Leadership transformation in Queensland Health

Meagan P Crethar, Jan N Phillips, Paul J Stafford and Stephen J Duckett

IN 2006, QUEENSLAND HEALTH embarked upon a major reform program that included a comprehensive leadership development program for senior leaders, managers and supervisors. The objective was to achieve improvements in the leadership capabilities of key staff that will result in real improvements in workplace culture. The components of the program include: action-learning leadership development workshops, 360-degree feedback, executive coaching, leadership learning modules and an interactive leadership website. The program is constantly evolving, and implementation commenced in 2007 of a second phase which includes a number of additional initiatives — an Emerging Clinical Leaders Program, a Top 500 leaders Program, Conflict Resolution Program for Clinicians and a Clinical Network Chairs Leadership Program. Workforce statistics have shown a distinct improvement since the implementation of the program.

Queensland Health has been under a great deal of pressure in recent years. On 26 April 2005, the Queensland Government announced an independent review of Queensland Health's administrative, workforce and performance management systems. The review was established in response to public concern over the safety and quality of the public health system, following events that took place at Bundaberg Hospital, particularly the appointment and practices of Dr Jayant Patel.[1,2] Associated with the Patel case were issues of bullying and intimidatory behaviour at the workplace.

In response to the recommendations of the review, Queensland Health embarked upon a major reform program. Queensland Health is one of Queensland's largest employers, employing about 65 000 staff across a range of employment categories. One of the highlighted strategies for driving reform was leadership development. Strong leadership was identified as vitally important, and it was recommended that Queensland Health executives, managers and supervisors be supported in the development of their leadership capability through leadership development programs. As stated in the report, "the most critical ingredient in achieving the cultural changes required is the changed style and behaviour of leaders".[3] (p. 62) Indeed, Schein argues "that the only thing of real importance that leaders do is to create and manage culture".[4] (p. 5) The report further recommended that surveys of workplace culture and staff satisfaction be undertaken regularly across the organisation to enable the monitoring of progress with cultural change over time.[3]

The Leadership Development Program (the program) is a key element of the reform agenda and is one of the most comprehensive and innovative leadership development initiatives ever undertaken within the Australian health sector.

The program aims to achieve improvement in the leadership capabilities of Queensland Health leaders that will bring about real improvements in both clinical care and workplace culture. It was developed in recognition that leaders have a significant impact on workplace culture which in turn influences how individuals and teams perform. For

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example, Berlowitz et al have shown that a culture that emphasises teamwork and innovation is positively associated with improvements in the quality of clinical care.[5] Mallack et al found that cultural strength is also positively associated with patient satisfaction;[6] West et al have also shown that there is a strong association between advanced human resource practices (including staff appraisal, teamwork and training and development) and lower patient mortality;[7] while Shortell et al found that a participative, flexible, risk-taking culture was significantly associated with quality improvement implementation, which was positively associated with better perceived patient outcomes and human resource development.[8]

The issue of leadership and its impact on workplace culture is not unique to Queensland Health. Other health services, both nationally and internationally, are also grappling with these issues. For example, the United Kingdom National Health Service (NHS) has developed the Leadership Qualities Framework that provides evidenced-based qualities (behaviours) directly related to leadership in health care. The NHS Leadership Qualities Framework was created following substantial research and is tailored to the specific needs of the health care environment. It has been extensively tested and applied across the health care sector. Given this and the fact that the Framework aligns to the leadership requirements in Queensland Health, it was adopted as the cornerstone of the program and it is these qualities upon which the development of Queensland Health leaders has been based.

There are 15 qualities within the Framework covering a range of personal, cognitive and social qualities. They are arranged in three clusters – "Personal Qualities", "Setting Direction" and "Delivering the Service". The personal qualities and values are at the core of the Framework. They include "Self Belief", "Self Awareness", "Self Management", "Drive for Improvement" and "Personal Integrity".

With "Setting Direction" the qualities relate to how leaders set a vision for the future, drawing on their political awareness of the health and social care context. The qualities include "Seizing the Future", "Intellectual Flexibility", "Broad Scanning", "Political Astuteness" and "Drive for Results".

The final cluster "Delivering the Service" relates to how leaders provide leadership across the organisation as well as the wider health and social care context to make things happen — to deliver service results. The qualities include "Leading Change through People", "Holding to Account", "Empowering Others", "Effective and Strategic Influencing" and "Collaborative Working."

The Queensland Health leadership program

Partnerships

The Workplace Culture and Leadership Centre was established as part of Queensland Health's reform agenda, with objectives relating to finding out what staff think and feel about their workplaces, identifying what needs to change and developing leaders with the capability to work with staff to make the necessary changes. Following a formal tender process, the Hay Group and the Queensland University of Technology (QUT) were engaged to work in partnership with the Workplace Culture and Leadership Centre on the development and delivery of the Leadership Development Program.

The Workplace Culture and Leadership Centre, also in partnership with the University of Southern Queensland, implemented a staff opinion survey, which all staff have had the opportunity to complete. This survey provides essential information about workplace culture, which will allow specific improvement strategies to be put in place by leaders across the organisation.

Methods

Queensland Health's leadership development strategy, developed by the Workplace Culture and Leadership Centre, was designed to upskill Queensland Health leaders in all domains of the NHS Leadership Qualities Framework, particularly those domains where there were identified deficits. The strategy was multifaceted and

included leadership development workshops based on action learning principles, 360-degree feedback, executive coaching, leadership learning modules and a leadership website.

The qualities of the NHS Leadership Framework form the basis of the 360-degree feedback assessment tool. The questions of the survey instrument were designed to assess Queensland Health executives specifically against each of the qualities. Similarly, the online leadership learning modules were developed around the leadership qualities and were designed to enhance understanding and application of the qualities within Queensland Health.

The Leadership Development workshops were also structured around the behaviours outlined in the Framework qualities. The workshops covered the qualities in detail and outlined "why they matter" to leaders. Participants also completed personal action plans for their own development against the qualities. The Framework therefore provides Queensland Health leaders with a common language and a consistent approach for the behavioural qualities of leadership to which they should aspire.

This strategy framed Stage I of the Program that commenced in early 2006. It was further decided, given that leadership development is such a priority for the organisation, that participation in the program be mandatory for all senior executives. The components of Stage I are outlined in greater detail below.

Executive leadership development residential workshop

A 2-day residential workshop was conducted for clinical and non-clinical executives to develop a shared understanding of the Queensland Health vision and values; and to gain the commitment of participants to act as leaders by driving the change agenda and to provide a toolkit of skills and knowledge relevant to the challenges of the reform agenda. A standard workshop was developed and delivered to staff across the state.

One unique feature of the workshop was a drama-based interactive case study (the "prophetical — applied theatre") which was developed and played out by actors from the Creative Industries Faculty at the Queensland University of Technology. The prophetical was used on the first night of the residential workshop and the scenario was based on common real-life experiences of senior leaders in a health setting. The scenario involved a project that becomes derailed and the associated issues of leadership qualities and conflict management that emerge as this occurs. The actors were prepared to act in different ways so that different scenes could evolve (modelling different leadership behaviours).

Participants were able to recognise and critique the behaviours played out before them. From the prophetical it was possible for participants to see how the future could be corrected or transformed through their interventions and actions. It ensured that participants were engaged from the outset and focused them on the issues to be addressed throughout the course of the workshop. Reference was made back to the prophetical throughout the workshop.

Senior management from each of Queensland Health's 20 Districts, Corporate Office, and Division and Area offices (about 500 staff) participated in the residential workshops.

Manager and supervisors leadership development workshop

A 2-day non-residential workshop for managers and supervisors was developed to complement the residential workshops, targeted at middle to junior managers (about 4500 staff). These workshops are currently being rolled out across the state. The highly participative workshop includes scenarios, case studies, and other interactive activities aimed at strengthening leadership skills.

The methodology used in the workshop is experiential and encourages active participation in problem solving and decision making by those taking part. In line with the executive workshops, the scenarios (applied theatre) allow participants to enter a "safe" space to observe and critique the leadership approach of others and use the skills they have acquired throughout the workshop to intervene and correct behaviours which can alter outcomes.

Other interactive activities include exercises aimed at developing the following skills: individual reflection; the art of listening; understanding the process for leading change; applying the factors of success in leading change; developing an action plan that leads to results; developing measurable results; creating a shared vision; creating a climate of hope and possibility; the importance of effective self-management and prioritisation; coaching your team for better results and recognising your sphere of influence.

The Leadership Development Program recognised that the workshops needed to be supplemented by a range of other leadership development initiatives to enhance self-awareness and build skills that are outlined below.

360-degree feedback

Constructive feedback is vital in enhancing leadership performance. Leaders need to have a good understanding of how their actions and behaviours affect others and how others within the organisation perceive them.[9] 360-degree feedback can positively impact an individual's effectiveness as a leader by deepening that person's self-awareness about the impact of their behaviour on others.[10]

360-degree surveying is a process that enables an individual to receive feedback from a range of different people that they come into contact with through their work. All executive participants are required to participate in the 360-degree survey process, which is administered by the Hay Group. To date, 535 Queensland Health executives have participated in the 360-degree feedback process.

The 360-degree survey used for Queensland Health enables comparison against a set of qualities (patterns of behaviour) that are important within the health sector. The only individual's ratings that are identified in the 360-degree feedback report are those from the participant (self-rating) and their manager. All other feedback (from peers, subordinates and others) is confidential and not identified.

Queensland Health receives a group composite report that provides the feedback results for the entire executive group. Therefore the organisation is able to identify key developmental areas for its senior leaders from the group report, while not encroaching on the confidentiality of the individual report.

As part of the program, all participants receive a professional debriefing on their results by an experienced facilitator from the Hay Group, which enables them to analyse the 360-degree results and make the link to behavioural change requirements or gaps they may have had in their leadership capability.

Self-assessment tool

Given that the 360-degree feedback survey is only available for executives, an online self-assessment tool was developed for use by managers and supervisors, in order to allow them to self-assess against the Leadership Qualities Framework.

Executive coaching

Coaching provides an opportunity to further develop leadership skills through confidential one-on-one interaction with qualified executive coaches, which supports collaborative problem solving, guidance on career progression and encouragement in setting achievable goals.

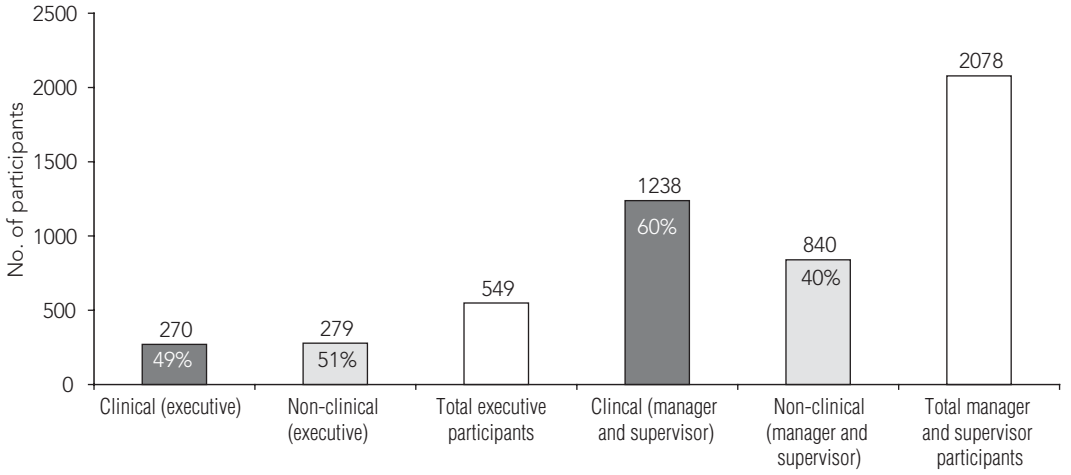
This component of the Program is optional and only available to the executive group who can access up to 4 hours of corporately funded executive coaching in any financial year. Participants are able to self-select their own coach from a coaching profiles website. The coaching sessions are available with professional coaches from either the Hay Group or the Queensland University of Technology.

The Workplace Culture and Leadership Centre developed coaching protocols which included the use of a confidentiality agreement between the coach and the individual and a focus sheet which outlines the goals of the participant, what they would like to focus on during the session and future action to be undertaken following the coaching session.

Leadership learning modules

The Queensland University of Technology developed a suite of learning modules around

Total clinical and non-clinical participants for the executive and manager and supervisor workshops



the Leadership Qualities Framework. Staff are able to complete them online and at their own pace. The latest technology has been utilised including contemporary interactive online techniques. Training resources have also been prepared in a way that will enable them to be delivered by a facilitator in a half-day workshop format.

The Better Workplaces website

An interactive website has been created as one method of communicating with Queensland Health staff. Staff can access the leadership learning modules, resources to improve workplace culture and details of leadership development activities.

Program outcomes

The Leadership Development Program significantly impacts on the accountability of Queensland Health leaders through the leadership assessment tools. This mandatory approach involves Queensland Health executive leaders having an annual performance appraisal and development plan, annual 360-degree feedback and a biennial culture and climate survey of the workplace.

One of the unique features of the Queensland Health leadership program is its size, with over 5000 staff targeted to attend workshops (see Box) which to date (February 2008) have included 28 executive leadership development residential workshops and 100 manager and supervisor leadership development workshops. About 82% of the executives that attended the executive leadership development residential workshops rated the workshop overall as excellent or good. The final Stage 1 workshop was completed in April 2007. Similarly, about 95% of participants at the managers and supervisors workshops rated the workshop overall as excellent or good.

Responses from participants to the prophetical were also overwhelmingly positive, with 70% of the participants rating it as "successfully opening up the key issues of the workshop". Similarly, 71% of participants felt that the issues raised in the prophetical were effectively integrated throughout the workshop. A large proportion of program participants of both workshops have been clinical staff. For the executive leadership development residential workshop, 49% were clinical executives while 51% were non-clinical. With respect to the manager and supervisor workshops, to date, 60% of participants have been clinical managers while 40% have been non-clinical.

To date, 535 Queensland Health executives have participated in the 360-degree feedback process and 134 executives have accessed executive coaching. Comments from some participants in executive coaching included that it resulted in them having "improved time management", "more confidence in setting boundaries and direction and to deal with difficult people", "choosing appropriate times to give genuine feedback to staff", and "improved communication under stress".

Workplace culture change

Although it is not possible to attribute causation, as the Leadership Development Program was not the only human resource intervention taking place in Queensland Health at the time, a preliminary assessment of the worth of the program can be gleaned from workforce statistics that have shown a distinct improvement since the implementation of the program. Formal grievances in total have dropped by 56% in the 2-year period from 2004–05 to 2007–08. With respect to bullying and harassment grievances in particular, there has been a 40.6% reduction from 2004–05 to 2007–08. Consumer complaints to the ombudsman have decreased by 28% from 2005–06 to 2006–07. Absenteeism has dropped from 4.67% in 2003–04 to 3.99% in 2006–07. Retention of staff has improved, separation rates have decreased from 7.99% in 2004–05 to 6.65% in 2006–07. Recruitment (the number of new permanent employees as a proportion of the total permanent workforce) has improved, with an increase from the second quarter of 2004 (4.8%) to the second quarter of 2007 (8.2%).

The achievements of the program have also been formally recognised. The Workplace Culture and Leadership Centre was awarded the prestigious 2007 Queensland Government Premier's Award for Excellence in Public Sector Management in the Focusing on our People category.

Evaluation

Research indicates that large numbers of employees do not apply learned knowledge, skills and abilities when they return to the workplace,[11] and that a variety of work environment factors (job-related information, assistance from others, task preparation, time availability, etc.) can interfere with an individual's capacity to convert learning into effective job performance.[12]

Queensland Health therefore decided that the evaluation methodology for the program should include level three of Kirkpatrick's four-level evaluation method, which involves testing capabilities to perform learned skills while on the job, rather than in the classroom.[13] While Kirkpatrick acknowledges that it takes greater effort to collect these data, valuable insight into the transfer of learning from the classroom to the work environment is gained. This approach is supported by Brinkerhoff[14] who believes that the real challenge in training is not just about improving capability, but ensuring that increased capability is converted into improved performance outcomes.

This aspect of the program evaluation will be undertaken through an electronic survey of program participants within a 3- to 6-month period of them participating in a leadership development program activity. The survey will examine the workplace benefits and outcomes of participating in the Leadership Development Program. Participants are also surveyed at the completion of all workshops regarding their impression of the workshop content, facilitation and benefits. As the final group has not yet completed the program, it is premature to report any evaluation results.

The evaluation of the long-term objectives of the program will be undertaken through the comparison of culture survey results and 360-degree feedback process outcomes over time. These outcomes will reflect whether workplace reforms and leadership change are occurring across the organisation.

Discussion

Leadership development is an ongoing process. The first stage of the program was based on broad organisational leadership development while the next phase (Stage II) of the program will build on

the work that has been completed to date and will provide more customised leadership development to address the specific needs of individuals and teams. The priorities for this ongoing leadership development have been identified through the 360-degree feedback outcomes, staff opinion surveys, and leadership workshop feedback from participants and consultants and the evaluation process.

The initial Stage II initiatives include an Emerging Clinical Leaders Program and a Top 500 Program, which is an action learning approach to the development of the top 400 clinical and non-clinical District (hospital) based executives and the top 100 non-district executives (largely the same group of people that participated in the executive leadership development residential workshop). Other initiatives of Stage II of the program will also include an external leadership study tours program, a conflict resolution program for clinicians and a Clinical Network Chairs Leadership Program.

Lessons

The extensive consultation and research that was undertaken during the program design phase was crucial in ensuring that the program is able to meet its objectives. Learning and building upon the processes implemented by the NHS proved extremely beneficial. The NHS had developed a Leadership Qualities Framework tailored to the specific needs and environment of the health industry that was evidence based and grounded in research with 150 NHS Chief Executives and Directors of all disciplines, and conducted over a 3-year period. Utilising this framework was an excellent cornerstone for the design of the program.

The success of the program has also clearly demonstrated the importance of consultation with an appropriate reference group that includes senior clinical leaders. The Workplace Culture and Leadership Centre undertook extensive consultation with appropriate internal reference groups regarding the format and content of the executive and manager and supervisor workshops. This meant that the staff of the Workplace Culture and Leadership Centre were able to clearly identify what would and wouldn't work in an action learning environment with the organisation's most senior leaders.

Another example of the assistance the consultative process provided is the implementation of the 360-degree feedback process. The consultation process revealed that many senior leaders who had undertaken 360-degree feedback assessment in the past (before the implementation of the program) felt that there had not been enough support and follow-up for participants post 360-degree feedback. Some found it difficult to analyse the 360-degree results or make the link to behavioural change requirements or gaps they may have in their leadership capability. As a result, the program provides for each participant to receive a one-on-one debriefing of their 360-degree feedback results from an experienced facilitator from the Hay Group, which has proved to be very beneficial to participants.

The use of innovative development experiences such as the "prophetical" have also proved extremely successful in raising key issues in a safe environment. Once again the consultative process was crucial to success in ensuring that a "real life" scenario with which participants could readily identify was enacted, opening up issues and engaging participants from the outset of the workshop.

In addition, as outlined, the second stage of the Leadership Program builds on the learnings from Stage 1. It has been recognised that it is extremely important to ensure that program development is evidence based. As a result, the outcomes of culture surveys and 360-degree feedback have been and will continue to be used to inform future program development.

An example of how the program is being based upon evidence is the use of the 360-degree feedback data for Queensland Health executives. The 360-degree feedback has clearly indicated a large uniformity of results across the different employment categories of senior leaders. While many of the qualities were identified as strengths for Queensland Health leaders, two qualities that have been consistently identified as requiring development across the majority of executives, are self-awareness (target: "understands own strengths and

limitations") and holding to account (target: "promotes a high performance culture"). As a result, the Top 500 Program (Stage II initiative) has focused on the development of these qualities.

Finally, one of the key learnings since the commencement of the program has been the need to identify and provide an ongoing, evolving range of leadership development initiatives to meet the specific needs of key groups, individuals and teams across the organisation.

Conclusion

The outcomes of the program indicate that the program has been extremely successful in engaging the workforce (both clinical and non-clinical), that workplace culture can change and that individual leaders make a huge difference to culture. This is demonstrated by the fact that since the implementation of the program the staff opinion survey has shown an improvement on all workplace culture measures including trust in leadership, workplace health and safety, and workplace morale.

Queensland Health has begun the journey of leadership transformation via the implementation of the Leadership Development Program. The program is constantly evolving to meet the leadership development needs of the organisation, which reflects Queensland Health's strong commitment to the sustainability of the program and its workplace outcomes of improvements in clinical care and workplace culture.

Competing interests

The authors declare that they have no competing interests.

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