essential foundation for the health care competencies described in the next chapter. While traditional KSABs like Executive Communication Skills and Situational Awareness tend to break down under stress and uncertain conditions, ALs tend to hold under pressure. This AL resilience reflects how they define who the person "has developed to become" rather than what behaviors they have learned to execute. Ultimately, both are critical for effective health care leadership.

The table below details seven transformational mindsets and the associated Leadership Competencies. These mindsets and competencies serve as the roadmap for the planning, benchmarking, and measurement of transformational leaders and are aligned with the strategist's level of developmental maturity, bridging leadership maturity and leadership behavior. Each of the seven competencies is measurable and can be effectively used to facilitate developmental growth.

## TABLE 1.2 STRATEGIST LEADERSHIP COMPETENCY MODEL

This list of leadership competencies is aligned with a mature developmental perspective and informs how you make sense of the world. The way you see the world drives how you behave. Few people operate entirely at this level. We provide this list to help you understand what highly mature Leaders generally experience when working at their highest potential. Interestingly, some of these competencies also overlap with character. **Character is about who someone is, whereas competence is about what they can do. Having strength of character enables an individual to exercise a certain competence.**

<p>Professionally humble</p>	<p><b><i>Cares more about the organization’s success than their success and image</i></b></p> <ul style="list-style-type: none"> <li>■ Committed to their personal and organizational mission as a “north star.” It’s a focal point for where to invest their energy in service of making a positive impact and leaving a legacy</li> <li>■ Cares more about the organization and the results than their image</li> <li>■ Freely, happily, and instinctively gives credit to others</li> <li>■ Puts principles ahead of personal gain</li> </ul>
<p>Unwavering commitment to right action</p>	<p><b><i>Is unstoppable and unflappable when on a mission</i></b></p> <ul style="list-style-type: none"> <li>■ Commits fully, drives hard, and focuses. At the same time, not overly-focused or stubborn</li> <li>■ Stays the course when under pressure and also dares to change course when a better approach emerges</li> </ul>
<p>A 360-degree thinker</p>	<p><b><i>Take a systems view – understanding the context and interconnectedness of systems when making critical decisions</i></b></p> <ul style="list-style-type: none"> <li>■ Understands the systems, constraints, perceptions, near term, long term, and secondary impacts of strategy and decisions and how to transform them to deliver meaningful results</li> <li>■ Balances the competing commitments of multiple stakeholders regularly</li> <li>■ Commit to continuous personal learning and building learning systems</li> <li>■ Understands cross-organizational impact and interconnections across multiple complex systems. They make highly informed decisions considering implications across broad contexts</li> <li>■ Thinks in terms of systems, constraints, and perceptions when focusing on transformation. They consider context as a foundation for critical decisions</li> </ul>

Intellectually versatile	<p><b><i>Develops interests, expertise, and curiosity beyond the job and organization—life-long learners</i></b></p> <ul style="list-style-type: none"> <li>■ Despite a devout commitment to the job and the organization, they are always interested and involved with areas beyond their comfort zones</li> <li>■ Takes a particular interest in their ecosystem, including industry-wide activities, political developments, and the international landscape</li> <li>■ Uses external interest to make an impact, enhance their legacy and provide balance in life</li> </ul>
Highly authentic and reflective	<p><b><i>Not constrained by personal appearance but is highly focused on individual behavior</i></b></p> <ul style="list-style-type: none"> <li>■ Highly committed to personal growth and development and growing and developing others</li> <li>■ Surprisingly open to feedback and non-defensive</li> <li>■ Seeks out discussions and feedback even in uncomfortable situations</li> <li>■ Manages emotions in the most challenging situations; understands the impact and contagious nature of emotions, so they develop skills to recognize them, manage them and relate to others productively</li> <li>■ Maintains perspective in times of stress, taking a long term view, and remaining vision focused. Difficult situations challenge them less than others</li> <li>■ Demonstrates emotional courage – willing to confront challenging situations</li> <li>■ Continually looking for ways to enable the organization to improve its ability to meet its mission more efficiently and effectively</li> </ul>

<p>Inspires followership</p>	<p><b><i>Has a remarkable ability to connect with people at all levels of the organization to create a shared vision</i></b></p> <ul style="list-style-type: none"> <li>■ Understands change is necessary to sustain the organization's ability to meet its mission. They know the steps to managing change and help the organization overcome its resistance</li> <li>■ Innate ability to diffuse conflict without avoiding or sidestepping the source of the conflict</li> <li>■ Uses humor effectively to put people at ease</li> <li>■ Relates to a broad range of people and understands their motivators and stressors</li> <li>■ Connects projects to the individual goals while working to overcome barriers</li> <li>■ Provides valuable feedback to others in a manner that is supportive of the recipient's growth and development</li> </ul>
<p>Innately collaborative</p>	<p><b><i>Welcomes collaboration in a quest for novel solutions that serve the highest outcome for all involved</i></b></p> <ul style="list-style-type: none"> <li>■ Seeks input and values diverse points of view; synthesize multiple perspectives into new solutions</li> <li>■ Creates solutions to complex problems by developing new approaches that did not exist, pulling together constituents in novel ways, synthesizing broader and more creative alliances</li> <li>■ Understands that in a time of extreme change, input from multiple stakeholders with diverse points of view is required to understand the complexities of the issues fully</li> </ul>

Effective leaders put all seven mindsets and behaviors into action regularly. Health care teams are more effective when they operate as teams, and team members demonstrate these mindsets and behaviors to build high performing teams.

Now let's turn to the next part of the model and the aspects of self that are relevant to becoming influential leaders and effective followers. When we think about the real function of moving an organization forward, this only happens when leaders inspire followers to follow them. The Leader-Follower Framework guides understanding of self and others and development both as a leader and follower.

## **Leader-Follower Framework**

As discussed above, there are five elements of Innovative Leadership: Leader Type, Developmental Perspective, Resilience, Situational Analysis, Leadership Behaviors. Work by Grunberg et al. and Barry and Grunberg highlights the importance of utilizing the Leader-Follower Framework to increase/improve/heighten your effectiveness as an innovative leader. We believe it is useful to reflect upon several aspects of yourself relevant to effective leadership: Character (or Self), Competence, Context, and Communication that operate across four psychosocial levels: Personal, Interpersonal, Team, and Organizational. These concepts (see Figure 1.5) are briefly described below and then discussed using the five elements of Innovative Leadership. The ideas also are relevant to the development of effective followers.

- **Character (or Self)** includes all aspects of who we are psychologically (self-awareness, honesty, integrity, trustworthiness, reliability, personality) and physically (demographics and physical attributes). As we proceed into the book, we will address different aspects of self separately using terms such as leader personality type and developmental maturity. Developmental maturity and moral character should evolve, while others such as demographics will remain relatively static.
- **Competence** includes what we know and do concerning role-specific knowledge and skills relevant to our specific role or job (e.g., a physician, nurse, psychologist, dentist, etc.). Competence also includes transcendent knowledge and skills pertinent to all roles (e.g., critical thinking, problem-solving, motivating others, emotional intelligence, conflict resolution). Competence is segmented into specific professional skills, those required to function as a health care practitioner, and leadership skills associated with being a successful leader. This book focuses on leadership competence in the leadership behavior section, describing key leadership behaviors. Factors such as type, resilience, and developmental maturity impact the leader's ability to exercise the behaviors associated with successful leadership. Competence is a product of what I believe and how I act.
- **Context** refers to when and where leadership occurs, physically, psychologically, socially, culturally, and situationally (such as under stress). Context is the meta-framework that contains the individual and the organization at any point in time. The leader must consider the entire context to make robust decisions. The leader is responsible for aligning all the individual and the organization's elements on an ongoing basis.
- **Communication** is how we send and receive information verbally (oral and written) and non-verbally (body language, facial expressions, paralanguage).

We call out communication because it is such a key component of leadership behaviors. Because communication is so essential to leadership, we have added *Appendix 1 - Leadership Communication*, to provide practical communication tools.

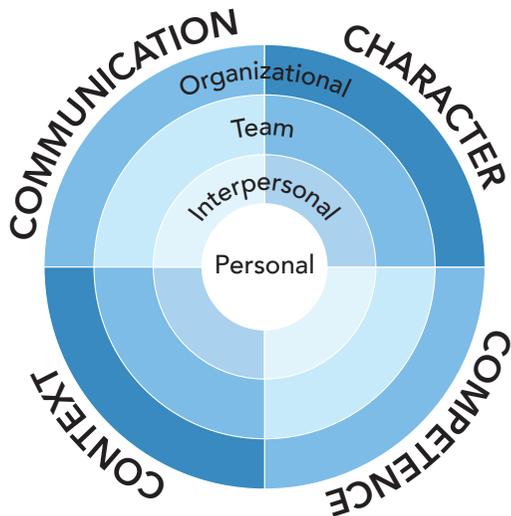
Leadership operates at four psychosocial Levels: Personal, Interpersonal, Team, and Organizational. Influential leaders work at all of these levels.

- **Personal** refers to the individual and focuses on self-awareness, knowledge, and skills appropriate for one's role, effective communication, and appropriate situational awareness.
- **Interpersonal** refers to dyadic relationships, such as physician-patient, nurse-patient, physician-nurse, peer-peer, leader-follower. Interpersonal focuses on working and communicating effectively and respectfully with other individuals in all situations, understanding the other individual, knowing how one is perceived, and applying appropriate knowledge and skills in relationships with others.
- **Team** refers to a small group of people with complementary skills who are committed to common goals. Teams build shared values, trust, and cohesiveness, work together, communicate effectively in various situations, understand team dynamics, and respond appropriately.
- **Organizational** refers to large groups, institutions, and systems. It focuses on vision and mission and understanding systems, processes, and various cultures.

Figure 1.5. Key aspects of leadership and psychosocial levels (adapted from Barry & Grunberg, 2020)

### Relating the Leader-Follower Framework to the Innovative Leadership Model

**Leader Type:** It is essential to recognize and understand “who” you are, “what” you do, “when and where” you do it, and “how” you do it. “Who” you are, including core values, attitudes, beliefs, and the relevance of your demographics



(including age, gender, physical characteristics) that contribute to your experiences and how others respond to you, are referred to as **Character** (or Self) in a broad sense. “What” you do, including role-specific actions and behaviors (as a physician, nurse, psychologist, dentist, etc.) as well as transcendent leadership behaviors (including decision making, problem-solving, conflict resolution, emotional intelligence) has been referred to as **Competence**. “When and where” you lead (or **Context**) refers to physical, psychological, social, cultural, and situational aspects. “How” you do it focuses on **Communication**, both sending and receiving. Effective leader style (e.g., authentic, democratic, servant, transactional, transformational) depends and should adapt based on all of these elements.

**Development Perspective:** Your developmental level influences how broad your perspective and focus as a leader become. The focus is on your own, or “Personal,” growth and expertise in the early development stages. Interactions with other individuals (including team members, peers, supervisors, patients, etc.) and how to optimize those dyadic relationships is referred to as “**Interpersonal**.” As leaders expand their developmental perspective, they widen their perspective and interactions and become more effective. Working with small groups of people who work together for common goals is referred to as the “**Team**” psychosocial level. Broadening to focus on large groups, organizations, systems, and cultures referred to as the “**Organizational**” psychosocial level.

**Resilience:** The extent to which you can adapt to various stressors (**Context**) and keep yourself focused (i.e., resilience) depends on your **Character**, **Competence**, and **Communication**. Resilience also depends on “**Context**” – physical, psychological, and social environments and factors that are inside and outside you, including your physical and psychological well-being, the situations you face, and the extent to which you can adapt and continue.

**Situational Analysis:** This fourth element of Innovative Leadership applies who (**Character**) you are, what (**Competence**) you do, and how you do it (**Communication**) in various situations, influenced by organizational culture and systems, i.e., when and where (or **Context**).

**Leadership Behaviors:** The fifth element of Innovative Leadership is the mindset you hold and actions you take – what (**Competence**) and how (**Communication** – sending and receiving) – that rely upon who (**Character**), what (**Competence**), when and where (**Context**).

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## Leadership Character - A Crucial Element

In addition to the other leadership elements we mentioned, any leadership discussion is incomplete without integrating Leadership Character. Thought leader and author Mary Crossan advises, “[Leadership] Character fundamentally shapes how we engage the world around us, what we notice, what we reinforce, who we engage in conversation, what we value, what we choose to act on, how we decide... and the list goes on.”

While there is no generally accepted definition of Character, Mary Crossan and her co-authors define character as an interconnected set of habituated patterns of thought, emotion, motivation or volition, and action that satisfy very specific criteria identified by Peterson and Seligman as being virtuous. They highlight the importance of Judgment, or what Aristotle referred to as “practical wisdom” in the centre of the leader character framework shown in Figure 1.6. Crossan notes, “When it comes to leadership, competencies determine what a person can do. Commitment determines what they want to do, and Character determines what they will do.” Following is the Leadership Character framework highlighting the importance of Judgment is at the center shown in Figure 1.6.”

**Figure 1.6. Leadership Character Framework: Ten Leadership Virtues**



All of the behaviors associated with Character are virtuous, meaning that they have been vetted by research as desirable by cultures throughout history. And because only a few of the behaviors are trait-based, you can develop Leader Character. Some of the actions can be viewed as values. Still, it is essential to recognize that they are not just any values, but only ones that satisfy the criteria of being virtuous. Mary Crossan's Developing Leadership Character article provides an in-depth analysis of eleven leadership virtues and what happens when they are either lacking or overweighted. Aristotle noted any virtue would operate like a vice when not supported by the other virtues. Thus, Courage becomes recklessness when not supported by Temperance. Integrity that is not supported by Humanity and Humility runs the risk of being dogmatic and egotistic. The aim is for leaders to develop strength in all dimensions of Leader Character. The following example from the Crossan article describes how virtue can strengthen a leader's performance and, when not supported by other dimensions of Leader Character, becomes a vice.

- Accountability ensures that leaders own and commit to the decisions they make and encourages the same in others
- Without Accountability, leaders don't commit to or own their decisions and cannot get others to do so. They blame others for poor outcomes and, in doing so, create a culture of fear and disengagement. People stop caring, with potentially disastrous consequences.

### ***How Do We Develop Character?***

Because Leader Character is a habit, the question to ask is, "who am I becoming while I am busy doing?" advises Crossan. We are always becoming something – more courageous, or less courageous, more humble, or less humble. Developing Leader Character requires understanding what it is and how virtues could operate like a vice. Many people are proud of their candor, their modesty, their calm, etc. Still, suppose these behaviors and the dimensions of Leader Character they support are not part of a strong network of actions. In that case, there is every possibility that they are counterproductive—operating like a vice. Consider something like "grit," which is touted widely as necessary. There are many behaviors within Courage and Drive that are grit-like, but research around grit has shown that it can lead to burnout. Why? Because you need the other dimensions of Leader Character, particularly Judgment, to know when to exercise grit and when not to.

Developing Leader Character flies in the face of many leadership approaches that suggest we should focus on our strengths and rely on other people to complement our weaknesses. Complementarity makes sense for personality traits like introversion or extroversion, but shortcomings compromise Judgment when it comes to Leader Character.

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Crossan notes, “[Leader] Character is constantly evolving, both personally and professionally. Thus, a person’s work and life experiences fundamentally shape [Leader] Character, and the story about who someone is and why they have become the person they are is unique to each person.” It will be necessary for the individual and the organization to attend to the virtues they want to see and understand how different virtues complement one another.

We are unlikely to change leader character elements if we are not conscious and motivated for each of the items referenced above. Self-awareness, conscious choice, rewarding context, aligning complementary virtues, practicing virtuous behaviors, and motivation impact the intention and outcome, building Leader Character.

Crossan further advises, “[Leader] Character is not something that you have or don’t have. All of us have [Leader] Character, but the key is the depth of development of each facet of Character that enables us to lead holistically. [Leader] Character is not a light switch that you can turn on and off. There are degrees, and every situation presents a different experience and opportunity to learn and deepen Leader Character. In particular, and for better or for worse, Leader Character comes to the fore when managing a crisis. No one is perfect when it comes to Leader Character, and given that its development is a lifelong journey, we will rise to the occasion in some situations and disappoint ourselves and those around us in others.”

In our current, fast-changing environment, we need leaders who demonstrate Leader Character, informed by leadership virtues. Organizations must understand how to build Leader Character and the contexts that inhibit Leader Character development.

### ***Justice, Equity, Diversity, and Inclusion (JEDI) Health Care Leadership***

Supporting, creating, and ensuring a just, equitable, diverse, and inclusive (JEDI) health care environment is crucial to every aspect of health care delivery. Innovative leaders use their influence to impact individuals, teams, and systems to create fair and engaging health care organizations. Even well-intended organizations can be ineffective at creating welcoming and inclusive environments due to unseen biases. Having a strong leadership character means caring for JEDI in your organization.

We believe this is so important that we have developed a detailed appendix (Appendix 2) outlining how innovative leaders ensure JEDI best practices. Please take some time to read our definitions, research, and some suggested solutions for JEDI health care excellence. Innovative leaders realize effective care is dependent on a socially just, equitable, diverse, and inclusive delivery system. Please take some time to visit Appendix 2.

## ***Putting It All Together***

- Innovative leader behavior depends on the four “C” elements of leadership, the psychosocial levels of interaction, and the leader’s developmental maturity.
- Innovative leaders develop internal mindsets, awareness, and maturity; behave in ways that reflect these ways of thinking; and update organizational cultures, systems, and processes to continue evolving. Innovative leaders offer and are open to a novel, new, and creative ways to develop themselves and others.
- They lead, manage, and transform complex organizations and systems to ensure effectiveness during disruptive change.
- Innovative leaders attend to the development or change of themselves, their behaviors, the culture, systems, and processes all concurrently. Often, under stress, traditional leaders may leave one or more of these elements out of the change equation and focus on “fixing” organizational problems by addressing processes, technology, and organizational systems. This traditional focus often overlooks the necessary changes to culture, leader’s beliefs, motivations, and individual behaviors. Without focusing on all areas, the leader’s efforts will fall short and unsustainable. Even worse, the traditional approach can cause unnecessary churn when clear and decisive action is required.
- Leaders evolve in leadership maturity stages throughout their careers. They progress through a leadership development process and learn to behave in ways that optimize effective outcomes, considering themselves, others, and situations. Each developmental maturity stage advances the leader’s capacities to deal with volatility, uncertainty, complexity, and ambiguity (VUCA). This book teaches health care leaders about developmental leadership maturity stages and helps individual leaders match developmental maturity stages with leadership responsibilities. We designed the materials, case studies, assessments, and reflection questions to increase developmental awareness and advance developmental maturity.
- It is essential to recognize that exceptional health care must consider everyone involved (health care team members, patients, patients’ significant others) and the context of the health care issues (e.g., health and wellness promotion, disease and injury prevention, rehabilitation, rest, and recovery, physical or behavioral health issues, alternative treatments, end-of-life preparation).

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- Health care leaders must act with compassion and integrity. Leaders must demonstrate qualities people are willing to follow to truly inspire followership, such as integrity, compassion, wisdom, and sound judgment.

### ***Innovative Leadership Reflection Questions***

We encourage you to think about this chapter and capture what you are taking away from it before proceeding with the book. The Innovative Leadership meta-framework is the foundation of the entire book, so we invite you to take your time to fully understand the model and how it will apply to you.

- What innovative challenge does your university, hospital, practice, or health care facility face?
- How does your organization support effective leadership for innovation and change?
- In what ways would you consider yourself an innovative leader?
- How do you personally connect with leadership and innovation?
- Where are the opportunities for you to be an innovative leader?
- What would make you and your organization more effective in leading innovation during a time of significant change in health care regulation?
- If you were successful beyond your wildest dreams in becoming an effective leader, then what would happen? Write the story as though it is a newspaper article with your name in the title of the article “(Your Name) Has Been Celebrated as a Highly-Effective Health Care Leader.”

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# CHAPTER 3

## Create a Compelling Vision of Your Future



Innovative Leadership is aspirational, inspirational, and enabling. This book for health care leaders provides a step-by-step process to support you in developing your Innovative Leadership capacity.

The comprehensiveness of these exercises, coupled with reflection exercises, gives you the insight into yourself and your organization to make a substantive personal change. This process will give you a framework to apply in a most effective way for you (not a linear prescription). You may choose to pursue it in a linear fashion or more of an iterative manner.

Most importantly, you take the time to learn about yourself, examine your thoughts and behaviors, and explore your meaning-making process. This meaning-making is the “algorithm” critical for updating your views as you learn and grow. This process is the beginning of leading yourself.

Wiley W. Souba explains, “Leading ourselves begins by discovering who we are. ‘Becoming a leader,’ writes Warren Bennis, ‘is synonymous with becoming yourself. It is that simple. It is that difficult.’ (Bennis, 1994). This may sound like a cliché, but if we don’t look at ourselves realistically, we will never learn from our experiences, and we won’t be able to crystallize what we genuinely care about and what we are willing to take a stand for. What it is to be human is inextricably linked to how we lead. What gets in the way of (constrains) our being human also gets in the way of our leadership.”

The leadership development approach and the tools we provide in this book differ from many others. They are more comprehensive; they direct you through an exploration that considers your unique, individual experience while simultaneously considering the groups and organizations to which you belong. You emerge from this process with more clarity about who you are, and you will be a better leader. This shift requires that you make a significant investment in building your self-awareness. Some

leadership programs teach you to recite leadership theories; this program walks you through a process where you become a better leader.

The first step of the six-step process, *Create a Compelling Vision of Your Future*, is a starting place for your development process by cultivating a sense of clarity about your overall vision, direction, and aspirations. The intention and motivations underlying your aspirations fuel both personal and professional goals, as well as give a sense of meaning to your life. When your actions align with your values and goals, they drive the impact you create in the world at large. As you move forward in the visioning process, we will guide you to begin thinking about individuals or groups that inspire or influence you.

Your vision and aspirations help you decide where best to invest your time and energy. Clarifying vision and values help you define a manner of contributing to the world that authentically honors who you are and what you value. Your vision and aspirations further help you clarify what you want to accomplish over time. You can select the time that resonates with you, whether a short-term—one to five years—or perhaps a longer-term time horizon, such as decades of your lifetime. After clarifying your own unique, personal vision, you will have the foundation for your ensuing change process. Knowing your vision and values creates the basis for your goals and can help you align your behavior with your aspirations.

As part of the envisioning process, it is essential to consider the context of your leadership role, your hospital, practice, colleagues, patients, or health care facility. If you are clear about your vision, you can evaluate where and how you fit within that organization. On the other hand, if your vision differs significantly from what you do and how you work, then the additional knowledge will guide you in finding a role that is a better fit (this transition may not happen in the short term). By knowing your vision and aspirations, you have information that helps you align the energy you invest with the work you do.

In addition to creating a well-defined vision, it is also essential to be clear about your motivation. The combination of vision and desire is what will enable you to maximize your potential. Without sufficient passion, solid vision, and an understanding of your current capabilities, you will likely struggle when progress becomes difficult.

### ***Tools and Exercises***

The exercises will guide you in identifying what is most important to you. First, you will define your future, and from that vantage point, clarify your vision and values. You will then consider your health care career's focus and the type and extent of the impact you want to have on the world.

It is important to note that many people who participate in this exercise will still not articulate vision because defining personal vision requires a great deal of introspection. While some people grow up knowing what impact they want to make, for others, identifying a vision is a process of gradual exploration. It will take more time and energy than completing a single book exercise. You will likely refine your vision as you progress through later chapters in the book, based on the information you learn about yourself. Because the envisioning process is iterative—a self-discovery process—the exercises in this book will serve as the foundation for a long process that may take considerably more time to complete. It will likely change as you gain experience and as your introspective process matures.

## ***Define Personal Vision***

Follow the steps defined below:

**Step 1: Create a picture of your future.** Imagine at the end of your life (or time you designate) looking back on what you have done and the results you have created.

- Of what are you most proud?
- Do you have a family? If so, what would they say about you?
- What did you accomplish professionally?
- What did you accomplish personally (that is, outside of work)?
- What would your colleagues say about you?
- What would your friends say about you?
- What relationships were the most fulfilling?

For the rest of this exercise, let that future person speak to you and help you set a path that enables you to look back with pride and say things like, “I feel fulfilled and at peace. I lived my life well.”

**Step 2: Write a story.** Now that you have an image of what you will accomplish, write a brief story about your prosperous life. Include details about the questions above. Make it an account of what you went through to achieve each of the results for the questions you answered. What you are trying to create is a roadmap for your journey that gives you greater insight into what you would want if you had the option to design your perfect life.

- Who helped you along the way?
- What did you enjoy about your daily life?
- Who was closest to you?
- What feelings did you have as you accomplished each milestone?
- How did you mentor and contribute to the success of others?
- What did you do to maintain your health?
- What role did spirituality or religion play in your journey?
- What job did you have?
- What role did material success play in your life?
- What type of person were you (kind, caring, driven, gracious)?

**Step 3: Describe your vision.** Given the story you wrote and the qualities you demonstrated as a person, write a two to five-sentence life purpose statement about your highest priorities in life and your inspirations. This statement should capture the essence of how you want to live your life and project yourself.

*For example, I develop myself to my most significant capacity and help others grow and thrive in all aspects of their lives. I am wise, conscious, compassionate, and courageous, and I contribute to making the world a better place through what I do and how I do it.*

**Step 4: Expand and clarify your vision.** If you are like most people, then what you wrote is a mixture of selfless and self-centered elements. People sometimes ask, “Is it all right to want to spend lavishly on clothing or to own a luxury car?” Part of the purpose of this exercise is to suspend your judgment about what is “worth” desiring and to ask instead which aspect of these visions is closest to your deepest desire. To find out, before going on to the next one, ask yourself the following question about each element: If I could have it now, would I take it?

Some elements of your vision don’t make it past this question. Others pass the test conditionally: “Yes, I want it, but only if . . .” Others pass but get clarified later in the process. As you complete this exercise, refine your vision to reflect any changes you want to make. You may start by thinking about the material belongings that make you happy and quickly move to the legacy you want to leave and the role model you want to be for your children.



After defining and clarifying your vision, it is time to consider your values. Combining these two exercises will help you create the foundation of what you want to accomplish and the core principles that guide your actions as you work toward your vision.

### **Checklist for Personal Values**

Values are deeply held views of what we find worthwhile. They come from many sources: parents, religion, schools, peers, people we admire, culture, and life experiences. Many go back to childhood; we develop others during adulthood. Values help us define how we live our lives and accomplish our purpose and often change over our lifetimes.

**Step 1:** Define what you value most. From the values list (work and personal), select the ten that are most important to you as guides for how to behave or as components of a valued way of life. Feel free to add any values of your own to this list.

PERSONAL VALUES CHECKLIST		
Achievement	Advancement and promotion	Adventure
Arts	Autonomy	Challenge
Change and variety	Community	Compassion
Competence	Competition	Cooperation
Creativity	Decisiveness	Democracy
Economic security	Environmental stewardship	Effectiveness
Efficiency	Ethical living	Excellence
Expertise	Fame	Fast living
Fast-paced work	Financial gain	Freedom
Friendship	Having a family	Health

PERSONAL VALUES CHECKLIST		
Helping other people	Honesty	Independence
Influencing others	Inner harmony	Integrity
Intellectual status	Leadership	Location
Love	Loyalty	Meaningful work
Money	Nature	Openness and honesty
Order (tranquility/stability)	Peace	Personal development/ learning
Pleasure	Power and authority	Privacy
Public service	Recognition	Relationships
Religion	Reputation	Security
Self-respect	Serenity	Sophistication
Spirituality	Stability	Status
Time away from work	Trust	Truth
Volunteering	Wealth	Wisdom
Work quality	Work under pressure	Other: _____



**Step 2: Elimination.** Now that you have identified ten values, imagine that you are only permitted to have five. Which five would you give up? Cross them off. Now cross off another two to bring your list down to three.

**Step 3: Integration.** Take a look at the top three values on your list.

- How would your life be different if those values were prominent and practiced?
- What exactly does each value mean? What do you expect from yourself, even in challenging times?
- Does the personal vision you've outlined reflect those values? If not, should your unique vision be expanded? Again, if not, are you prepared and willing to reconsider those values?
- Are you willing to create a life where these values are paramount and help an organization put those values into action?

Now, which *one item* on the list is most important to you?

## **Putting Vision into Action**

After defining and clarifying your vision and values, the next step is to reflect on putting them into action. You will consider what you care about most and your talents and skills to determine your current life you would like to refine or change. You are probably passionate about specific interests or areas within your life; if you're fortunate, you will have opportunities to participate in one or more of those areas.

You likely have passions that will always remain in the realm of hobbies. This exercise guides you in considering how best to incorporate your passion into your profession. The goal is to move closer to identifying your passions and expressing them in as many areas of life as possible.

In our experience, part of figuring out how you want to focus is paying attention to what you find profoundly interesting. Those interests simply reveal themselves in the course of your daily interaction with peers and colleagues and quite frequently at professional functions. You see them in whatever you find yourself reading; they even display themselves in the context of more casual occasions and are often seen in activities shared among friends.

This exercise appears simple on the surface but maybe something you revisit annually to refresh what is genuinely essential to you. We find that revisiting allows continual clarity about your direction, and iteration provides a mechanism for clarifying your path as you grow and develop. With everything you try (false starts and all), you will discover a more profound truth about yourself that moves you closer to your most authentic passions. You will incorporate some of those passions into your career; others will shape your personal life. You will also find that they change as your career and life evolves. Many people find their values change when they get married, have children, and experience significant losses such as parents' death. These changes are all part of the process we experience as we continue to grow and mature during our lives.

### **Exercise: Putting Vision into Action**

**Step 1: Identify your foundation.** Answer the three questions below by compiling a list of responses to each.

- What are your passions? This list of passions comes from the prior exercise and should now be relatively concise.
- What meets your economic needs?
- In which areas are you exceptional?

*\*Note: Your answers to these questions should reflect your values from the Personal Values Checklist. This exercise may be an opportunity to refine your vision and values if they are not aligned.*

**Step 2: Review and identify overlap.** Review your answers and identify the overlaps.

**Step 3: Harvest the ideas.** Do you see anything that you might incorporate into what you do or how you work based on the overlaps? This answer could mean adding service within your profession or allocating a portion of your work time to a project that aligns with your values.

An example is a client who, based on significant reflection, learned he valued giving back to the community in a way that they were not doing at the time. The client was the CEO of a technology firm, and though born and raised in India, their passion was offering computer training for returning U.S. veterans. Even though maintaining the job of CEO, they added a community support function into the business. They combined their passion for serving the community and professional skills to build the community's workforce and a reputation as a civic leader and successful entrepreneur. Over time, this CEO provided training and hired many veterans who went through the training program. The CEO combined his desire to help the community into a larger systemic project that allowed him to fund his community focus and help others.



## Vision-Based Actions

### Innovative Leadership Reflection Questions

To help you develop your action plan, further clarify your direction using the reflection questions below. “What do I think/believe?” reflects your intentions. “What do I do?” reflects your actions. “What do we believe?” reflects the culture of your organization (i.e., work, school, community), and “How do we do this?” reflects systems and processes for your organization. This exercise is an opportunity to practice Innovative Leadership by considering your vision for yourself and how it will play out in the context of your life. You will define your intentions, actions, culture, and systems systematically.

Table 3.1 contains an exhaustive list of questions to appeal to a broad range of health care leaders. You will find that a few of these questions best fit your situation. Focus on the questions that seem the most relevant. We recommend you answer one to three questions from each category.

**TABLE 3.1: QUESTIONS TO GUIDE THE LEADER AND ORGANIZATION**

#### **What do I think/believe?**

- How do I see myself in the future? What health care trends do I see around me that impact this view? Have I considered how these trends impact the way I want to contribute?
- How does my view of myself impact me? Does my vision inspire me? Terrified?
- How do I see myself within the larger health care environment? This image can range from my work environment to the broader health care environment.
- How do I gather input from key stakeholders to incorporate into my vision?
- What are the connections between my organizational vision and my mission, passion, and economic goals?

#### **What do I do?**

- How do I research trends that will impact health care to understand my future placement and navigate potential transitions?
- How do I synthesize competing goals and commitments to create a vision that works for me in the context of the communities I serve (family, friends, work, and community)?
- How do I develop my vision taking into account the broader economic and government regulatory environment?
- What do I tell others about my vision? Do I have an “elevator speech”? Is it something I think is inspirational?
- When others observe me living my vision and values, what observable behaviors do they see?

**TABLE 3.1: QUESTIONS TO GUIDE THE LEADER AND ORGANIZATION****What do we believe?**

- How does my vision fit within the larger context of my family, my community, my professional role?
- How do I create a shared belief that my vision will help the organization succeed within the larger community and help the community succeed?
- What do we believe we stand for as a hospital system or practice? How should we behave to accomplish what we stand for (guiding principles/values)? Do my values align with the organizational values?
- How do I reconcile differences between my values and those of my organization? How will these differences impact my ability to develop toward my vision and goals?

**How do we do this?**

- How do I monitor the organization's impact on my vision? How do I honor my vision when helping define/refine the organizational vision?
- What is our process for defining/refining changes to our shared vision for the organization and other systems I function within? What is our strategy and approach for clarifying and documenting our values? How do I ensure that my values align with our guiding principles?
- Who gives me feedback on their perspective of my progress? How often? What form would I like this feedback to take?
- What measures help me determine progress toward my vision and values? How do I track and report progress toward these goals? Is my behavior supporting the organizational goals? Are the organizational goals supporting my goals?

***Introduction to Susan and Her Developmental Journey***

To support your success in this book, we provide examples of Susan and Louis. You will read their responses to the questions throughout the book.

Susan is a composite of people using this book across various medical institutions. Her character represents a senior nurse practitioner (NP) leader. Susan tests as a highly mature leader, so her answers reflect that level of thinking and perspective-taking. Her completion of many exercises, worksheets, and reflection questions gives you an example of how a successful nurse practitioner leader might use this process. While Susan's answers reflect those of a nurse practitioner in a university setting, this book supports nurse practitioners, Physician Assistants (PA), and physicians working in hospitals and private practice.

In her late 30s, Susan was recently promoted as the NP Director of the Department of Surgery at a large academic medical center overseeing approximately 50 other NPs and PAs. She uses the book to help identify the leadership changes needed to succeed in her new role.

Susan first joined the medical center as an emergency department nurse. She had previously been a paramedic and loved the excitement of an emergency and the 911 system. She completed her graduate degree and then transitioned as a nurse practitioner with the department of surgery 12 years ago. She completed a post master's certificate and her doctorate while working full-time as an NP at this institution. She chose this hospital setting due to the innovative NP group with over 400 NPs working at this institution. Susan was drawn to the collaboration between NPs and physicians in the surgical environment where NPs are valued and given a large amount of autonomy in their practice. The geographic location was also an excellent fit for her partner's career and added benefit of being close to family members. She was promoted to the NP manager role after ten years of successful evaluations. She is a clinical expert in her role.

Susan devoted herself to her new position and began to build her clinical practice in inpatient and outpatient settings specializing in vascular patients' care. Simultaneously, she became an adjunct professor in nursing at the nearby nursing school and various co-chair committees in the hospital. While doing this, she continued to precept new NPs and PAs as they joined the surgical departments and assumed the role of NP Fellowship Coordinator helping novice NPs who joined the organization be successful as they transitioned into practice. Between her faculty position, clinical practice, and other responsibilities, she has little free time but found the variety and intensity of her work exhilarating. After joining the department eight years ago, she was promoted to senior nurse practitioner manager.

By this time, she has local recognition for her clinical expertise and lectures often for nursing schools, medical students, and NP Journal Clubs. Also, she has published many articles and spoken at national conferences. With her physician collaborator, her clinic was receiving referrals for the most complex and challenging surgical cases. She continued to work with students, NPs, and physicians in her clinic and was a respected and well-liked teacher. She was promoted as a nurse practitioner manager, one of only 25 in the hospital of 400 NPs.

Periodically she received calls or e-mail from colleagues asking her to consider leadership positions in other institution areas. Initially, she did not consider these seriously because of her satisfaction with her current role and comfort. However, she began to realize that she was feeling complacent. She missed her earlier career invigoration when developing a clinical excellence center, making novel discoveries, and learning new concepts daily. When the director of NPs/PAs of the institution

needed an NP director to oversee all the surgical NPs and PAs, Susan applied and was named director. During her onboarding, Susan became aware of the magnitude of the department's different issues—funding, continuing education, hiring, and onboarding of new providers—and realized she would need astute leadership skills to succeed in her new position.

Now that we have read Susan's introduction, it is time to review her vision:

- maintain personal accountability, humility, integrity, and honesty with myself and others
- treat others with beneficence, compassion, and respect
- recognize that my potential for personal growth, transformation, and lasting impact is infinite
- leave a legacy of education, health, and well-being within my community and beyond

### **Three Core Values**

- Compassion
- Excellence
- Effectiveness

Susan answered reflection questions from each category. She shares these answers with you because reflection is one of the more essential skills that all leaders must develop. One crucial element of this book is that as a developing leader, you have the opportunity to glimpse inside the thought process of a successful physician leader. Leaders rarely share their inner thoughts and feelings, and it's valuable for you to see how others approach these questions.

### **Susan's Response to Reflection Questions**

#### **What do I think/believe?**

##### ■ *How do I see myself in the future?*

I see myself as a person who can help mentor and grow others—good leaders build strong organizations and build strong staff into good leaders of the future. I

have the vision to help my department and organization thrive at a time of change in the health care industry. I face challenges head-on. When there is a difficult decision to make about a patient, department, or organization, I am decisive and goal-oriented. I am continually assessing my short and long term goals and making sure my goals align with my values. I am deeply committed to my students and mentoring novice health care professionals, specifically nurses and Advanced Practice Nurses. I place this mentoring as a high priority, and inspiring others to mentor and coach others is essential.

To express my values to others, I must come from a patient-centered focus. If we remember that human beings want to be competent, productive people and remain patient-centered, usually we can achieve our shared goals. I found committees and groups that I am passionate about and provide me with new knowledge and evidence-based practice changes to be as knowledgeable as possible and give my patients the most up-to-date care.

Ultimately, I hope I leave a legacy of compassion. I will continue to hold a patient's hand, offer to stay late to help a colleague who is struggling with their day, as well as a legacy of mentorship for the students I help to succeed during my career. I am also profoundly connected to my family and friends. I am committed to raising good humans and teaching them failures and their successes so they can grow into amazing, fantastic adults. My friendships are lifelong and faithful. My commitment to the community is vital. I have been actively volunteering in the community since I was a teenager and will continue to do so.

■ *How does my view of myself impact me? Does my vision inspire me?*

I believe in living both personally and professionally as authentically as I can. When I ask others to help, it is because I am also helping. I will never ask another to do something I wouldn't or haven't done myself. I believe in loving and learning with all of myself to grasp and understand what I am taking on. If we hold ourselves back, we can't evolve into a better self.

I can contribute to the organization because of the personal and professional journey and the wisdom I have gained along the way. I spend time doing 360 evaluations on myself, so I am in tune with my strengths and weaknesses. I realize I magnify my imperfections and underplay my strengths, which can diminish my confidence and feel weak; however, I have tried to utilize this for personal development to evolve as a leader and professional. I am committed to leaving a legacy of hard work, compassion, and community involvement and hope this legacy is seen and felt by the next generation.

Each person I work with should feel value in completing tasks and may navigate differently to get to the final result. I am aware of my role as an NP—I am a patient advocate, leader, educator to nurses, other NPs, other house staff, etc. I am respectful of the extensive education and training my physician colleagues have completed, and I am acutely aware that we each bring different perspectives and knowledge to the table.

## What do I do?

### ■ *How do I tell others about my vision? Do I have an ‘elevator speech’? Is it something I think is inspirational?*

Sharing my vision with others is a critical way to gain support professionally and personally. I hope my vision inspires others to have leadership and followership moments to make a highly functioning, devoted team. When gaining support for my vision, I tell my personal story so others can relate and hear my point of view. It is critical to listen to each other’s voices without agreeing. Because I want to create a personal relationship with each team member, I do not use a standardized elevator speech. In keeping my conversations unique, I can find commonalities to create a shared vision about which we are both passionate. My vision inspires me, and my goal is to inspire others when I share it.

### ■ *When others observe me living my vision and values, what observable behaviors do they see?*

An important development step for any medical provider, including a nurse practitioner, is to form a professional identity. Professional identity is intrinsic, and I manifest mine by my actions and behaviors, including professionalism. When others see me living my vision, I want them to see me living my values of compassion, excellence, and effectiveness as I lead in a manner that strives for the “good of the whole.” On a personal basis, I want others to feel valued, supported, respected, and treated fairly. On an organizational level, I want my work to demonstrate effectiveness and excellence.

## What do we believe?

### ■ *How do I create a shared belief that my vision will help the organization succeed within the broader community and help the community succeed?*

Buy-in from all levels of the internal organization is critical to the success of the department and beyond. When an organization is united and striving toward the

same purpose and goal, there is maximal synergy and productivity. When there is a lack of shared vision and motivation, the organization is at risk of becoming inefficient, fragmented, and fraught with internal conflict. For these reasons, “selling” my vision, first to critical stakeholders and ultimately to all department members, is an essential early goal in my leadership. When key stakeholders such as the other NP directors and chief nursing officer serve as strong ambassadors to further amplify and message my vision, we build on our collective success. Individuals need to understand “what’s in it for me.” The vision needs to reach that individual level.

From an external standpoint, everyone loves a winner. When other departments, medical center leadership, and the chief nursing and medical officer see a productive, effective, high-performing department committed to excellence, they are more likely to seek collaboration, dedicate resources, and support new programs.

Creating a shared vision will start with initial individual discussions in which I discover the personal perception of the group vision. Depending on what I learn, I will then create an approach to group discussions to ensure that the overall group is aligned. I believe that we are already close to being aligned, and I will continue to generate feedback on alignment during the process.

■ ***What do we believe we stand for as an organization? How should we behave to accomplish what we stand for (guiding principles/values)? Do my values align with the organizational values?***

As an organization, we stand for delivering high-quality, humanistic, and personalized health care effectively and efficiently; care that is compassionate and striving for excellence. We also stand for creating the future of nursing and medicine as a whole through innovation, investigation, and translation of discoveries and treatments from the cutting-edge of health care to the bedside. Additionally, we have an essential mission to educate and train the next generation of nurses and providers. As a department, and as NP leaders, we support each other and strive for each member of our team to feel valued. We need to establish a conceptual framework of collaboration and teamwork, which is a foundation of successful teams and is now the core of patient-centered care. Individual contributions, much like the proverbial stone soup, combine to create a high-performing and agile team, and teams combine to create a dynamic, productive, and multi-faceted department.

## **How do we do this?**

- ***How do I monitor the organization's impact on my vision? How do I honor my vision when helping define/refine the organizational vision?***

Understanding my core values and the institution's values and mission in which I work is critical to my professional and personal success. If I do not believe in the organization's mission, how can I promote the care and work? I need to convey a clear understanding of what I work for and the values I wear on my sleeve. A novice practitioner may not have a firm grasp of their values but should have a general basis of what their values will evolve. In accepting a formalized leadership position, I have already confirmed that my vision aligns with the organization.

As I reflect, I realize that I have been intrinsically aware of alignment, and this congruence has contributed to my longevity in the instruction that I am hopeful will continue. When considering the leadership position, I met with my mentor and immediate boss, the chief nursing officer, and other NP leaders in the organization to assure that the organizational visions were consistent and compatible with my vision. This alignment is critical for any individual considering a leadership position within an organization, as an organizational vision does transform over time. As I transition into this new leadership position, my core values will remain strong and guide how I lead the department. There are many ways to reach an agreed-upon destination, and my guiding principles and values help define my leadership's unique pathway.

- ***What processes and measures alert us to the urgency in our system that we need to address? What are the early warning signs?***

There are many "red flags" that signal distress in an organization. Several factors are always on my radar as an NP leader in this organization. The first is a performance dip. Unhappy employees are less productive employees. When individuals do not feel supported, valued, acknowledged, and respected, motivation lags, and a performance dip follows. This dip may manifest as a drop in clinical productivity, reduction in research and publications, or less favorable evaluations from students and peers. On an individual basis, this can be a warning sign of burning out or other personal difficulties. On a department level, this can reflect systemic distress related to culture or leadership.

As I move forward in my leadership position, it will be vital for me to monitor individual and group performance, acknowledge when suboptimal performance measures are a bellwether for future serious problems, and look for root causes and solutions. I give people the benefit of the doubt for a small blip in performance and discuss their concerns directly with them, so they have the

opportunity to improve. The second, more severe flag is an increase in attrition. While some degree of attrition is natural, a considerable departure may be a warning signal. It is not just about numbers. For instance, failure to retain certain demographic groups signals a need to look at the organizational culture, reward system, and groups' requirements. I recognize that as a leader, I will need to systematically monitor specific internal indicators to take a positive and productive approach. Attrition also impacts our ability to provide necessary patient care and provide our team members work and life balance.

### ***Introduction to Louis and His Developmental Journey***

Our second example is Louis, a composite that reflects a mid-level health care leader in a large university hospital. Louis tests as a “highly mature leader,” or stated differently, tested at a later stage of Developmental Maturity, so his answers reflect that level of thinking and perspective-taking. His exercises, worksheets, and reflection questions give you an example of how a successful health care leader might use this process.

In his mid-40s, Louis was recently appointed as a Division Director of Head and Neck Oncology of a large academic medical center. He uses the book to help him identify the leadership changes needed to succeed in his new role.

Louis first joined the medical center in 2013 as an assistant professor. He completed his MD/ Ph.D. program and residency at a prestigious East Coast university medical center. After interviewing for private practice and academic positions, he ultimately chose to relocate and begin his career at this large midwestern university because it offered a chance to develop his research interests and build a clinical practice explicitly devoted to patient care for head and neck cancer.

Louis devoted himself to his new position. Achieving successful funding with a competitive grant award for his head and neck cancer research, he built his clinical practice. As his mentor said, ‘Your colleagues will first have to like you, but ultimately they will have to trust you.’ The sage advice remained with Louis as he was always attentive, collaborative, and continually revealing his patient-centric scope of practice. Simultaneously, he was asked to join various division and department-level committees and founded a fellowship within his department for head and neck cancer. He was also able to begin to have a national presence with multiple national cancer institutes and other cooperative group core committee memberships. Also, Louis was working on translational research looking at mechanisms of treatment resistance in head and neck cancer patients. Between his clinical and translational research, his burgeoning practice, and his teaching responsibilities, he had little free time, but he found the variety and intensity of his work exhilarating. Seven years later, he was successfully promoted to associate professor position and received the division director position.

By this time, he had funding with preliminary data for additional possible funding sources and gained national recognition for his work within the field of head and neck cancer. Besides supervising his clinical team, research team, and manuscript preparation, he traveled more extensively to present at national and international meetings. His clinic became a regional resource, with other oncologists referring to the clinic their most complex and challenging cases. He continued to work with students, residents, and fellows in his clinic and was a respected and well-liked teacher. Ultimately he won the “Best Teacher” award from the board review class he taught for several years.

He was asked to lead the development of new and existing technology with the potential to change current treatment paradigms. Between his clinical work, translational and clinical research, and teaching, he was the veritable ‘triple threat.’

Louis remains a respected member of the oncology team. He enjoys relative autonomy to pursue his research and clinical interests, has a solid track record of research funding, and is continually working on fine-tuning his current leadership skills to benefit his patients, colleagues, and staff. With time and hard work, Louis wants to see what tangible leadership skills would be needed if/when further leadership opportunities become available. His goal is to lead a department and progress to cancer center leadership, and Louis realizes he would need astute leadership skills to succeed in that future position.

Now that we have read Louis’ introduction, it is time to review his vision:

- Leave a legacy of improved health outcomes for patients globally based on my research, educational roles, and clinical work
- Model being an exceptional person for my children
- Be a loving husband to my wife
- Be the son who makes my parents proud. The son who his parents believe lives up to the standards they set and makes them proud of the sacrifices they made to give us a better life than they had

### **Three Core Values**

- Compassion
- Wisdom
- Ethical living

## **Louis' Response to Reflection Questions**

### **What do I think/believe?**

#### **■ *How do I see myself in the future?***

I see myself taking a significant leadership role in academic medicine. I have seen this vision evolve over the past year as I take on additional leadership responsibilities.

Over the past year of coaching, I have built my self-awareness and tempered my frustration with others. I now see that my capacity as a maturing leader sets me apart from many others. This maturity will allow me to contribute in a more significant scope than I previously imagined.

I will use my skills as a physician, educator, and researcher and my values to continue contributing to the field of medicine by continuing my clinical practice and preparing medical residents and junior faculty. Ultimately, I hope to leave a legacy of patients who have healed, families treated with compassion during the healing process, and mentees who have moved forward to become highly conscientious, compassionate, and competent physicians.

I hope to maintain a happy marriage and be there for my three children in addition to my work.

Beyond my institution, I care deeply about the broader social systems that contribute to health and healing and how they contribute to illness. I hope to impact individuals and on a larger scale to provide new treatments and standards that can be applied broadly. I hope my research contributes to healing the individual and providing a springboard to delivering new and innovative approaches that positively affect lives.

#### **■ *How does my view of myself impact me? Does my vision inspire me?***

As a child, my grandfather would always remind me that the most important questions one can ask are, "What have you done for yourself? Your family? Your clan? Your community? Your country?" If, in your elder years, you can answer these questions with pride, then pat yourself on your back. Until then, the advice was always to work hard and stop complaining. These words continue to guide me, and if I live true to my vision, work hard, be principled, and humble, I know that I will reach my personal and professional goals. I view myself as someone who can contribute significantly to the organization because of the knowledge and perspective that I have gained through my unique personal journey and

experiences. I am aware of my strengths and talents, as well as my fallibilities. My vision profoundly inspires me—it guides my actions. I am committed to leaving a legacy through my work and community involvement.

Additionally, I experience great joy from my family time. If I can accomplish my vision, I believe I will be able to say I have lived my life well. A mentor once told me that the trick to life is to wake up in the morning and want to go to work most days and finish work and want to come home most nights.

## What do I do?

### ■ *How do I tell others about my vision? Do I have an ‘elevator speech’? Is it something I think is inspirational?*

Explaining my vision to others, and more importantly, doing so in a way that inspires and engages them, is essential to developing a shared vision and asynchronous, high-performing team. It helps to ‘think at the 30,000 ft level.’ For example, in describing my research, I helped launch a databases of over 4,000 patients and new methodologies to continue to enrich this database in the prospective manner that will allow us to improve our patient care and enhance the literature positively and effectively with new and innovative findings. This database will allow for student and faculty engagement. It will lead the team to numerous publications and professional accomplishments, including promotions, while ensuring that patient care is at the highest standard. When we successfully implement the idea that the tide will raise all boats, there is a transfer of energy and the beginning of a shared mental model and synergistic collaboration. It still takes a conscious effort to manage my communication this way, but I realize that the payback will be enormous. This vision inspires me, and I believe that I will inspire others.

### ■ *When others observe me living my vision and values, what observable behaviors do they see?*

People see me caring for patients and putting their success as a priority. I quickly respond when people reach out, and I do so with compassion and wisdom. What I hope they see most is my consistent ethical behavior. People may disagree with my decisions, but they should always see my ethics. It is much easier to inspire action when we only disagree on tactics - not on principles.

My family sees that they are my primary focus. I work hard to support them. I spend time actively involved in my children’s lives; I spend time with my

loving wife and regularly see my parents. I still admire both of my parents, and I genuinely seek their guidance. Most of all, I respect them. I realize I am very fortunate to have a close family, and I strive to be the person who makes them proud.

## **What do we believe?**

### **■ *How does my vision fit within the larger context of my family, my community, my professional role?***

My vision encompasses my professional role and strongly includes my role as a husband, father, son, and brother.

My parents sacrificed a great deal to emigrate to the United States to ensure my sister and I had safe and productive lives. This type of sacrifice lives in my psyche and informs the choices I make about how I live and what I do. They modeled selfless commitment to their family and also to one another.

My vision also enlivens my work. I have an exceptional opportunity within my research and collaborations to impact the field of radiation oncology across species significantly. While my focus is head and neck oncology, I collaborate as a team member with my Department Chair, dentistry leaders, and the Dean of Veterinary Medicine. We are testing new technology that could dramatically change how we treat specific types of cancer and change an entire field of study that impacts other disease families. We are testing proton treatments and electron treatments, as well as the use of various laser treatments. When taken together, these treatments offer great promise for cancer treatment. My legacy may be contributing to a cure for cancer in my lifetime.

I feel very fortunate to have work where I can help patients now and for many to extend their lives and improve the quality of life. Doing just this would constitute a life well lived. I also contribute to substantial research and education.

Taken together, I have the good fortune to love my family and cherish the time I spend with them and also do work that impacts the lives of many others now and into the future.

## **How do we do this?**

### ■ ***How do I monitor the organization's impact on my vision? How do I honor my vision when helping define/refine the organizational vision?***

I realize how important it is for my vision of my work and myself to align with my organization. I am very fortunate to work in a cancer center for a director I respect and for a department chair who has mentored me and supported my development.

In accepting the division director position, I have already confirmed that my vision aligns with the organization. As I reflect, I realize the shortfalls in guidance and mentorship while trying to reach this and other goals. I have gathered the faculty I lead and have learned from them what their dreams and aspirations were. Through this process, I communicated my vision and how it is congruent with the division, department, and institution. I have done this also with nursing and other support staff.

The process of monitoring my vision is easier for me than for others since we are starting in alignment. I revisit my vision and goals annually and also at critical milestones. The annual review process is a natural opportunity to sync up and confirm our alignment and course correction. Beyond the yearly cycle, I work closely with my department chair, and we both make ongoing decisions, all of which move us toward or away from perfect alignment. I see this alignment as a dynamic tension that we adjust regularly. Rarely do we have perfect alignment, and we are committed to similar underlying values, so we have a “north star” that helps us when we find our paths diverge too much.

The organization takes many definitions here. My vision is a crucial driver of the organization's vision within my group, and we are part of the university's Cancer Center and Department of Oncology.

Within the broader department and cancer center, I expect we have sufficient alignment and “room to roam” to be authentically myself and have the autonomy to succeed with full blessing for how I operate. I have been intrinsically aware of the alignment, and this unity contributed to my ability to progress to this leadership role. However, organizational visions do transform over time and in response to external forces. Therefore, as I was considering the division director position, I met with crucial college, medical center, and university leaders to ensure that the organizational vision(s) was consistent and compatible with my

vision. This alignment process is an essential step for any individual considering a leadership position within an organization. As I begin my role as division director, it will be crucial to be aware of the changes and shifts in the organizational vision and be mindful of how my leadership will need to continually readjust to adapt to the broader vision and remain directionally consistent. At the same time, my core values will remain strong and guide how I lead my team and division. There are many ways to reach an agreed-upon destination, and my guiding principles and values will help define the unique pathway of my leadership.

I feel fortunate to have support and autonomy from my organization, and I extend support and independence to people working for and with me.

■ ***What processes and measures alert us to the urgency in our system to which we need to attend? What are the early warning signs?***

Several factors need to be on my radar as a division leader to alert me to the system's urgency. I evaluate employee engagement and satisfaction. Engagement and satisfaction tie to a broad range of factors from productivity to patient and student experience to research results to retention. Since we deliver results through our team members, I am keenly aware of their engagement and satisfaction.

During the Coronavirus pandemic, the institution is in a dire situation as this has influenced productivity on the global and individual scales. Changes are occurring daily, requiring agility, adaptability, and a shared vision that we are "in this together" as a whole and that we treat everyone fairly and respectfully. As I move forward in my leadership position, it will be essential for me to monitor individual and group performance, acknowledge when suboptimal performance measures are a bellwether for future serious problems, and look for root causes and solutions.

The second, more severe flag is an increase in attrition. While some degree of attrition is natural, the departure of a larger volume of individuals may be a warning bell. It is not just about numbers. For instance, failure to retain certain demographic groups (such as women faculty, diverse faculty, research scientists, clinical experts, educators, etc.), or specific subspecialists signifies a need to look at the organizational culture, reward system, and those groups requirements. I recognize that as a leader, I will need to systematically monitor specific internal indicators to take a positive and proactive approach.

I will work with our HR representative to create a scorecard that I will monitor quarterly. Additionally, we will conduct an annual employee engagement assessment. There are several available, and we have not yet selected one. I am

leaning toward a model that evaluates individual satisfaction, group satisfaction, leadership quality, innovation, and creativity. I believe this comprehensive approach will maximize the information we get and allow us to be proactive in building and maintaining an organization that supports our overall goals.

### ***Creating a Compelling Vision for Yourself***

Now that you have read Susan and Louis' narratives, it is time to complete the exercises and answer the questions for yourself. We encourage you to finish all of the activities as they establish a strong foundation for your vision, values, and course of action; so, be patient and give yourself time to explore your hopes and dreams as authentically as possible. You will know you've completed this step and are ready to move to the next when you feel you have created a vision and set of values that truly inspire you.

Throughout this chapter, we have discussed exercises that will help you clarify your life direction and create a compelling vision for your own life and work. The next chapter focuses on assessing where you are now in your career and personal development.

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# APPENDICES

1. Leadership Communication
2. Justice, Equity, Diversity, and Inclusion (JEDI) Innovative Health Care Leadership
3. Developmental Perspectives
4. Innovative Leadership Assessment for Health Care



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## Appendix 1

### Leadership Communications

#### Leadership Communications Introduction

We believe that communication is an essential aspect of Innovative Leadership. Agarwal and coauthors note that poor communication in U.S. hospitals has been estimated to cost more than 12 billion dollars annually. That is billion with a ‘B.’ Poor communications affects the costs of resource utilization, the effectiveness of core operations, the quality-of-caregiver work life, and the quality of clinical service. In addition to the wasted operating costs, the Project Management Institute reports when a leader looks at the time spent with emails, meetings, phone calls, coaching sessions, directing resources, public speaking, and chasing down information—as much as 90 percent of a leader’s week is spent communicating. Just communicating.

We know you are already aware of the importance of nonverbal communications, the need to ensure that communications reinforce trust and respect, and the importance of understanding your audience’s context. So, what can we help you with in this section? The Innovative Leader Model and Leader-Follower Framework emphasize the leader’s self-awareness, competence, situational/contextual awareness, and ability to influence others as keys to leadership effectiveness. This section will help you increase your leadership effectiveness by increasing your understanding of the specific challenges that muddle organizational communication. Then you will learn some fundamental techniques in how to achieve the primary goal of leadership communication: *‘To either elicit MEANINGFUL and POWERFUL information, to send a MEANINGFUL and POWERFUL message, or both.’*

#### The Three Challenges to Effective Organizational Communications

Communications books generally define communication as sending and receiving messages. The problem is that within this sending and receiving process, three psychological barriers can make the communication process inefficient at best and destructive at worst. Your understanding of these three barriers will help you become a better communicator. It will also help you understand when and how to use the communications techniques provided in the second part of this leadership communications section.

## Communications Challenge 1: Safety

In this grand process of sending and receiving messages between humans, the messages themselves take a back seat to **how people feel** while communicating. As humans, we are innately social animals. We have small teeth, poor endurance, and weak nails compared to other animals. Thousands of years of evolution have hard-wired us to pay attention to where and how we fit within our tribe. And, communication is at the forefront of how we perceive that fit.

David Rock, Chief Executive Officer of the NeuroLeadership Institute, has researched the neurology of social interactions. His work has uncovered factors that inhibit collaboration, creativity, **and communication**. These factors have the acronym SCARF. SCARF stands for Status (my power relating to others), Certainty (my understanding of expectations), Autonomy (my feelings of control), Relatedness (my comfort and bonds with those around me), and Fairness (my faith in fair exchanges). You may have noticed that all these factors relate to personal safety within a group. In a nutshell, people that feel unsafe have difficulty focusing on anything but getting to safety. You may have experienced a threat to your safety if you have ever felt yourself blush or your heart race when you have risked speaking up during a meeting. Your flight-or-fight system kicked in even though all you were doing was commenting.

As the leader during a communication encounter, your role is to help the members of the tribe feel safe. Individuals and groups that feel safe communicate more fully while members that feel unsafe often abstain from communicating. Unsafe people frequently have their contribution lost, their engagement discarded, and the messages sent to them have no meaning or power. When patients feel ignorant asking questions, when new staff feel like impostures speaking up, when colleagues feel inadequate asking for help managing their staff, they all have some area of their SCARF safety challenged. The leader's role is to create an environment to help them feel safe.

SCARF safety also impacts leadership communication because some people are SCARF bullies. During a communications encounter, bullies make the discussion purposely unsafe so that their voice is not challenged. The leader needs to understand this dynamic to help the bullied group feel safe. Unsafe environments produce survival responses that eclipse a leader's attempt to obtain MEANINGFUL and POWERFUL information or send a MEANINGFUL and POWERFUL message.

## Communications Challenge 2: The Activity Fallacy

College professors understand a strange phenomenon that lay people find hard to believe. Dorm rooms are almost always their cleanest during finals testing week! Why? Students avoid the difficulty of studying by completing a meaningful activity—cleaning their dorm room.

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What causes this strange cleaning behavior? When someone is engaged in meaningful activities, they feel good completing the activity, even when the activity creates a less meaningful result. **THE FALLACY IS THAT ACTIVITY EQUALS PRODUCTIVITY.** Sometimes activity inhibits productivity, like spending precious time cleaning a room when learning is the real time crunch.

In the communications process, organizations experience the activity fallacy all the time. The activity of sending or receiving information appears productive even when the message has no impact. Do any of these examples seem familiar to you?

- A patient receives a two-page, small font, front-and-back page discharge instruction sheet that is far above their education level, and the patient does not read the information.
- A nurse piles through a rambling, long-winded e-mail with the main point so buried in rhetoric that it is not recognizable, and so ignores it.
- A hospital website that is rarely visited and only known to a few administrators informs the organization of important dates, and the dates get missed.

Reading these examples, it behooves us to ask, “When a memo falls in the forest, will it make an organizational impact?”

The activity fallacy in communications occurs when leaders believe that the activity of sending or receiving a message is the same as delivering or receiving a MEANINGFUL and POWERFUL message. Merely sending and receiving a message is not the same as leadership communication—activity is not productivity.

### Communications Challenge 3: Communications Humility

We have a friend named Jim who is just over seven feet tall. If you go to lunch with Jim, you will invariably encounter one of the many people that stop Jim and ask, “Just how tall are you?” This questioning happens to Jim almost every day. Seven feet is unmistakably tall. When Jim has meetings with coworkers, he always finds somewhere everyone can sit during discussions. He does this purposely so that his 58-inch chest and seven-foot frame does not intimidate coworkers from communicating. Jim understands the impact of physical context on communications.

Melanie Tervalon and Jann Murray-Garcia explain that cultural humility is the practice of maintaining an other-oriented stance, utilizing self-reflection, and applying lifelong learning to understand and respect cultural contexts. Communications humility is similar. It is the practice of maintaining an other-oriented posture through self-reflection and life-long learning related to communications. Communications humility ensures messages are *contextually* MEANINGFUL and POWERFUL. Innovative leaders are continually questioning the context of their communications to ensure that a contextual force does not overshadow the meaning or power of a message.

Communications humility is understanding that sometimes a joke may help a patient feel comfortable, and sometimes a joke may make a patient feel disrespected. Communications humility is understanding that touching a coworker's arm may be essential support, and sometimes a touch may feel creepy and intrusive. Communications humility is understanding that having the leader in the room make transparency easier for the participants, and, sometimes having a leader in the room may shut down meaningful discussion.

Effective leaders are always aware of the psychosocial and physical context of their communications. It is the leader's impact on that context that brings out MEANINGFUL and POWERFUL communication. *Innovative leaders develop a 'third eye' of communication that is continuously learning the context in which communications happens and adjusting to facilitate MEANINGFUL and POWERFUL messages.*

**LEADERS CAN NEVER JUST BE PARTICIPANTS IN THE COMMUNICATIONS PROCESS. THEY ARE ALWAYS INFLUENCERS (BY DEFINITION).**

Innovative leaders understand communication wastes time when it does not elicit MEANINGFUL and POWERFUL information, send a MEANINGFUL and POWERFUL message, or both.

### **How Innovative Leaders Communicate**

Having read and reflected on the prior section, we hope you have come to believe Innovative Leaders have a profound influence on individual, team, and organizational communication. We hope you have come to believe Innovative Leaders play a crucial role in driving the safety, effectiveness, and contextual adoption of communication. We hope you have come to believe that Innovative Leaders use their influence to elicit and send MEANINGFUL and POWERFUL messages.

This next section has highlighted some research-driven techniques to help you become an innovative communications leader. We describe how to make communications environments safe through active listening and clarify when to overlay a change management process on the communication process. We explain the Heath brothers SUCCESS model and how it helps make information powerful. And we highlight Antonakis, Fenley, and Liechti's charismatic leadership tactics. These four skill sets will help you as the leader receive and create safe, actionable, contextually humble, MEANINGFUL, and POWERFUL messages.

### **Eliciting MEANINGFUL and POWERFUL Information: Tools and Mindset**

One-on-one and in-person team communication profoundly impacts the way people perceive you as a leader. Think about the times you have met a leader in your health care organization. Create a picture of that interaction in your mind. Was this a head

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physician, an executive, a public figure? As you think of that individual and your interaction, think about how much the leader's communication style shaped the way you view that leader.

Communication styles have a tremendous impact on a leader's credibility and effectiveness. A leader's active listening skills can both illicit vital information and ensure messages are more meaningful and powerful in interpersonal settings. Research from the Institute for Health care Communication notes that active listening techniques are tied to increased diagnostic accuracy, increased patient adherence to health care recommendations, high patient satisfaction scores, reduced medical errors, increased health care team cohesiveness, low employee turnover, and reduced malpractice suits.

There are several different types of active listening and several different levels of active listening. In this section, we will highlight two simple techniques to change the way you communicate with others. The first is summarization (we use the term summarizing here rather than technical names for ease of understanding). The second is the use of open-ended questions. Even if you know about these techniques, do not rush through this section.

The active listening technique of summarizing is the listener's restating a basic summary of what the speaker said. It goes something like this:

**Speaker (Joan):** "I am still concerned that increased turnover will burn out our staff. We have to come up with a plan to help reduce the stress on our unit."

**Listener (John):** "Joan raises the point that while we look to reduce turnover, we also need a tangible plan to reduce stress or we risk increased burning out in our remaining staff."

That looks so simple! Anyone can do this! While summarizing looks 'simple,' the practice and outcomes are extraordinarily complex.

To summarize what someone else is saying, the listener must focus on the speaker's message, interpret it correctly, and restate the message's essence. The listener must put aside their own biases, wait to formulate their response, and restate the message seamlessly enough to avoid mindless parroting. In over 30 years of teaching active listening, please take our word that it is tough for most leaders. It takes significant practice to become good at this simple skill. Courses such as Crucial Conversations help with overall communications and active listening. As an Innovative Leader, this skill will be crucial to your success.

Open-ended questions are questions that others can not answer yes or no. For several technical reasons, we recommend questions beginning with ‘what’ should be a leader’s go-to inquiry response. Here are some examples:

Close-Ended	Open-Ended
Are we going to finish on time?	What would put us off schedule?
Has anyone talked with Jane about the quality of her work?	What do we need to do to discuss quality with Jane?
Will the work be done this week?	In what time frame will you or the team complete the work?

Turning close-ended questions into open-ended questions will get a leader substantially more information and lower the people’s defensiveness in answering the questions.

A leader who often summarizes and uses open-ended questions will accomplish several interpersonal communication goals. The leader will:

- ensure they have understood the messages the other person sent,
- form a connection with the speaker,
- focus meetings,
- bring increased safety to the conversation,
- and help people organize their thoughts to be more effective communicators.

In Stephen Covey’s seminal management book, *The Seven Habits of Highly Effective Leaders*, five of the seven habits, including Habit 5, “Seek first to understand, then be understood,” are all aided by active listening. The leader is always an influencer. Using active listening influences people to pay attention, gather information without preconceived assumptions, and form connections. It will help facilitate robust relationships, greater openness, and more information. Innovative Leaders become masters of summarizing and asking open-ended questioning.

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## Sending Meaningful and Powerful Messages: Tools and Mindsets

### Change Management

When a message must go out to an entire group, such as when a significant event occurs, the leader needs to ensure the communication is meaningful and powerful. To ensure media messages are meaningful and powerful, leaders evaluate if the messages are part of a more extensive change process.

Change management helps a group understand, become ready for, and adopt a change. Often, instead of using a change management process, changes are implemented through simple communications. E-mail has become a prime media for communicating health care changes. We have seen e-mail such as these below in our health care organizations:

- “Next month we will begin implementing the new laboratory results platform, look for opportunities to sign up for training on our technology website”
- “Due to price increases, our formulary will be changing on January 1, and will no longer include Johnson Products”
- “As of July 1, we will no longer schedule Surgery Room 1. Surgery Room 1 will become a training and development suite. Please plan your scheduling accordingly”

So, what is the problem? The problems can be several and complex! What if most nurses do not read corporate e-mail because they get most of their information through morning briefings? What if the last Lab technology portal upgrade made several results unavailable for several weeks? What if Johnson Products are used for specific and fundamental reasons? What if a surgeon does all their surgeries in Surgery Room 1 and has established a comfortable routine? These are real problems from real practitioners that caused real organizational failures. The leaders could have avoided these failures.

John Kotter cites eight significant errors that cause organizational changes to fail. Kotter’s list of errors is below:

**Error 1:** Not establishing a great enough sense of urgency

**Error 2:** Not creating a powerful enough guiding coalition

**Error 3:** Lacking a vision

**Error 4:** Under-communicating the vision by a factor of ten

**Error 5:** Not removing obstacles to the new vision

**Error 6:** Not systematically planning for, and creating, short-term wins

**Error 7:** Declaring victory too soon, and

**Error 8:** Not anchoring changes in the corporation's culture.

Innovative health care leaders determine if changes need a simple communication or if they need a change management process. Kotter's errors become a roadmap for change with eight defined steps for change management. Kotter's eight steps allow innovative leaders to ensure communications are an integrated part of an effective change management process.

### Sticky Messages

Chip and Dan Heath have developed six principles to ensure organizational messages are meaningful and powerful. They call these messages 'sticky.' The Heath Brothers abbreviate their six principles as SUCCEs. SUCCEs stands for Simple, Unexpected, Concrete, Credible, Emotional, and Stories. These six principles make messages more meaningful and powerful by ensuring messages connect with the intended audiences.

An example of using the SUCCEs principles was when an organization we worked with first implemented a physician order entry technology at one of their smaller hospitals. The message they wanted to send was, "Please use the new technology; it can reduce medication administration errors." They could have launched a communications campaign comprising industry numbers about the new technology's medication administration advantages. Instead, they highlighted the story of one of their physicians at another hospital. A physician at the hospital used the order entry technology and found that a recommended prescription would cause an adverse reaction with another prescription that the patient was already taking. While the patient's other medication was entered into the order entry technology, it was not in the patient's paper chart and not remembered by the patient. The physician was grateful to have found the error before potentially creating an adverse reaction. The physician's story was simple, unexpected, concrete, certainly credible, slightly emotional, and a great story. The campaign was successful and memorable; the message became sticky.

Leaders often need to deliver important messages without the involvement of the communications or public relations department. Innovative leaders understand the importance of the audience's connection to information. Rather than merely

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providing information, Innovative Leaders find a way to make their messages sticky. Sticky messages are meaningful and powerful at a time when facts and figures fall flat.

### Charismatic Leadership Tactics

These are very few things as disappointing as meeting with an organizational leader that presents as uninspiring. Leaders are influencers. Antonakis, Fenley, and Liechti have done significant research on ways to help leaders establish personal and moral credibility while engaging their followers. These devices are called charismatic leadership tactics. An article published in the Harvard Business Review reported that leaders' observer ratings increased by about 60 percent when the leaders used charismatic leadership tactics.

Antonakis, Fenley, and Liechti note charismatic leadership tactics fall into three groups: tactics that connect the audience to the message, engage and distill the audience's message, and establish high speaker credibility. Here is a brief description of each of these types of charismatic leadership tactics.

Metaphors, similes, analogies, stories, anecdotes, and contrasts are charismatic leadership tactics that connect the audience to the message. All these tactics humanize and personalize the content of the message while they engage the listener's imagination. President John F. Kennedy effectively used several of these tactics when promoting America landing on the moon. Here are some examples of the use of charismatic leadership tactics from the Kennedy Moon Speech below. The first example is the use of an analogy and an anecdote; the second is contrasts.

*"Many years ago the great British explorer George Mallory, who was to die on Mount Everest, was asked why did he want to climb it. He said, 'Because it is there.' Well, space is there, and we're going to climb it, and the moon and the planets are there, and new hopes for knowledge and peace are there."*

*"This is a breathtaking pace, and such a pace cannot help but create new ills as it dispels old, new ignorance, new problems, new dangers. Surely the opening vistas of space promise high costs and hardships, as well as high reward" —John F. Kennedy, Rice University, 12 SEPTEMBER 1962*

Kennedy's use of metaphors, similes, analogies, stories, anecdotes, and contrasts created a national vision.

Rhetorical questions and three-part lists pull listeners into thinking about what is being communicated. It also helps listeners distill the critical parts of complex messages. Who doesn't need to be 'pulled in' at times? An excellent rhetorical

question changes the pace of a discussion and brings the listener closer to the message. A three-part list helps the listener remember the message and retain a sense of completeness. Here is an example of the use of a three-part list from the Kennedy Moon Speech below:

“We meet at a college noted for knowledge, in a city noted for progress, in a State noted for strength, and we stand in need of all three.”

Finally, Antonakis, Fenley, and Liechti found some charismatic leadership tactics effectively show integrity, authority, and passion. Expressions of moral conviction, statements that reflect the group’s sentiments, the setting of high goals, and the conveyance of confidence all aid the speaker’s credibility and help listeners align with the message. Brady, Wills, Jost, Tucker, and Van Bavel studied social and media found that using moral-emotional words in messages caused those messages to be re-communicated 20 percent more per moral-emotional word than messages without a moral-emotional word. A leader that expresses a genuine moral conviction and/or confidence help messages become more meaningful and powerful while helping the leader become more credible.

### **Innovative Leadership Communication Summary**

Leaders are influencers, and their primary vehicle is communications. Effective leadership communications require an understanding of human interaction dynamics. Leadership communications requires the will, knowledge, and skills to make messages meaningful and powerful. Innovative Leaders will use the information in this section to become communications virtuosos.

To become your best Innovative Leader, practice active listening, look for areas needing change management, develop sticky messages. Utilize charismatic leadership tactics. Think about your role as a leader and ask yourself, “How much more could I accomplish for my organization if I became a master of these skills?” The payoffs may be enormous.

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## Appendix 2

### Justice, Equity, Diversity, and Inclusion (JEDI) Innovative Health Care Leadership

This section is about Innovative Leadership for JEDI. Innovative leadership for JEDI refers not to STAR WARS mind control techniques, but the other JEDI—[Social] Justice, Equity, Diversity, and Inclusion. ***Innovative Leadership for JEDI is the ability to impact individuals, teams, and systems to create a fair and engaging health care organization.*** For patients. For families. For health care workers. Of all backgrounds, genders, colors, and beliefs. The Innovative Leadership JEDI section is divided into three subsections. Bias and health care, the health care crisis resulting from bias, and a pathway for leaders to address the JEDI health care crisis in their organizations.

#### Bias and Health Care

Our experiences are that most health care organizations and most health care leaders try to create a welcoming JEDI environment. Most health care organizations and leaders truly value the principles of JEDI. Research and experience, however, reveals too many health care organizations that are unwelcoming and un-inclusive. In the absence of malice, how does a health care organization create an unwelcoming and un-inclusive environment? We submit the answer may lie in cognitive biases that allow organizations and leaders to believe a problem exists, but... “It’s not me and not us.”

Emily Pronin notes, “Human judgment and decision making is distorted by an array of cognitive, perceptual and motivational biases.” Most health care professionals receive training in statistical practices aimed at eliminating biases in clinical practice. Pronin goes on to describe a phenomenon termed “blindspot bias” writing, “Recent evidence suggests that people tend to recognize (and even overestimate) the operation of bias in human judgment – except when that bias is their own.”

Banaji and Greenwald have further described the blindspot bias as a bias people can readily see in others but have great difficulty seeing in themselves. Blindspot biases manifest in statements like, “I know there is a lot of racial prejudice in the world, but I don’t see color, only people,” or, “I know most people that don’t understand cultural norms can be offensive, but I understand respect, so I am never offensive in any culture.” When someone is aware that a phenomenon regularly exists in others but denies the possibility that it could exist in them, a blindspot bias may be the reason for their confidence. In the health care world, it is often misguided confidence that may dehumanize and disenfranchise others.

In addition to the blindspot bias, health care leaders can suffer from implicit biases. Harvard University's Project Implicit describes implicit biases as, "attitudes and beliefs that people may be unwilling or unable to report." Project Implicit provides the example of an implicit bias as, "You may believe that women and men should be equally associated with science, but your automatic associations could show that you (like many others) associate men with science more than you associate women with science."

Mission statements and Diversity Departments in health care organizations echo a call to deliver the highest possible care and adherence to the value principles of JEDI. This in contrast to the many patients, families, employees, and communities suffering consequences of social injustice, inequity, lack of diversity, and un-inclusiveness. ***The combination of blindspot and implicit biases create a JEDI crisis in our health care systems. A crisis that hides in plain view through a cloak of "not me, not us" beliefs.***

### The Tale of a JEDI Health Care Crisis

The evidence on JEDI and health care delivery highlights systemic failures on almost every level. Below are a few health care statistics illustrating the breakdown of principles of JEDI for our patients, their families, and our employees:

- During the first ten months of the Covid-19 crisis, U.S. data from the COVID Racial Data Tracker showed mortality rates 150 percent higher for African Americans, 135 percent higher for Indigenous American People, and 125 percent for Hispanic Americans than for White Americans. Bassett and colleagues reported that African Americans between the ages of 35 and 44 had nine times higher mortality rates than their White American counterparts.
- Marcella Nunez-Smith and colleagues found nearly one in three African American physicians, nearly one in four Asian physicians, and one in five Hispanic/Latino physicians have left at least one job due to discriminatory practices.
- Dickman and colleagues note the top one percent of affluent males live on average 15 years longer than the lowest one percent of poor males. Low-income families are in poor health at rates 15 percent higher than their affluent American counterparts.
- Using U.S. Census Data, The Center for American Progress reports women in the workforce earn \$.77 for every dollar their male counterparts earn. Women are often pigeonholed into "pink-collar" jobs, which typically pay less. Forty-three percent of the women employed in the United States are clustered in just 20 occupational categories, of which the average annual median earnings is less than \$29,000.

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- The Organisation for Economic Co-operation and Development reports that female physicians make up only 34 percent of all U. S. physicians.
  - More than 25 percent of African American women and nearly 25 percent of Hispanic American women live in poverty. Elderly women have poverty rates over double those of elderly men.
  - The Center for American Progress reports more than 10 percent of African Americans and more than 16 percent of Hispanic Americans are uninsured compared to 5.9 percent of White Americans.
  - African American adults over age 20 suffer from hypertension at the rate of 42 percent compared to 29 percent for White American adults.
  - In a survey of over 27,000 transgender respondents, Herman and colleagues reported, “In the year prior to completing the survey, one-third (33 percent) of those who saw a health care provider had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity.”
  - A survey of over 40,000 LGBTQ Americans aged 13 to 24 by The Trevor Project found almost half of the respondents engaged in self-harm, and 40 percent have “seriously considered” attempting suicide—in just the past year.
  - Dr. Ronald Wyatt reports, “The total cost of racial/ethnic disparities in 2009 was approximately \$82 billion—\$60 billion in excess health care costs and \$22 billion in lost productivity. The economic burden of these health disparities in the US is projected to increase to \$126 billion in 2020 and to \$353 billion in 2050 if the disparities remain unchanged.”

## **JEDI Innovative Health Care Leadership Action**

Reading the statistics above and the myriad of statics available, we find it hard to deny a systemic failure of the health care delivery system and our health care organizations. How did it get this bad when we have so many well-intended and highly skilled leaders? Blindspot and implicit biases can cause inaction in an otherwise effective leadership team. Leaders with blindspot and implicit biases do not disregard problems; they render problems moot through the belief, “not me, not us.” We hope the shortlist of statistics above brings some awareness that “me/we” are both the health care problem and the solution.

Innovative health care leaders can change the course of social injustice, inequity, lack of diversity, and un-inclusion. Using their influence, leaders can take an evidence-based approach to JEDI, learn/teach cultural competence, practice cultural humility,

create support for diverse populations, and grow communities to change the course of this systemic failure. We elaborate with some definitions and examples below.

Pfeffer and Sutton wrote, “A bold new way of thinking has taken the medical establishment by storm in the past decade: the idea that decisions in medical care should be based on the latest and best knowledge of what actually works.” Pfeffer and Sutton went on to write while the idea of evidence-based care is almost uncontested, physicians only make evidence-based decisions 15 percent of the time. This is certainly of concern for clinical decision-making, and it is an equal concern for changing the tide of systemic JEDI failures.

As leaders, we must ask, “How would someone with a blindspot or implicit bias know if women, minorities, or people of non-traditional identities are experiencing injustice, inequity, or un-inclusion?” The answer is evidence. Do job applicants with the names Julio and Jamal have the same employment opportunities as applicants with the names John and James? Do our women and minority workers make comparable wages to our white male workers? Do immigrant patients feel respected when receiving care? Are our employees reflective of the community in which we reside? We are uncertain without evidence. Without evidence, our instincts and experiences guide us; instincts and experiences which can be skewed by biases.

Innovative JEDI leaders (like you) are actively pursuing evidence that their organizations are socially just, equitable, appropriately diverse, and inclusive. Evidence—accurate data that is analyzed and understood; confirms or denies the existence of JEDI. If a leader does not have JEDI evidence, the “not me and not us” biases may predominate the institutional consciousness.

Cultural learning opportunities should be readily available in your organization. Cultural competence, the ability to recognize, appreciate, and interact successfully with people from other cultures, is essential for any health care professional. In addition, Tervalon and Murray-Garcia observed, “Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.” Innovative leaders teach, support, and model cultural humility within their organizations.

We have had many conversations with health care human resource professionals observing, “We get minority candidates hired, we just can’t get them to stay.” When diverse employees walk into a room with people who do not look like them, do not believe like them, may have preconceived negative ideas about people like them, it can be overwhelming. Patients, their families, and employees need to feel the organization’s support, receive mentoring on the navigation of differences, and understand that their differences are vital for the community and organization’s strength. Innovative leaders forge pathways of support for inclusion, mentorship, and

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engagement in their health care organizations. Support groups, mentoring programs, organizational messages, and evidence gathering serve to support and retain diverse populations.

Innovative leaders look at the gaps in their communities and think about how to close those gaps. In an article entitled, *Physicians for Social Justice, Diversity and Equity: Take Action and Lead*, Lubowitz and colleagues note, “Few orthopedic surgeons are minorities or female, and orthopedic surgery is not perceived to be an inclusive specialty. This is an obstacle to equitable diverse hiring.” Despite the lack of diverse candidates in the profession, Lubowitz and colleagues passionately express the need to advocate, inspire, and continuously improve as a profession.

We agree. If there are gaps in finding physicians and other health care employees that are reflective of the community, start programs to recruit, train, and inspire the community. Programs from elementary school to advanced educational grants can all serve to change a community. Lubowitz and colleagues recommend, “In terms of minorities and women making a choice to pursue medicine and then orthopedic surgery as a desired medical specialty, we wield enormous impact and a most direct influence. We must consciously change our behavior and demonstrate that we are an inclusive medical specialty.” Every innovative health care leader can demonstrate support for inclusion.

Most of us have experienced the patient that demands, “I’m sorry, but I don’t want a [female, Jewish, Muslim, gay, old, young, African American, Hispanic, other] physician. This is my health, and I cannot afford to be politically correct.” As if unsubstantiated biases are merely politeness. Prejudice can be malicious hate or blindspot and implicit biases. In any form, a lack of JEDI weakens the health care delivery system causing pain and suffering for the community. Effective innovative leaders replace, “Not me, not us” with, “It could be me; it might be us” to ensure health care teams, organizations, and communities are just, equitable, diverse, and inclusive.



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## Appendix 3

### Developmental Perspectives

#### The Importance of Developmental Perspective

This appendix provides a more detailed introduction of a developmental perspective model to augment Chapter One and explains how to apply it. It is helpful for you to understand your Developmental Perspective and have a sense of the perspectives of those around you. You will want to have a sense of critical jobs or roles and the level of developmental maturity required to succeed and use this understanding as input when designing your transformation initiative. It is important to note that you do not need precise scores; often, merely a general sense of people will help you quickly improve your effectiveness in working with them. Understanding how to apply this model effectively can significantly improve your communication effectiveness and interpersonal interactions with people who function at different perspectives.

Understanding the Developmental Perspective construct is a vital enabler for becoming a highly effective leader. While each level of developmental maturity has an essential role in delivering effective health care, later stage or more developmentally mature leaders are more effective. It helps you understand the stages and how you mature through them and how you can use these levels to improve your communication if you want to become a mature leader.

One of the Developmental Perspective model characteristics is that it lays out a natural and logical path for growth. While people move through these perspectives (levels) at different rates following a relatively predictable path, your performance can be bolstered by understanding each perspective's needs. Many adults will become more effective within their level without actually moving up a level or adding a perspective. Helping leaders move to later, more expansive (higher) developmental levels is also essential to increase the health care system's success. A health care system can accelerate its leaders' development by creating a culture that supports it. For this reason, understanding the developmental process and perspectives, the pitfalls, and the enablers, you will be able to create a health care system that supports development so that your leaders can effectively foster transformative efforts.

As an Innovative Leader, developing yourself isn't enough. You must also have an ability to understand others through the developmental lens and relate to them using Developmental Perspective as an essential filter for interactions. This understanding informs the staffing selections you make, the roles you and others take within teams and groups, and the language and communication style you use when interacting with others in all settings. When working with Developmental Perspectives, we

must remember that we work with this concept to be more effective in interacting with others. There are no better or worse levels; there are, however, better fits and worse fits. When making selections, we look at levels in the same way we look at skills. Health care systems hire you for your skills and experience. When considering Developmental Maturity, we add it as another criterion to create a more robust selection process. We can map the Developmental Perspective to roles just as we map skills and select candidates based on skills, experience, and developmental maturity.

Because mainstream organizational literature and programs overlook Developmental Perspectives' concept, and because we believe it is critical to effectively leading and transforming health care systems, we're intentionally giving it a lot of attention. We'll look at the six most common of those meaning-making approaches (Developmental Perspectives) in greater detail; then, we will discuss using this concept when leading your health care system.

### The Leadership Maturity Model and Developmental Levels/Perspectives

Developmental growth occurs much like other capabilities grow in your life. You can continue to grow, increasing access to or capacity for additional skills. Since moving to later levels involves a change in meaning-making, you “transcend” the prior level and “include” or integrate what we did at that level into our abilities. As an example, at an earlier stage, you understand and follow the rules without question. At a later stage of development, you will understand the rules. Rather than following them without question, you may inquire about when they are most effective and if there are times that strictly following rules could hinder a patient outcome. This is called “transcend and include” in that you transcend the prior level or perspective and still maintain the ability to function at that perspective.

### Three key factors measure Developmental Perspective:

- **Cognitive complexity** describes your capacity to take multiple perspectives and think through increasingly more complex problems. This is akin to solving an algebra problem with numerous variables. For example, a complex thinker can balance competing interests like employees' desire for higher pay with customers' willingness to pay low prices and receive good service.
- **Emotional competence** describes your self-awareness, self-management, awareness of others, and your ability to build and maintain effective relationships, along with your capacity for empathy.
- **Behavior** generally describes the actions you take.

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A sense of time, or time horizon, is another essential feature in the development of perspective. For example, suppose their developmental perspective limits a leader to think about completing tasks within a time line of three months or less. In that case, optimally, they should only be leading a part of the organization that requires short-term assignments. On the other hand, if a leader can think and implement tasks with three-year time horizons, that leader can and likely should be taking on a role that includes longer-term assignments. This second leader could be a leader responsible for overseeing the implementation of an enterprise-wide computer system where the migration may take substantially more time and the process is more complicated.

Elaborating on this example, the team's members are primarily responsible for the more tactical, hands-on part of the installation and demonstrate shorter-time horizon thinking. They are held accountable for specific tasks within the plan. Still, they will not be responsible for designing the more strategic portions or changing the daily decisions that impact the overall budget.

Now imagine that one year into the program, a vital member of the team takes another job, and the department manager, becomes responsible for finding a suitable replacement. The department manager must consider all options when selecting a replacement. The most effective staffing solution for the program will need to account for potential changes over the next two years and how the replacement will impact overall program cost, quality of the outcome, and team cohesiveness. Time horizons, along with developmental complexity, are directly applicable to decisions.

### Detailed Review of Developmental Perspectives

This section will examine the six developmental perspectives most often found in an organizational setting to provide additional detail about the *vertical* evolutionary path. This section references the research of Dr. Susanne Cook-Greuter, who employed a Leadership Maturity Framework (LMF) and measurement of adult development as part of her doctoral dissertation at Harvard University. Dr. Cook-Greuter is now the co-founder with Beena Sharma of The Center for Leadership Maturity, a firm that facilitates vertical development in individuals, teams, and organizations.

The LMF is a significant basis of my work with vertical leadership development because it provides a model that is both grounded in research and practice to use in coaching and leadership development. The following table reflects percentages of leaders testing at each Perspective from the David Rooke and William R. Torbert article, "Seven Transformations of Leadership" in the *Harvard Business Review*. Drs. Cook-Greuter and Torbert collaborated on research for many years.

TABLE A3.1 DESCRIPTION OF DEVELOPMENTAL LEVELS/PERSPECTIVES	% of Sample
<p><b>Diplomat (Group Centric)</b></p> <p>This level is about <i>conforming and belonging</i>. People at this level follow the rules, norms and observe hierarchy. They conform to social expectations, work to group standards, seek membership and approval, and appreciate outward signs of status as a sign of approval. They attend to their group's welfare; those who are not like them are the "other," and therefore, outside their circle of concern. They avoid conflict, think in simple terms, and often speak in generalities. Feedback is taken as disapproval since their driving value is to gain approval and being included.</p> <ul style="list-style-type: none"> <li>■ Demonstrates predominately concrete thinking style</li> <li>■ Hyper-concerned with social acceptance</li> <li>■ Emphasis on conforming to the rules and norms of the desired group</li> <li>■ Imagines that others think and feel the same as they do</li> </ul>	12%
<p><b>Expert (Skill Centric)</b></p> <p>Focus on <i>comparing self to others and perfecting skills</i>. Individuals at this level are concerned with being competent in their area of interest and improving techniques and efficiency. They aspire to quality standards and are often heavily invested in their way as the <i>only</i> way of doing things. Decisions are made based on incontrovertible "facts." Given their focus on problem-solving and detail, they can get caught in the weeds and not see the big picture necessary to effectively prioritize competing demands. All-consuming attention on being right can lead them to be critical of and competitive with others. They hear feedback about their work as criticism of them as a whole person.</p> <ul style="list-style-type: none"> <li>■ Demonstrates basic abstract thinking</li> <li>■ Concerned with expressing a sense of individuality in sharp contrast to others</li> <li>■ Concerned with measuring up to the "right" standards</li> <li>■ Can often appear to be a perfectionist</li> <li>■ Makes constant comparisons with others to gauge identity</li> <li>■ Can often be critical and blame-oriented</li> <li>■ Adept at developing multiple new solutions to problems but not able to determine the best fit solution</li> <li>■ Can begin envisioning short-term time horizons: three months to one year</li> </ul>	38%

TABLE A3.1 DESCRIPTION OF DEVELOPMENTAL LEVELS/PERSPECTIVES	% of Sample
<p><b>Achiever (Self-Determining)</b></p> <p>Focus on <i>analyzing and achieving</i> to deliver results effectively. Leaders at this level look toward longer-term goals and initiate rather than follow expectations. They value objectivity and scientific knowledge, seeking rational, proactive ways around problems. They often seek consensus—"agree to disagree"—and value mutuality and equality in relationships. They accept feedback to promote learning and success.</p> <ul style="list-style-type: none"> <li>■ Essential ability to identify shades of gray and see conceptual complexity</li> <li>■ Focuses on causes, achievement, and effectiveness</li> <li>■ Considers others while pursuing their agendas and ideas</li> <li>■ See themselves as part of the larger group, yet separate and responsible for their own choices</li> <li>■ Appreciates mutual expression of differences</li> <li>■ Time horizon one to five years</li> </ul>	30%
<p><b>Individualist (Self-Questioning)</b></p> <p>This level focuses on <i>self in relationship and contextualizing</i> his/her experience. At this level, leaders are concerned with the difference between reality and appearance and have an increased understanding of the complexity and unintended effects of actions. They begin to question their assumptions and views and realize the subjectivity of beliefs; and talk of interpretations rather than facts. They can play different roles in different contexts and begin to seek out and value feedback.</p> <ul style="list-style-type: none"> <li>■ Increased capacity for advanced complex thinking</li> <li>■ Exhibits an ability to appreciate paradox in circumstances</li> <li>■ Begins to value and use rudimentary aspects of intuition</li> <li>■ Beginning awareness that perception shapes reality, including their own</li> <li>■ Self-reflective and investigative of their personalized assumptions, as well as those of others</li> <li>■ Understands mutual interdependence with others</li> <li>■ Lives personal convictions according to internal standards</li> <li>■ Interest in feedback becomes important</li> <li>■ Longer time horizon: five to ten years</li> <li>■ Tend to move into change agent/consultant/portfolio roles</li> </ul>	10%

TABLE A3.1 DESCRIPTION OF DEVELOPMENTAL LEVELS/PERSPECTIVES	% of Sample
<p><b>Strategist (Self-Actualizing)</b></p> <p>This level is about <i>integrating and transforming</i> self and systems and recognizing higher principles, complexity, and interrelationships. People at this level are aware of the social construction of reality—not just rules and customs. They are problem finding, not just doing creative problem-solving. They are aware of paradox and contradiction in self and systems and learn to have a deep appreciation of others. They demonstrate sensitivity to systemic change and create “positive-sum” games.</p> <ul style="list-style-type: none"> <li>■ Perceives systematic patterns and long-term trends with uncanny clarity</li> <li>■ Can easily differentiate objective versus subjective, biased events</li> <li>■ Exhibits a strong focus on self-development, self-actualization, and authenticity</li> <li>■ Pursues actualizing personal convictions according to internal standards</li> <li>■ Management style is tenacious yet humble</li> <li>■ Understands the importance of mutual interdependence with others</li> <li>■ Integrates feedback into performance</li> <li>■ Tends to move into change agent/consultant/portfolio roles</li> <li>■ Well-advanced time horizon: approximately fifteen to twenty years with concern for legacy</li> </ul>	4%
<p><b>Magician/Alchemist (Construct Aware)</b></p> <ul style="list-style-type: none"> <li>■ Seeks transformation of health care systems not according to conventional goals but according to a higher-order</li> <li>■ Has a transforming ability to draw together opposites and initiate new directions from the creative tension</li> <li>■ Tends to build their novel organizations or work on their own to offer their best contribution to humanity</li> <li>■ Seen as visionary leaders</li> <li>■ May lead from behind, or in a more subtle way</li> <li>■ A time horizon of over twenty years</li> </ul>	1%

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## Developmental Perspective and Health Care System Effectiveness

Developmental Perspective helps you create your growth path and is also essential in transforming your health care system. The key to high performance is to align people and roles considering their Developmental Perspective. People from different Developmental Perspectives best fill other functions within the system. We call this their “fit for the role,” or more precisely, how the qualities associated with their Developmental Perspective align with requirements specific to the job. Both leaders and systems need to support all employees’ health from a developmental standpoint and create an environment where they are in a role where they best fit and can move toward achieving their fullest potential.

For you to be successful as a leader over the long run, it is essential to understand your proper “fit” within the system—which includes understanding who you are and what you value, where you belong in the system, and where you belong within the broader team and community stakeholders. If you find you are working in an environment that does not align with your Developmental Perspective, you may consider taking action. Actions could include finding a health care system in which you are better aligned or finding mentors who can help you navigate. If you are less developed than the organization, you may also want to make a concerted effort to develop. Developmental Perspective is only one of many variables to consider when selecting a job and choosing to remain or move on in a complex world. Since job change can be time-consuming and difficult, we do not recommend changing because of this factor solely.

It is also essential to apply this concept to others as you make hiring decisions, assign people to roles, determine individual positions within a team, and communicate with others. Notably, the goal is not merely to build a health care system where all people are at the “highest” Developmental Perspective; instead, it is to select people for roles that allow them to function as effectively as possible, both individually and collectively. Your system will be successful if it supports success for people at all levels and aligns them to roles that fit their capacity. Health care systems that perceive one Perspective as “better” will be less effective than those that leverage every Perspective as crucial. It is essential to design an organization where all levels can thrive concurrently and work toward a collective goal of success using a broad range of skills and perspectives.

You can use this developmental model with organizations in several ways:

- Make staffing and succession decisions using Developmental Perspectives along with past performance and technical and industry skills to align people to the roles that have the best “fit.”
- Improve communication skills by applying a general understanding of Developmental Perspective to guide leaders in improving interpersonal

effectiveness. Instead of only communicating with others as ourselves, we recommend speaking with them based on their perspective. Understanding the perceptions of others from a developmental standpoint can dramatically improve interpersonal effectiveness. This approach is essential for physicians, nurses, administrators, staff, patients, family members, and other stakeholders.

- Improving management and leadership by applying Developmental Perspectives allows a leader to clarify employees' needs. For example, **Expert** employees want clear and specific directions and guidelines so they can do their tasks "right." **Individualists** want the freedom to determine the best approach to accomplishing tasks. Trying to manage these different developmental perspectives using the same process will result in frustration and lost productivity.
- Comparing the organizational developmental level to your developmental level will help you better understand the hospital's culture. Hospitals and health care systems develop along the same trajectory as people: they start with the need to establish basic rules and infrastructure and then move to more complex functioning as they progress through the organizational life cycle. Understanding the culture will help you because, as an innovative leader, you are continually aligning your intentions and behaviors with the culture and systems. While we do not address organizational maturity in this book, if you are interested in learning more, you may reference *Action Inquiry: The Secret of Timely and Transforming Leadership* by William R. Torbert included in this book's references section.

## Application

Dan is working as the department manager of an organization within an extensive hospital system. His Maturity Assessment Profile (MAP) assessment scores his Developmental Maturity as a Strategist (self-actualizing) leader. His hospital is experiencing significant change because of realignments after financial performance issues related to billing and reimbursement rules changes.

The following table gives a few examples of Dan's challenges with his team and the solutions he developed. He became more familiar with how to apply his understanding of Developmental Perspectives. It is important to note that he did not "test" his staff but instead developed his own ability to evaluate them generally. This rough estimate gave him enough information to refine how he worked with people. I do want to be clear that you can only know the perspectives by doing a proper assessment. For Dan's purposes, having a rough understanding gave him enough information to navigate the transformation he was implementing.

Dan acted in a manner that was highly ethical with this information. He did not use it to pigeonhole or marginalize people in any way. Like any other assessment tool that puts people into categories, this assessment can be used “against” or “for” people based on the criteria. We are talking about only using it to improve how we interact with people based on their perspective, not withholding promotions or marginalizing people in any way. We do not use it as a sole hiring tool. However, we use our understanding of the criteria to develop interview questions to identify fit for the job based on the Developmental Perspective.

The following table shows Dan’s challenges, developmental interpretation of the challenges, and the solutions he devised based on his Developmental Perspectives. He found this lens to be very helpful, and it gave him a valuable tool to think through many of the challenges he had been facing over the past years.

Challenge	Developmental Lesson	Solution
<p>Asked people for input on large strategic issues and learned that many people on his staff did not want to provide feedback. They wanted him to set the course, and they would determine how to implement his plan within their departments.</p>	<p>Many of his staff operate at the Expert level. From that perspective, people want the boss to set the direction. The Expert might say something like: <i>How should I know how to proceed? He’s paid to figure out—not me.</i> Even worse, they could say: <i>If he doesn’t know where we’re going, then he’s an incompetent boss, and we should not follow him.</i></p>	<p>Realize that people at different levels will have different expectations about organizational roles. For a predominantly Expert staff, the leader needs to take a more active role in setting direction and ask for input at the Task level, not the Strategic level.</p>

Challenge	Developmental Lesson	Solution
<p>Giving direction on organizational changes and job or task changes</p>	<p>His team members at the Individualist and Strategist levels want people to make suggestions about high-level goals and step back to allow them to figure out how to accomplish the result.</p> <p>His <b>Achievers</b> want to know the desired outcome and some general guidelines and measures—then they go to work. They want to know how their evaluation criteria and who they are competing with so they could start the competition.</p> <p><b>Experts</b> work better when told how to accomplish the task and receive detailed steps to achieve it. Because they want to do the job right, it is essential to clarify what “right” is. In a transformation project, this could look like very clearly defined operating procedures and “day in the life” scenarios.</p>	<p>Understand the Perspective of the people Dan asked to change and craft the materials accordingly. For jobs within the organization that primarily involve concrete tasks with a “right and wrong” way to do them, it is essential to provide documented procedures and support materials to understand and perform well.</p> <p>A clear right and wrong description do not define more conceptual jobs. People with later maturity levels usually performed this work, and they respond best to general guidelines for the expected outcome rather than the step-by-step process about how to accomplish the assignment.</p>

Challenge	Developmental Lesson	Solution
<p>Amount and type of information shared</p>	<p>His <b>Experts</b> are concerned with equity and fairness. It is not fair to them if someone comes in late or leaves early when he is on vacation and not “watching them.” They want the boss to be in charge and make decisions.</p> <p>His <b>Achievers</b> are most concerned with accomplishing results and care less about who is coming and going, or why, as long as they have what they need to achieve their goals. They want quick answers so they can get back to the activities at hand and make things happen.</p> <p>His <b>Individualists</b> are more concerned with involvement, inclusion, and ensuring that the mission serves the broader community. They want to reach a consensus on issues that are important to them. This range of concerns and communication styles can make a simple staff meeting frustrating for everyone involved.</p>	<p>Structure meetings using clear agendas and processes to accomplish the stated outcomes.</p> <p>If the goal is to share information that is not negotiable, structure the discussion accordingly.</p> <p>If the meeting is to share status, send clear reports in advance and structure the discussion to share important information for the group to know. Only invite people who are impacted by the data and allow others to focus on the results they are trying to accomplish.</p> <p>Collaboration and information sharing are often critical and can be very time-consuming. Determine the most efficient approach given the culture and still focus on results.</p> <p>If the meeting is to gain consensus on an important issue, build in time for conversation and clarify the decision-making process (time box the conversation according to the importance of the problem).</p>

Challenge	Developmental Lesson	Solution
<p>Assign (hire) people to roles based on job-related skills and also developmental level.</p>	<p>Hospitals often promote people who perform well in individual contributor roles to supervisory positions, and they are ill-equipped with the interpersonal skills to supervise and manage.</p> <p>People with excellent skills in managing people to get things done are promoted to senior leadership roles and are often not inclined to slow down and consider longer-term implications and interconnection of consequences for their decisions.</p> <p>Health care systems often promote people with great self-awareness and interpersonal skills to executive roles, and they may prefer inclusion and developing people over accomplishing the mission.</p>	<p>When hiring for key roles, evaluate not only the job skills but also the Developmental Perspective to perform the function successfully.</p> <p>By expanding your hiring criteria, you can avoid some time consuming and costly pitfalls that adversely impact organizational health and success.</p> <p>Suppose you are interested in considering the Developmental Perspective when hiring. In that case, you can create behavioral interview questions or scenarios that will test the thinking process and behavior in specific settings. While this will not tell you their Developmental Perspective, it will help you understand if they have access to the thinking and action you are seeking to be successful in the specific role.</p>

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Our exploration of Developmental Perspective illustrates that having a deep understanding of perspectives is critical when transforming a health care system. Understanding this construct gives you a powerful tool to implement transformation in response to adaptive challenges. It will help you identify and reduce the frustration and increase employee engagement.

This section provided a brief introduction of a Developmental Perspective model and explained how you can apply it. It is helpful for you to understand your Developmental Perspective and have a sense of those around you. You will want to have a sense of the Developmental Perspective required for key jobs or roles within the health care system and use this understanding as input when designing your transformation initiative. Remember that you do not need precise scores, but a general sense of people will help you quickly improve your effectiveness in working with them. Understanding how to apply this model effectively can significantly improve your communication effectiveness and interpersonal interactions with people who function at different perspectives.



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## Appendix 4

# Innovative Leadership Assessment for Health Care



The following is a short self-assessment to help you identify your scores relating to Innovative Leadership for Health Care. We organized it by the five domains of Innovative Leadership. This assessment will give you a general sense of where you want to focus your efforts. We encourage you to take this survey as a way to get a snapshot of where you excel and where you may want to focus your energies. Think about the last year when determining your answer. It would help if you answered every question to score the survey. If you are unsure, select “Sometimes.” The survey should take about 10 minutes to complete.

### **Assessment Instructions:**

Complete all questions per page. Each of the five sections will appear on separate pages. Complete each page and calculate your score on each of the five elements of Innovative Leadership.

## Score Yourself on Awareness of Leader Type



Think about how you responded to work situations over the past year and answer the following questions using this scale:

*Never (1) Rarely (2) Sometimes (3) Often (4) Almost always (5)*

- |  |           |
|--|-----------|
| 1. I have taken a leadership type assessment such as the Enneagram, Myers-Briggs Type Indicator or DiSC, and used this information about myself to increase my effectiveness.                                | 1 2 3 4 5 |
| 2. I use the insight from the type assessment referenced in question one to understand my type. Specifically, I know and appreciate my gifts and limitations and leverage my strengths and manage my limits. | 1 2 3 4 5 |
| 3. I have a reflection practice where I understand, actively monitor, and work with my “fixations” (negative thought patterns).  | 1 2 3 4 5 |
| 4. I have a clear sense of who I am and what I contribute to the world.  | 1 2 3 4 5 |
| 5. I manage my emotional reactions to allow me to respond with socially appropriate behavior.  | 1 2 3 4 5 |
| 6. I am aware of what causes me stress and actively manage it.   | 1 2 3 4 5 |
| 7. I have positive coping strategies.  | 1 2 3 4 5 |
| 8. I actively seek ways to feel empowered even when the organization may not empower me.   | 1 2 3 4 5 |

### Total Score

- If your overall score in this category is 24 or less, it's time to pay attention to your leadership type and self-management.
- If your overall score in this category is 25 to 31, you are in the healthy range but could still benefit from some focus on your leadership type and self-management.
- If your overall score is 32 or above, congratulations! You are self-aware and using your leadership type to increase your effectiveness.

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## Score Yourself on Developmental Perspective



Think about how you responded to work situations over the past year and answer the following questions using this scale:

*Never (1) Rarely (2) Sometimes (3) Often (4) Almost always (5)*

1. I have a sense of life purpose and do work generally aligned with that purpose. 1 2 3 4 5
  2. I am motivated by the impact I make on the world more than on gaining personal notoriety. 1 2 3 4 5
  3. I try to live my life according to my values. 1 2 3 4 5
  4. I believe that collaboration across groups and organizations, and cultures is essential to accomplish our goals. 1 2 3 4 5
  5. I think that getting business results must be balanced with treating people fairly and kindly. 1 2 3 4 5
  6. I consistently seek input from others to test my thinking and expand my perspective. 1 2 3 4 5
  7. I think about the impact of my work on our community and the world. 1 2 3 4 5
  8. I am open and curious, always trying new things and learning from all of them. 1 2 3 4 5
  9. I appreciate the value of rules but am willing to question them professionally. 1 2 3 4 5
- 

### Total Score

- If your overall score in this category is 27 or less, it's time to pay attention to your developmental level, including testing your current level and focusing on developing in the area of developmental perspectives.
- If your overall score in this category is 28 to 35, you are in the healthy range but could still benefit from some focus on developing in the area of developmental perspectives.
- If your score is 36 or above, congratulations! Your developmental level appears aligned with Innovative Leadership, yet this assessment is only a subset of a full evaluation.

## Score Yourself on Resilience



Think about how you responded to work situations over the past year and answer the following questions using this scale:

*Never (1) Rarely (2) Sometimes (3) Often (4) Almost always (5)*

- |  |           |
|--|-----------|
| 1. I consistently take care of my physical needs, such as getting enough sleep and exercise.   | 1 2 3 4 5 |
| 2. I have a sense of purpose and get to do daily activities that contribute to that purpose.   | 1 2 3 4 5 |
| 3. I have a high degree of self-awareness and actively manage my thoughts.   | 1 2 3 4 5 |
| 4. I have a robust support system consisting of a healthy mix of friends, colleagues, and family.  | 1 2 3 4 5 |
| 5. I can reframe challenges to find something of value in most situations.   | 1 2 3 4 5 |
| 6. I build robust, trusting relationships at work with a broad range of people.  | 1 2 3 4 5 |
| 7. I am aware of my own “self-talk” and actively manage it.  | 1 2 3 4 5 |
| 8. I have a professional development plan that includes gaining skills and additional perspectives from a broad range of people who think and act differently than I do. | 1 2 3 4 5 |

### Total Score

- If your overall score in this category is 24 or less, it's time to pay attention to your resilience.
- If your overall score in this category is 25 to 31, you are in the healthy range but could still benefit from some focus on resilience.
- If your score is 32 or above, congratulations! Although this assessment is only a subset of the full resilience assessment, you are likely performing well in the area of resilience.



## Score Yourself on Situational Analysis

Think about how you responded to work situations over the past year and answer the following questions using this scale:

*Never (1) Rarely (2) Sometimes (3) Often (4) Almost always (5)*

- |  |           |
|--|-----------|
| 1. I am aware of my passions and values.   | 1 2 3 4 5 |
| 2. My behavior consistently reflects my goals and values.  | 1 2 3 4 5 |
| 3. I feel safe pushing back when asked to do things misaligned with my values.   | 1 2 3 4 5 |
| 4. I am aware that my behavior and decisions as a leader impact the people I work with (even if I am not directly managing them/others).   | 1 2 3 4 5 |
| 5. I am deliberate about aligning my behaviors with what the organization requires, and I pay attention to delivering the desired results (both results and actions).                        | 1 2 3 4 5 |
| 6. I am aware of how my values align with those of the organization and where they are misaligned; if there are misalignments, I try to find constructive ways to address these differences. | 1 2 3 4 5 |

### Total Score

- If your overall score in this category is 18 or less, it's time to pay attention to your alignment with the organization and also the alignment of culture and systems within the organization that you are able to impact.
- If your overall score in this category is 19 to 23, you are in the healthy range but could still benefit from some focus on alignment.
- If your score is 24 or above, congratulations! You and the organization are well aligned and the organization's culture and systems are well-aligned.

## Score Yourself on Leadership Behaviors



Think about how you responded to work situations over the past year and answer the following questions using this scale:

*Never (1) Rarely (2) Sometimes (3) Often (4) Almost always (5)*

- |  |                  |
|--|------------------|
| 1. I consistently make decisions that put the organization's best interest ahead of my career advancement.   | <b>1 2 3 4 5</b> |
| 2. I consistently demonstrate the ability to make the tough decisions and stay the course when I know what I am doing is the right thing to do. I make these calls even when they are challenging. | <b>1 2 3 4 5</b> |
| 3. I understand the interconnections between the many elements of my hospital/practice, and I can balance the competing commitments to make decisions in the organization's best interest.         | <b>1 2 3 4 5</b> |
| 4. I continue to learn and grow in areas outside of my comfort zone.   | <b>1 2 3 4 5</b> |
| 5. I consistently seek feedback and accept it graciously, even when it is less than favorable.   | <b>1 2 3 4 5</b> |
| 6. I take time to mentor others, even when I am busy, and provide feedback in a way that supports their ongoing growth and success.  | <b>1 2 3 4 5</b> |
| 7. I know who to ask and seek feedback from others who have differing views to synthesize their perspectives to create comprehensive approaches and solutions.                                     | <b>1 2 3 4 5</b> |

### Total Score

- If your overall score in this category is 21 or less, it's time to pay attention to your leadership mindset and behaviors.
- If your overall score in this category is 22 to 28, you are in the healthy range but could still benefit from some focus on leadership mindset and behaviors.
- If your score is 29 or above, congratulations! You have a well-developed leadership mindset and associated behaviors.

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## References

- A guide to the project management body of knowledge (pmbok® guide)—sixth edition (Sixth ed., Sixth ed.). (2017). Project Management Institute.
- Agarwal, R., Sands, D. Z., & Schneider, J. (2010). Quantifying the economic impact of communication inefficiencies in U.S. hospitals. *Journal of Health care Management*, 55(4), 265–282. <https://doi.org/10.1097/00115514-201007000-00007>
- Antonakis, J., Fenley, M., & Liechti, S. (2011). Can charisma be taught? Tests of two interventions. *Academy of Management Learning & Education*, 10(3), 374–396.
- Antonakis, J., Fenley, M., & Liechti, S. (2012). Learning charisma: Transform yourself into the person others want to follow. *Harvard Business Review*, 90(6), 127–130.
- Association of American Medical Colleges (AAMC). *About leadership development*; Available from: <https://www.aamc.org>.
- Austin, J. (2014). All that is needed for evil to triumph is for good people to say nothing—human factors in effective safety-conversation interventions. *The APPEA Journal*, 54(2), 508. <https://doi.org/10.1071/aj13081>
- Banaji, M. R., & Greenwald, A. G. (2013). *Blindspot: Hidden biases of good people*. Delacorte Press.
- Barry, E.S., & Grunberg, N.E., (2020). A conceptual framework to guide leader and follower education, development, and assessment. *Journal of Leadership, Accountability and Ethics*. 17(1), 127-134. <https://doi.org/10.33423/jlae.v17i1.2795>
- Bassett, M. T., Chen, J. T., & Krieger, N. (2020). Variation in racial/ethnic disparities in covid-19 mortality by age in the united states: A cross-sectional study. *PLOS Medicine*, 17(10). <https://doi.org/10.1371/journal.pmed.1003402>
- Blavin, F., & Amos, D. (2020). *Hospital readiness for Covid-19: Analysis of bed capacity and how it varies across the country* [Health Policy Issue]. Robert Wood Johnson Foundation Urban Institute.
- Boaz, N., & Fox, E. A. (2014). *Change leader, Change thyself* (March 2014). McKinsey Quarterly.
- Brady, W., Wills, J., Jost, J., Tucker, J., & Van Bavel, J. (2017). Emotion shapes the diffusion of moralized content in social networks. *Proceedings of the National Academy of Sciences*, 114(28), 7313–7318. <https://doi.org/10.1073/pnas.1618923114>
- Brown, B. (2011). *Conscious leadership for sustainability: How leaders with a late-stage action logic design and engage in sustainability initiatives* [Doctoral dissertation, Fielding Graduate University].
- Burchard, M. A., Grunberg, N. E., & Barry, E. S. (2020). Toward understanding and building trust for practicing and emerging health care professionals: The ASC-DOC trust model. *MedEdPublish*, 9(1). <https://doi.org/10.15694/mep.2020.000280.1>
- Carratala, S., & Maxwell, C. (2020). *Health disparities by race and ethnicity* [Fact sheet]. Center for American Progress. <https://cdn.americanprogress.org>
- Collins, J. (2001). *Good to great: Why some companies make the leap and others don't* (1st ed.). Harper Business.

- 
- Cook-Greuter, S. (2004). Making the case for a developmental perspective. *Industrial and Commercial Training*, 36(7), 275–281. <https://doi.org/10.1108/00197850410563902>
- Covey, S. R. (1989). *The seven habits of highly effective people*. Free Press.
- Crossan, M., Côté, S., & Virgin, S. (2020). Elevating leader character alongside competence in selection. *Organizational Dynamics*. <https://doi.org/10.1016/j.orgdyn.2020.100752>
- Crossan, M., Seijts, G., & Gandz, J. (2015). *Developing leadership character* (1st ed.). Routledge.
- Cummings, J. P. (n.d.). Active listening: The leader's Rosetta Stone. *The Professional Bulletin of the Armor Branch*, CXXI(5), 38–42.
- Deardorff, D. K., & Arasaratnam-Smith, L. A. (2018). Intercultural competence in international higher education. In *Intercultural competence in higher education* (pp. 294–302). Routledge.
- Dickman, S. L., Woolhandler, S., & Himmelstein, D. U. (2017). Inequality and the health-care system in the USA. *The Lancet*, 389(10077), 1431–1441. [https://doi.org/10.1016/s0140-6736\(17\)30398-7](https://doi.org/10.1016/s0140-6736(17)30398-7)
- Fisher-Borne, M., Cain, J., & Martin, S. (2015). From mastery to accountability: Cultural humility as an alternative to cultural competence. *Social Work Education*, 34(2), 165–181. <https://doi.org/10.1080/02615479.2014.977244>
- Franklin, B. (2004). *Poor Richard's almanac*. New York, NY: Barnes & Noble.
- Gauthier, A. (2008). Developing generative change leaders across sectors: An exploration of integral approaches. *Integral Leadership Review*, 8(1).
- Goleman, D. (1995). *Emotional Intelligence*. Bantam Books.
- Goleman, D. (1998). *Working with Emotional Intelligence*. Bantam Books.
- Goleman, D., Boyatzis, R., & McKee, A. (2002). *Primal Leadership: Learning to Lead with Emotional Intelligence*. Harvard Business School Press.
- Grunberg, N.E., Barry, E.S., Callahan, C.W., Kleber, H., McManigle, J.E., Schoomaker, E.B., (2018). A conceptual framework for leader and leadership education and development. *International Journal of Leadership in Education*. 22(5), 1-7. <https://doi.org/10.1080/13603124.2018.1492026>
- Heath, C., & Heath, D. (2007). *Made to stick: Why some ideas survive and others die*. Random House.
- Hofstede, G. (1980). *Culture's Consequences: International Differences in Work-Related Values*. Sage Publications.
- Howe-Murphy, R. (2007). *Deep Coaching: Using the Enneagram as a Catalyst for Profound Change*. Enneagram Press.
- Fitch, G., Ramirez, V., & O'Fallon, T. (2010). Enacting containers for integral transformative development. Paper presented at the Integral Theory Conference 2010, Pleasant Hill, CA.
- Impact of communication in health care*. (2011). Institute for Health care Communication. <https://doi.org/https://healthcarecomm.org/about-us/impact-of-communication-in-health-care/>
- Implicit Association Test (IAT)*. (2011). *Project Implicit*. <https://implicit.harvard.edu/implicit/takeatest.html>
- James, S. E., Herman, J., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *Executive summary of the report of the 2015 U.S. transgender survey [Report]*. National Center for Transgender Equality.

---

JFK rice moon speech. (1962). NASA Website. <https://er.jsc.nasa.gov/seh/ricetalk.htm>

Kerns, C. D. (2016). High-impact communicating: A key leadership practice. *Journal of Applied Business and Economics*, 18(5), 11–22.

Klatt, M. D., Buckworth, J., & Malarkey, W. B. (2008). Effects of low-dose mindfulness-based stress reduction (mbsr-ld) on working adults. *Health Education & Behavior*, 36(3), 601–614. <https://doi.org/10.1177/1090198108317627>

Kohpeima Jahromi, V., Tabatabaee, S., Esmaeili Abdar, Z., & Rajabi, M. (2016). Active listening: The key of successful communication in hospital managers. *Electronic physician*, 8(3), 2123–2128. <https://doi.org/10.19082/2123>

Kotter, J. P. (2012). *Leading change*. Harvard Business Review Press.

Lobel, S. A. (1990). Physician leadership competencies: Managing to a different drumbeat. *Human Resource Management*, 29(1), 39–47.

Lubowitz, J. H., Brand, J. C., & Rossi, M. J. (2020a). Physicians for social justice, diversity and equity: Take action and lead. *Arthroscopy: The Journal of Arthroscopic & Related Surgery*, 36(12), 2943–2945. <https://doi.org/10.1016/j.arthro.2020.10.007>

Lubowitz, J. H., Brand, J. C., & Rossi, M. J. (2020b). Physicians for social justice, diversity and equity: Take action and lead. *Arthroscopy: The Journal of Arthroscopic & Related Surgery*, 36(12), 2943–2945. <https://doi.org/10.1016/j.arthro.2020.10.007>

Maddi, S. R., & Khoshaba, D. M. (2005). *Resilience at Work: How to Succeed No Matter What Life Throws at You*. AMACOM Books.

Metcalf, M. (2008). Level 5 Leadership: Leadership that Transforms Organizations and Creates Sustainable Results. *Integral Leadership Review*, 8(1).

Metcalf, M., Morrow-Fox, M., Stoller, J., Pfeil, S., Souba, W. (2014). *Innovative Leadership Workbook for Physician Leaders*. Integral Publishers.

Morrow-Fox, M., Barry, E., Grunberg, N., & Metcalf, M. (2021). The innovative health care leader. *Academia Letters*, Article 116, 1–5. <https://doi.org/10.20935/all116>

Morrow-Fox, M., & Metcalf, M. (2020). Business Agility. *Integral Leadership Review*, 20(1), 78–80.

*National survey on LGBTQ youth mental health 2020* [Report]. (2020). The Trevor Project. <https://www.thetrevorproject.org>

Northouse, P. G. (2010). *Leadership: Theory and Practice*. Sage Publications.

Nunez-Smith, M., Pilgrim, N., Wynia, M., Desai, M. M., Bright, C., Krumholz, H. M., & Bradley, E. H. (2009). Health care workplace discrimination and physician turnover. *Journal of the National Medical Association*, 101(12), 1274–1282. [https://doi.org/10.1016/s0027-9684\(15\)31139-1](https://doi.org/10.1016/s0027-9684(15)31139-1)

O'Fallon, T. (2010). *The Collapse of the Wilber Combs Matrix: The Interpenetration of the State and Structure Stages* [Paper presentation]. Conference proceedings of the 2nd Biennial Integral Theory Conference. San Francisco, CA.

O'Fallon, T., Fitch, G., & Carman, D. (2008, August 7–10). *Experiments in second-tier community: Collective individualism* [Paper presentation]. First Integral Theory Conference, Pleasant Hill, CA, United States.

- 
- O'Fallon, T., Polissar, N., Neradilek, M., & Murray, T. (2020). The validation of a new scoring method for assessing ego development based on three dimensions of language. *Heliyon*, 6(3), e03472. <https://doi.org/10.1016/j.heliyon.2020.e03472>
- Pfeffer, J., & Sutton, R. (2006). Evidence-based management. *Harvard Business Review*, 84(1), 62–72.
- Prober, C. G., & Heath, C. (2012). Lecture halls without lectures — a proposal for medical education. *New England Journal of Medicine*, 366(18), 1657–1659. <https://doi.org/10.1056/nejmp1202451>
- Pronin, E. (2007). Perception and misperception of bias in human judgment. *Trends in Cognitive Sciences*, 11(1), 37–43. <https://doi.org/10.1016/j.tics.2006.11.001>
- Richmer, H. R. (2011). *An analysis of the effects of enneagram-based leader development on self-awareness: A case study at a Midwest utility company* (UMI Number: 3629159) [Doctoral dissertation, Spalding University]. Proquest.
- Rock, D. (2008). SCARF: a brain-based model for collaborating with and influencing others. *NeuroLeadership Journal*, 1, 1–9.
- Rooke, D. (2018). Transformational leadership capabilities for medical leaders. *BMJ Leader*, 2(1), 3–6.
- Souba, W. W. (2013). The science of leading yourself: A missing piece in the health care transformation puzzle. *Open Journal of Leadership*, 02(03), 45–55.
- Sowcik, M. (2015). *Leadership 2050: Critical challenges, key contexts and emerging trends (building leadership bridges)* (4th ed.). Emerald Publishing Limited.
- Switzler, A., Grenny, J., Patterson, K., & McMillan, R. (2002). *Crucial conversations: Tools for talking when stakes are high* (2nd ed.). McGraw Hill.
- Terrell, S. (2020). *Learning mindset for leaders: Leveraging experience to accelerate development*. Independently Published.
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117–125.
- The COVID racial data tracker*. (2021). The Atlantic. <https://covidtracking.com/race>
- Torbert, W. R., Cook-Greuter, S., Fisher, D., Foldy, E., Gauthier, A., & Keeley, J. (2004). *Action inquiry: The secret of timely and transformational leadership*. Berrett-Koehler.
- Women make up most of the health sector workers but they are under-represented in high-skilled jobs* [Fact sheet]. (2017). Organisation for Economic Co-operation and Development. <https://www.oecd.org/>
- Wyatt, R., Laderman, M., Botwinick, L., Mate, K., & Whittington, J. (2016). *Achieving health equity: A guide for health care organizations* [White paper]. Institute for Health care Improvement. <http://www.ihc.org>

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## Additional Resources

### Books, Articles, and Audio Files:

- Ahearn, B. (2019). *Influence people: Powerful everyday opportunities to persuade that are lasting and ethical*. Influence People, LLC.
- Bradberry, T., & Greaves, J. (2009). *Emotional intelligence 2.0*. TalentSmart.
- Braks, A. J. (2020). *Executive coaching in strategic holistic leadership: The drivers and dynamics of vertical development*. Open University Press.
- Brown, B. (2013). *The future of leadership for conscious capitalism* [White paper]. <http://www.metainegralstore.com/>
- Callahan, C., & Grunberg, N. E. (2019). Chapter 4: Military medical leadership. In F. G. O'Connor, E. B. Schoomaker, & D. C. Smith (Eds.), *Fundamentals of military medicine* (pp. 51–66). Borden Institute.
- Csikszentmihalyi, M. (2008). *Flow: The psychology of optimal experience* (1st ed.). Harper Perennial Modern Classics.
- Ford, J. (2020). *Hijacked by your brain*. Sourcebooks.
- Ford, J., & Ford, L. (2009). *The four conversations: Daily communication that gets results* (1st ed.). Berrett-Koehler Publishers.
- Gibbons, P. (2015). *The science of successful organizational change: How leaders set strategy, change behavior, and create an agile culture* (1st ed.). Pearson FT Press.
- Heifetz, R. A., Linsky, M., & Grashow, A. (2009). *The practice of adaptive leadership: Tools and tactics for changing your organization and the world* (1st ed.). Harvard Business Press.
- Johnson, B. (2014). *Polarity management: Identifying and managing unsolvable problems*. H R D Press.
- Leitch, J., Rooke, D., Wilson, R., Lancefield, D., & Dawson, M. (2015). *Ten ways to identify and retain transformational leaders*.
- Leonard, G., & Murphy, M. (1995). *The life we are given: A long-term program for realizing the potential of body, mind, heart, and soul* (1st ed.). G. P. Putnam's Sons.
- Metcalfe, M. (2016, August 30). *Council post: What is the path for leadership maturity?* Forbes. <https://www.forbes.com>
- Metcalfe, M., & Palmer, M. (2011). *Innovative leadership fieldbook*. Integral Publishers.
- Metcalfe, M., & Paluck, D. (2010). The story of Jill— How an individual leader developed into a “Level 5” leader. *Integral Leadership Review*, 10(3).
- Metcalfe, M., & Ritchie-Dunham, J. (2016). Co-hosting: Creating optimal experience for team interactions. *Integral Leadership Review*, 16(3).
- Morrow-Fox, M. (2019, December 3). *Evolve to execute: Leadership maturity* [Interview]. Innovating leadership: With Maureen Metcalfe; Voice of America. <https://www.voiceamerica.com/episode/118397/evolve-to-execute-leadership-maturity>
- Ritchie-Dunham, J. L. (2014). *Ecosynomics: The science of abundance*. Vibrancy Ins, LLC.

---

Russell, T. (2015). *Mindfulness in motion: Unlock the secrets of mindfulness in motion*. Watkins Publishing.

Scharmer, O. (2016). *Theory u: Leading from the future as it emerges* (2nd ed.). Berrett-Koehler Publishers.

Senge, P. M. (1994). *The fifth discipline fieldbook: Strategies and tools for building a learning organization* (Illustrated ed.). Currency.

Tsipursky, G. (2019). *Never go with your gut: How pioneering leaders make the best decisions and avoid business disasters (avoid terrible advice, cognitive biases, and poor decisions)*. Career Press.

## Assessment Instruments\*:

Emotional Intelligence Test: <https://globalleadershipfoundation.com/geit/eitest.html>

Enneagram (for Leader Type): [www.enneagraminstitute.com](http://www.enneagraminstitute.com)

Extended DISC Instrument: <https://www.extendeddisc.org>

HeartMath®Tools for Reducing Stress and Staying Balanced: [www.heartmath.org](http://www.heartmath.org).

*Implicit Association Test (IAT)*. (2011). Project Implicit. <https://implicit.harvard.edu/implicit/takeatest.html>

Innovative Leadership Institute Leadership Behavior Assessment: <https://www.innovativeleadershipinstitute.com/what-we-do/leader-assessment.html> (To order send an email to [info@innovateleader.com](mailto:info@innovateleader.com))

Make Stress Good for You: <https://www.hprc-online.org/mental-fitness/sleep-stress/make-stress-good-you>

Mature Adult Profile Assessment (MAP; for a developmental perspective): <http://www.verticaldevelopment.com/what-we-do/> (To order the MAP send an email to [Map@verticaldevelopment.com](mailto:Map@verticaldevelopment.com))

NEO Personality Inventory-Revised: <https://www.parinc.com/Products/Pkey/276>

Perceived Stress Scale: <http://www.mindgarden.com/documents/PerceivedStressScale.pdf>

Position Success Indicator: <https://www.positionsuccess.com/>

Resilience Assessment: <https://innovativeleadershipinstitute.mykajabi.com/Resilienceduringdisruption> and <http://www.innovativeleadershipinstitute.com/resilience-assessment-tool.html>

STAGES Model (for a developmental perspective): <https://www.stagesinternational.com/stages-assessment/>

StageSHIFT Vertical Holistic Leadership Profile: <https://www.stageshift.coach/profile>

**\* Some instruments require payment and / or administration support.**

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## Author Bio



### *Maureen Metcalf, M.B.A.*

Maureen Metcalf, Founder and CEO of the Innovative Leadership Institute, is a highly sought-after expert in anticipating and leveraging future business trends. She helps leaders elevate their leadership quality and transform their organizations to create sustainable impact and results. She captured her thirty years of experience and success in an award-winning series of books used by public, private, and academic organizations to align company-wide strategy, systems, and culture with Innovative Leadership techniques. She is a Fellow with the International Leadership Association. She also serves on the Advisory Board at the School of Strategic Leadership at James Madison University.

As a preeminent change agent, Maureen has set strategic direction and then transformed her client organizations to deliver significant business results such as increased profitability, cycle time reduction, improved quality, and increased employee effectiveness.

For years, she shared her hard-won insights through conference speaking, industry publications, radio talk shows, and video presentations. She is a regularly featured author for Forbes.com. She is the host of a Voice America international radio show focusing on Innovative Leadership and the author of an award-winning book series on Innovative Leadership, including the Innovative Leaders Guide to Transforming Organizations, winner of a 2014 International Book Award.

Maureen was recognized for her contributions to leadership, innovation, and technology fields by being named Business First BizTech Executive of the Year 2019, ComSpark Power Player 2018, 2019, and 2020 and Ten Influential Business Leaders to Watch 2020.

The Innovative Leadership Institute has a 20-year track record of delivering value to high-performing clients ranging from local Ohio small businesses to Fortune 15 organizations to the US Armed Forces. Client industry mainstays include technology, engineering, manufacturing, financial, and medical services. The Innovative Leadership Institute also has an international presence, helping companies in the United Kingdom and Europe.

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## Author Bio

### *Erin S. Barry, M.S.*

Erin S. Barry, is a Research Assistant Professor in the Department of Military and Emergency Medicine at the Uniformed Services University (USU). She is a biomedical and bibehavioral scientist with expertise in research design, planning, logistics, data management, statistical analyses, and assessment. Erin has worked at USU since 2010 where her research has focused on traumatic brain injury, post-traumatic stress disorder, and health care leadership.



For the past six years, she has worked with the Leader and Leadership Education and Development (LEAD) Program to developed leadership education and development programs that integrate research, curricula, and assessment within the School of Medicine, School of Nursing, and Graduate Education Office. Her role in LEAD is to work on all aspects of Research and Development including original research, scholarly reviews, and to translate scientific materials and evidence to be effectively taught and disseminated. She serves as Principal Researcher for several studies of leadership that focus on individual characteristics, interpersonal dynamics, and academic performance as predictors of leadership competence. She also works closely with the LEAD Curriculum team to bridge, coordinate, and analyze student, faculty, and program assessment.

Erin's educational background includes a B.E. (2006) in Biomedical Engineering with a minor in Mathematics from Vanderbilt University and an M.S. (2008) in Biomedical Engineering with a focus on Tissue Engineering and Drug Delivery from University of Texas at Arlington. In addition to her research and program development, Erin mentors and coaches graduate and medical students. She is currently working on her Ph.D. in Health Professions Education focusing on leadership and followership within medical education.

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## Author Bio

### *Dukagjin M. Blakaj M.D., Ph.D.*

Dukagjin M. Blakaj (a.k.a. Duke) is an Associate Professor, Associate Director of Clinical Operations, and H&N Division Director in the Radiation Oncology department at The Ohio State University Comprehensive Cancer Center – Arthur G. James Cancer Hospital and Richard J. Solove Research Institute. He leads a busy clinical practice in H&N, skull base, and CNS malignancies. He is also the H&N-Intraoperative and CNS/Pediatric fellowship director within the radiation oncology department.



Duke earned his bachelors and masters in Molecular Biophysics & Biochemistry and Chemistry from Wesleyan University (1999 and 2000); Biochemistry M.S. (2004), Biochemistry Ph.D. (2008), and M.D. (2008) from Albert Einstein College of Medicine. He is on national committees for H&N cancer clinical trials including NCI, ECOG and NRG. His Ph.D. thesis centered on the molecular, biochemical, biophysical, immune and cellular research exploring protein-ligand interactions based on the papillomavirus transcription factor, E2.

At the James Cancer Center, his research interests continue to be clinical and translational in nature with his goal being to tailor cancer treatments to patients based on their molecular profiles of treatment resistance and conduct research that will ultimately lead to novel clinical trials.

Duke has been published in over forty research articles and has received over a million dollars in funding for his research since joining OSU. He has been working at OSU for close to eight years and has had over three years of leadership training including certificates from the Faculty Leadership Institute at OSU and is a Certified Innovative Leadership Facilitator received from the Innovative Leadership Institute.

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## Author Bio

### *Suzanna Fitzpatrick, D.N.P., ACNP-BC, FNP-BC.*

Suzanna Fitzpatrick, is a senior nurse practitioner at the University of Maryland Medical Center In Baltimore, Maryland, where she has worked since 2008. Her expertise is with surgical patients, transplant, oncology, and emergency medicine.



Suzanna began her health care journey as a Paramedic which she has continued doing as a volunteer for the past 20 years. Her educational background includes a B.S. from the University of Maryland, Baltimore County (2004) in Emergency Health Services, a B.S.N from Villa Julie College (2008), Masters in Nursing in Acute Care (2010), Post-Masters certificate from George Washington University in Family Practice (2013) and her Doctorate in Nursing Practice (2020). Her doctoral work focused on teamwork and collaboration with emergency nurses.

Suzanna has a passion for mentoring novice Nurse Practitioners in their transition into practice and in their professional development. She has written articles on teamwork, nursing leadership, and transition shock for novice practitioners. In addition she is an adjunct professor teaching Doctoral nursing students system and complex leadership theories and practical strategies at the University of Maryland, Baltimore.

She is co-founder of the Health Care Leadership Community of the International Leadership Association.

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## Author Bio



### *Michael Morrow-Fox, M.B.A., ED.S.*

Michael Morrow-Fox, is a consultant with the Innovative Leadership Institute experienced in health care, education, banking, government, and non-profit management. Michael has over 20 years of experience in leading technology and human resources operations, as well as and several years of full-time university teaching. He uses this background to blend his real-world understanding with current theoretical models helping his clients reach goals beyond their current thinking.

Michael has experience managing a 50 million dollar technology budget, helping a technology startup company get off the ground, overseeing an international non-profit organization achieve 'best place to work' status, and leading organizational education for a city government. His strengths are not in what area he works, but in how he helps others work. Michael's project management, process excellence, problem-solving, and human performance management skills help companies form truly innovative strategies.

Michael has served as a full-time university faculty at Capital University winning a Department of Education FIPSE Grant and George Mason Program Excellence Award. He also served as the Director of Technology Strategy for the OhioHealth Hospitals, as the Vice President of Operations for a technology start-up serving American Express, as the Vice President of Talent Management Training and Development for the American Heart Association, and the Manager of Organizational Education for the City of Greensboro, North Carolina. He has held Project Management Professional (PMP) Certification since 2002, he has worked on Six Sigma Black Belt initiatives since 1999 and has been a Six Sigma Green Belt since 2006. His Bachelor's degree focused on Industrial Psychology and Employee Counseling, his M.B.A. focus was on Organizational Leadership, his Educational Specialist Degree is in Educational Leadership, and Michael is working on his Doctoral dissertation in Educational Leadership.

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## Author Bio

### *Neil E. Grunberg, Ph.D.*

Neil E. Grunberg, is Professor of Military & Emergency Medicine, Medical & Clinical Psychology, and Neuroscience in the Uniformed Services University of the Health Sciences (USU) School of Medicine; Professor in the USU Graduate School of Nursing; and Director of Research and Development in the USU Leader and Leadership Education and Development (LEAD) program, Bethesda, Maryland. He is a medical psychologist, social psychologist, and behavioral neuroscientist.



Neil earned baccalaureate degrees in Medical Microbiology and Psychology from Stanford University (1975); M.A. (1977), M.Phil. (1979), and Ph.D. (1980) degrees in Physiological Psychology and Social Psychology from Columbia University; and completed doctoral training in Pharmacology at Columbia University's College of Physicians & Surgeons (1976-79).

He has been educating physicians, psychologists, and advanced practice nurses for the U.S. Armed Forces and Public Health Service and scientists for research and academic positions since 1979. He has published more than 200 papers addressing behavioral medicine, drug use, stress, traumatic brain injury, and leadership.

Neil has been recognized for his professional contributions by awards from the American Psychological Association, Centers for Disease Control & Prevention, Food & Drug Administration, National Cancer Institute, Society for Behavioral Medicine, U.S. Surgeon General, and Uniformed Services University. In 2015, Dr. Grunberg was selected to be a Presidential Leadership Scholar.

He also is a co-founder of the Health Care Leadership Community of the International Leadership Association.

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## *Thank you for reading!*

Thank you for taking the time to read *Innovative Leadership for Health Care*.

I trust the worksheets and reflection questions you completed here will help you become a more effective leader. Because growth has a ripple effect dynamic, we welcome your suggestions, additional tools and templates. Please contact me at:

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This is the tenth in a series of workbooks. Download other titles on Innovative Leadership at [www.innovativeleadershipfieldbook.com](http://www.innovativeleadershipfieldbook.com)

# Praise for Innovative Leadership for Health Care

The aspiring health and health care leader has a rapidly expanding library from which to choose.

But not all sources provide a scholarly yet practical route to improve one's leadership skills. This useful guide provides unique advantages over others, based upon several decades of careful scholarship married with hands-on practice. It addresses the key elements of human psychology: cognitions, motivations, and behaviors or actions. Learning to lead effectively requires self-knowledge and experiential challenges; the book provides activities to encourage these. It draws upon two proven frameworks—Innovative Leadership Model and Leader-Follower Framework—not in a prescriptive fashion but in a flexible, personalized yet holistic way of addressing key dimensions for consideration in improving one's leadership. Finally, the guide stresses lifelong learning and innovation—critical elements in facing the Volatile, Uncertain, Complex and Ambiguous (VUCA) features of health and health care leadership in the 21st Century. A must-have for all new and mid-level health and health care leadership professionals.

**Eric B. Schoomaker, MD, Ph.D., FACP, Lieutenant General, US Army (retired), 42nd Army Surgeon General and Former Commanding General, US Army Medical Command**



Most of us learn to be leaders by an unstructured, trial and error process. If we are fortunate, we may have a mentor or two along the way to help us develop leadership skills. What this book does is present a road map and structure for both individuals and teams to be successful in an increasingly complex and fast-paced world. The book, in addition to teaching effective skills, also teaches attributes that will help leaders be ethical, kind, and caring human beings—which the world needs right now. The authors should be congratulated for putting together such a helpful guidebook that reflects first-rate psychological and educational research and decades of experience understanding and teaching leadership.

**Dean L. Winslow, MD, FACP, FIDSA, FPIDS, Professor of Medicine, Division of Hospital Medicine, Division of Infectious Diseases and Geographic Medicine, Stanford University School of Medicine**



The urgent need for innovative leadership within health care did not require a once-in-a-century pandemic. Before Covid-19, longstanding industry inefficiencies were producing access, quality, and affordability challenges. The result was too often quality problems and a poor patient experience. Working through this book will help health care practitioners adopt novel approaches that can transform health care to a new generation of industry excellence.

**James E. Taylor, Ph.D., Senior Vice President, Chief Diversity, Inclusion, and Talent Management Officer, UPMC**

Nearly all leadership books I have read left me numb, cloudy and a bit lost on what and how I should improve my leadership skills. Finally, there is a book that leverages the time-tested process engineering approach of six sigma to leadership development! This book distills volumes of leadership materials and scientific evidence into a clear cut, robust, process-driven framework with consecutive steps guiding the reader to reflect, goal set, and accomplish. Abundant tables and charts facilitate reflection and learning. A clear language for introspection and growth is facilitated by the many useful examples. Developmental stages for insight, maturation and improvement are provided to enable growth at any stage of leadership development. In concert with or without a coach, rapid progress in leadership development is highly predictable with this wonderful text.

**C. Dan Johnson, MD, MMM, FACR, FSAR, Professor, Mayo Clinic Alix School of Medicine, Co-lead, Science of Health Care Delivery, Mayo Clinic Alix School of Medicine, Chair Emeritus, Department of Radiology, Mayo Clinic in Arizona**



The 2020-2021 pandemic has highlighted the need for leadership skills in health care. Mastery of the basics is not sufficient as we continue to evolve in the 21st century, where our system will face more and more rapid-fire challenges. Future leaders need more than experience. They need definitive training. That is exactly what they will find in the *Innovative Leadership for Health Care*. Whether in the early or advanced stages of a leadership journey, readers will discover easily understood principles that they can rapidly implement in their organizations. These expert authors guide you in building a better version of yourself and in motivating your team to do the same for the long-term. This is a book that leaders will return to again and again as they navigate through their careers.

**Matthew L. Moorman, MD, M.B.A., FACS, FAWM, FCCM Clinical Associate Professor of Surgery Case Western Reserve University School of Medicine Chief, Division of Trauma, Critical Care, and Acute Care Surgery University Hospitals Cleveland Medical Center**

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