

# The Evolution of Leadership in Healthcare

### TRUST IS THE FOUNDATION

Years ago, the city of Glasgow had one of the highest crime rates in Europe. In order to combat that they decided to treat violence as a public health issue because they saw that violent behaviours tend to spread much like viruses. This approach worked extremely well as they now have one of the lowest crime rates. What is the lesson learned? Behaviours can spread exponentially - good and bad - when in critical mass. With that in mind, let's explore how trust, collaboration and power can coexist in the ever-evolving healthcare environment to make effective change.

The current changes in healthcare systems going towards integration (an example being the Ontario Health Teams) are creating an environment that facilitates mandated changes in leadership behaviours and style. System integration allows for more collaboration and teamwork because of the interdependency that it generates amongst the various providers. Simon Sinek sums up the essence of this concept nicely in "teams are not made only of people working together, but people that trust each other."

Trust is the key factor leading to stronger teamwork and collaboration. Professor Nicole Gillespie's excellent meta-analysis on Trust and Team Performance makes the extremely solid argument to support how trust is key to effective teamwork and collaboration. Gillespie's research states that lack of trust will generate defensive actions, create a dysfunctional dynamic and produce uncertainty all of which lower the benefits of collaboration. Trust presence will accentuate knowledge sharing, facilitate decision making (i.e. I will support decisions if I trust that the team considered my point of view), and clearly maximizes team performance.

Trust is like air in a room. As in, we don't tend to notice its presence, but we for sure notice its absence! So, it is worth asking the questions: What builds trust? What is it made of? One clarification comes from McAllister, D. J. (1995) who describes that trust can be affective or cognitive based.

Cognitive trust is based on your personal appraisal of leaders' or colleagues' competence, reliability and integrity. Those three factors are the same ones that make up a person's credibility (Bérard, 2013). A leader's track record and desire to support their team, colleagues or partners is critical in building and maintaining cognitive trust.

As for affective trust, McAllister (1995) refers to the emotional bond between the leader and the team members. A leader's emotional investment in trust relationships can be illustrated by showing colleagues and business partners that you care and leading with generosity. This expression of genuine care will create intimacy amongst team members and create candor, allowing true commitment to shared success.

A focus on making others successful with a benevolent attitude will go a long way in creating trust. Trust can not be imposed - it must be built - and it starts with your own behaviours and attitude.

### THE POWER OF INFLUENTIAL LEADERSHIP

Because everything we say and do is the length and shadow of our own souls, our influence is determined by the quality of our being.

– Dale E. Turner

Building on trust as the foundation, the key to defining and implementing strategies and achieving your goals in this evolving healthcare world is influence (not authority or traditional power). The focus needs to be on demonstrating personal leadership and getting results through others by building relationships and using influential skills rather than relying on traditional positional power.

Our experience and literature review lead us to these four Cs as the critical components of effective influential leadership: Consciousness, Credibility, Connection and Communication.

## CONSCIOUSNESS

Consciousness starts with your own self-awareness. What traits, competencies and behaviours are you demonstrating that are conducive to effective relationships and influence with others? For instance, are you open to listening to other points of view or are you impatient to move on after you have made a point? Are you flexible in your opinions and ways of doing things, or demonstrating an excess of rigidity and inflexibility? Are you demonstrating empathy and a true desire to collaborate? Asking yourself these questions and getting feedback are the first steps in developing self-awareness, a crucial skill which is imperative to any leadership role.

Because you are influencing a person or group of people, being aware of others is of the utmost importance. Awareness of others is at two levels: personal and business. What is it that the other person is known for, style, traits, strong preferences, values, pet peeves, etc.? On the business side, what is it that this person really cares about, top priorities, what is their focus, major concerns, etc.? Aligning your own objectives or finding the commonalities between yours and the priorities and imperatives of your health team partners will go a long way to increase influence and build alliances.

## CREDIBILITY

Influential leadership assumes that a person or group is being positively influenced by somebody else. There must be an openness to be influenced by you as a leader; that openness is largely related to your own credibility as perceived by others.

As mentioned earlier in cognitive trust, credibility can be defined by the formula of Reliability x Capability x Integrity. Reliability is about meeting your commitments and doing what you say you will do. Capability is about competence, expertise and performance, being good at what you do. Integrity is about values, principals and professional standards. It's about doing the right thing every time. Put yourself in the position of being influenced by a peer in your integrated health team, how open would you be if you don't give credibility to that person? The answer is obvious, none or very little.

Some actions are conducive to build credibility, other are likely to diminish it. We call them credibility builders and traps.

**Builders:** Consistency of behaviours, follow through on commitments, focus on shared, rather than personal goals, actions are louder than words.

**Traps:** Making excuses or not taking responsibility, jumping to conclusions without checking facts, inconsistent behaviours or mixed signals.

As a leader, your team's perception of your credibility can be taken as an average of builders and traps that they have witnessed in the working relationship they have with you. Keep in mind, like any GPA, it needs to be consistently maintained to ensure a high average.

## CONNECTION

Connecting refers to networking, which is not to be confused with your 550 connections on LinkedIn or friends on Facebook! Although these social media connections have value, we are referring to the people you truly need to connect with in order to achieve your objectives and goals. Who in your integrated healthcare network that you need to be closely connected to so that you can get the collaboration and support you need from them, and vice versa, in order to achieve your business goals? Creating a list of people that you need to connect with is an effective way to make it more formal and more likely to happen. If you are not close enough to some key players in the system, then a closer connection needs to be created.

There is nothing better than a face to face or at a minimum live connection; an email message does not qualify as live connection! Connecting must be done in a way that others will remember you and be open to be influenced and collaborate with you. Over and above the basic action of going for a coffee and small talk at events, a meaningful connection will be created if you leverage the power of reciprocity. In social psychology reciprocity is defined as "a social norm of responding to a positive action with another positive action, rewarding kind actions.

As a social construct, reciprocity means that in response to friendly actions, people are frequently much nicer and much more cooperative than predicted" (Fehr and Gächter, 2000). In other words, give before you want to receive, do something for the person you want to create a meaningful connection with before you ask them to do something for you.

## COMMUNICATION

When it is time to influence, convince or sell an idea often leaders will get into telling mode (a long list of arguments and facts will be shared in order to convince). However, the scientific literature in psychology is rich with research showing that the most effective behaviour to convince and influence is by asking open and powerful questions. It almost sounds counterintuitive but asking questions will lead to discovery, better understanding and setting a tone of collaboration vs. imposition. Asking questions also shows openness, demonstrates curiosity and more importantly it provides the opportunity to truly discover what the other person really cares about.

In situations of influential leadership (or negotiation) asking good open-ended questions will most likely contribute to better solutions and create a sense of win-win for the parties involved.

## REFERENCES

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## CONCLUSION

For decades, debates have occurred around the fundamental question of nature vs. nurture in order to explain why we behave in a certain way. The shortest summary of experience and research related to this question can best be described by the following - it is both. We behave in a certain way because of who we are, our personality traits, our values and our DNA from a behavioural standpoint. But in addition to that, we also work and live in a certain environment that supports, condones, values and necessitates some leadership practices more than others. At this time of transformation towards truly integrated healthcare services leadership practices must evolve and be conducive for trust and collaboration; and, from positional power to influence in order to be as effective as possible going forward.

Jocelyn has extensive Canadian and international experience in the areas of human resources and business management in Europe, North America, the Middle East and Asia, in a variety of industries such as telecommunications, auto manufacturing, health care, government, retail, aerospace and banking. His interventions focus on Talent Management, especially in the area of leadership assessment and development, performance management, succession management and selection best practices.

Fluently bilingual in French and English, Jocelyn holds undergraduate degrees in Psychology and Human Resources, a Master Degree in Industrial/Organizational Psychology and an Executive MBA. Jocelyn's book, titled "Accelerating Leadership Development", was published by Wiley and focuses on leadership assessment, leadership development and succession management.

### Jocelyn Bérard M.Ps. MBA

National Practice Leader | Leadership, Assessment + Development  
Telus Tower | 25 York Street, Suite 1802 | Toronto, ON M5J 2V5  
T. 647.788.3204 ext. 1226 | M. 416.435.8234  
[www.optimumtalent.com](http://www.optimumtalent.com)

