Building a safer health system by advancing leadership skills

"To Err Is Human: Building a Safer Health System," a report released in 2000 by the Institute of Medicine Committee on Quality of Health Care in America, brought to light the widespread occurrence of medical errors in the United States.

Estimating that as many as 98,000 Americans in acute care hospitals die each year due to preventable errors, the report emphasized the need to focus on prevention, patient safety, and accountability, in the process replacing the existing "culture of blame" with a "culture of safety" and a systems approach to improvement.

The Healthforce Center at UCSF's desire to advance the leadership skills of the doctors, nurses, pharmacists, and scientists that graduate from its programs stems from a perception that individual change causes a ripple effect that in time will lead to broad improvement in the nation's health care system.

Business Challenges

 Responding to a report about preventable medical errors in the healthcare sector

Company Profile

Healthforce Center at UCSF (formerly Center for the Health Professions) was founded in 1992. For over two decades, its research and publications have helped health care leaders and policymakers better understand the health workforce and develop successful strategies and policies. It develops leadership training programs and is part of the University of California, San Francisco.



Through the acquisition of leadership and communication skills taught through the Center's programs, many of the participants become better able to

- Understand their strengths and development needs as change agents
- Bring out the best in themselves and others
- Communicate effectively
- Build effective teams
- Develop and mentor colleagues
- Deal with ambiguity and uncertainty
- Understand and influence the health care environment
- Create new patterns of professional practice

The Center recognizes that these skills improve its program participants' ability to provide quality care and effect cultural transformation.

Challenges of change

The U.S. health care system is continuously evolving to meet the changing needs of society. Many forces are driving this change, especially the aging of the Baby Boomer generation, the increasing diversity of our citizenry, an epidemiological shift from acute to chronic disease, and seemingly uncontrollable costs and globalization.

The UCSF Center for the Health Professions creates and coordinates leadership development programs for foundations, organizations, and individuals experiencing various challenges of change and provides solutions to meet those challenges. Although each program is developed to address a unique health care environment, all programs are built around four interrelated core Leadership Dimensions, each of which has an in-depth set of distinct competencies. The art of leadership development is blending these Leadership Dimensions into a program that meets the immediate needs of the participants and stretches them to address the long-term needs of the institution.

Solution

 Integrate a range of personality assessments— MBTI, TKI and FIRO-B—with leadership development programs and the four leadership Dimensions

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Jan Boller,

RN, PhD, Integrated Nurse Leadership Program



The Four Leadership Dimensions are

- **1. Purpose.** Direction has always been one of the defining marks of an effective leader, and that is what "Purpose" is all about—how to take where we have been, the challenges we face today, and the desired future state and translate what we have learned into a vision that appeals to both the heart and the head, motivating others to move forward. This core Leadership Dimension includes competencies in
- Understanding the changing environment, both internal and external
- Understanding and responding to organizational mandates
- Developing and projecting organizational mission
- Clarifying and using core values
- Embracing a capacity for creativity in vision
- Translating vision into effective strategies for action
- Moving strategy to action by using short-term objectives, plans, and budgets
- Communicating strategy
- Developing an awareness of institutional culture and its impact on purpose
- Developing and sustaining new partnerships and collaborations
- **2. People.** The essential difference between doing a good job and doing a good leadership job is the ability to accomplish work through others. Many people have the technical skills to be an effective physician or nurse, and many of these even have a vision of what needs to be done. Fewer can create relationships that bring others to the work in a unified manner. The elements of this core Leadership Dimension are varied but include
- Building effective teams
- Creating environments for giving and receiving feedback
- Managing relationships up, down, and to the side
- Motivating and developing others

Results

- Untapped leadership skills revealed
- Collaboration introduced to a lab with a history of interpersonal conflict
- Type insights used to redesign a medication management system



- Building consensus
- Gaining and using power
- Developing interpersonal communication skills, including listening
- Having difficult conversations
- Working with diverse populations and needs
- Building positive work environments
- **3. Process.** Work still needs to be accomplished, and it will fall to the competent leader to possess an array of technical process skills to accomplish these tasks. In all leadership work there is a need to understand the core activity that one is leading. There are more generic organizational skills that need to be a part of every leader's toolkit. These include
- Designing operational plans to enact strategies
- Using project management structures for planning, control, and evaluation
- Using budgeting and financial management principles and techniques
- Making a relevant business case for an undertaking
- Managing a change process
- Managing conflict within the organization
- Using negotiation to push a process
- Working with and through systems
- Using decision-making techniques
- Conducting performance assessment
- Developing and using process improvement projects
- **4. Personal.** This domain is about the individual as a leader and his or her personal attributes. Few in leadership roles will have success without adequate attention to this competency. In many ways this core domain is the key to the successful deployment of the other three leadership domains. The Personal domain is about using self as an instrument of leadership. The skills in this area vary from the most philosophical to the most practical and include



- Developing self-knowledge and awareness
- Having personal learning and development strategies
- Managing time and energy
- Gaining strategic leadership focus
- Using communication skills interpersonally and publicly
- Developing a capacity for self-regulation
- Maintaining integrity and developing trusting relationships
- Demonstrating courage
- Valuing leadership style and presence
- Achieving work-life balance
- Maintaining resilience

One mechanism for developing these competencies within the health care workforce is to provide the knowledge and skills needed to manage and lead effectively. A health care organization's leadership affects clinical and operational outcomes including patient safety, patient satisfaction, and staff satisfaction. While effective leadership is important in every industry, "ensuring that health care leaders get the development they need can literally be a lifesaver."

Solution

To address the broad range of health care disciplines that benefit from leadership training, the Center's current long-term leadership programs include

- California HealthCare Foundation (CHCF) Health Care Leadership
 Program—a two-year, part-time fellowship for health care professionals
- Robert Wood Johnson (RWJ) Executive Nurse Fellows Program—an advanced leadership program for nurses in senior executive roles
- Pharmacy Leadership Institute—a collaborative effort with the UCSF School of Pharmacy
- Integrated Nurse Leadership Program—a program that develops in-place San Francisco Bay Area hospital leaders and managers and assists with their strategic initiatives
- Science & Society Institute—a training program that helps biomedical scientists successfully interact with the public, media, and policy-makers



The CHCF Health Care Leadership Program provides clinically trained health care professionals with the experiences, competencies, and communication skills necessary for effective vision and leadership. Each year, 30 health care professionals are selected to participate in this fellowship. Fellows attend six seminars during the two-year program, and they participate in ongoing learning activities throughout. Graduates of the program acquire broadened management capabilities and sharpened leadership skills, and they gain unique insight into the trends and challenges facing health care leaders in California.

Like the other four long-term leadership programs, the CHCF Health Care Leadership Program features assessments by The Myers-Briggs Company (formerly CPP, Inc.), including the Myers-Briggs Type Indicator® (MBTI®), Thomas-Kilmann Conflict Mode Instrument (TKI), and Fundamental Interpersonal Relations Orientation–Behavior™ (FIRO-B®) assessments.

These assessments are foundational tools for the development of key competencies within the Center's Leadership Dimensions. They focus on self-awareness, insight into self and others, the role of feedback in leadership, practicing giving and receiving feedback, decision making, problem solving, and other essential leadership competencies. In addition to the five long-term programs, the Center also offers many short-term programs (1 to 4 days) that feature the MBTI assessment.

Using the MBTI, TKI, and FIRO-B assessments, the UCSF Center for the Health Professions helps participants understand themselves and the intricacies of how leaders relate to one another. The results of the assessments provide a framework and road map for program participants to understand and enhance their leadership skills in areas requiring improvement.

Initially, the Center's program participants reacted with some hesitation when the assessments were introduced. But the results turned people around.

Results

The Healthforce Center at UCSF focuses on the individual benefits provided to the graduates of its leadership programs, who come from a variety of health care organizations all over the United States.



As these leaders return to their organizations, those health care environments may develop new pathways for change, support skill development in leadership and management to facilitate change and develop sustainable system design capacities driven by their new perception of the value of improved staff communication. When those improvements in turn lead to increased patient satisfaction, health care organizations can count it as a remarkable takeaway for hospital service consumers.

We can see from the following statements that individual positive change has a broad and distinct impact on health care organizations that encourage leadership development.

Jan Boller, RN, PhD (Integrated Nurse Leadership Program)

"I saw a tremendous change in the most junior person attending the Integrated Nurse Leadership Program. She's an RN staff nurse, very shy by nature. She was more comf ortable following direction and appeared generally uncomfortable identifying and addressing her own leadership potential. Taking the MBTI instrument changed her perception—she (and our group) became aware that she did have natural (though untapped) leadership skills. She is detail oriented, organized, and kept our team on track. By the end of our 18-month program her progress was remarkable.

"That transformation had positive consequences when she returned to St. Luke's Hospital. During a consultation over staffing, she disagreed with a nursing director over staffing. Staffing decisions can be notoriously contentious, and nurses and directors rarely see eye-to-eye. But in this instance, she made a strong case for a staffing assignment she felt would be in patients' best interests and won over the director's support for her position. The MBTI assessment and Integrated Nurse Leadership Program counseling positioned her for that wonderful breakthrough."

Debbie Swanson, RN (RW) Executive Nurse Fellows Program)

"Leveraging the communication model gained through the assessments used by the Robert Wood Johnson Executive Nurse Fellows Program gave us a model for organizational change. My colleagues and I at the Public Health Department of Grand Forks, North Dakota, developed a common language that we tie back to the MBTI assessment. People identify with their MBTI type and use that



common understanding as a communication platform. As a result, the Public Health Department of Grand Forks, North Dakota, was able to secure three new immunization grants for our department, among other new programs."

David Woods, PharmD, BS (Integrated Nurse Leadership Program)

"Laguna Honda Hospital's nursing staff had long suggested that a redesign of the medication management system would be a great help to them. The MBTI assessment delivered tangible benefit regarding how the group interacted. Our knowledge of type behavior helped us process information, manage conflict, and act more efficiently because of our understanding of personalities and individual behavioral traits.

"One aspect was to redesign the medication cart based on what nurses needed (and wanted) in terms of what worked best for improved patient care. The nursing department was also facing transcription problems as pharmaceutical orders were processed from doctors' initial orders. In the end, we were able to create and implement design changes to our medication carts and change the medication transcription process in ways that are meaningful and lasting."

Alice Hwe, PharmD (Pharmacy Leadership Institute)

"I gained a new understanding of how to effect positive change through shared decision-making responsibility after taking the MBTI and FIRO-B assessments. That insight resulted in a solid step forward for the Chronic Disease Group here at Kaiser Hospital.

"The 15 nurses, physicians, and pharmacists that make up the group benefited from the improved communication skills training that I was able to bring to our group. I was able to use those skills (and the confidence they instilled in me as the group's leader) to bring them together for cohesive decision making.

"The group needed to form a plan for the ongoing management of chronic care patients at Kaiser Hospital. I was able to push them beyond initial expectations and help them decide not just to stand pat, but to improve their National Quality Goals, the multidisciplinary goals the hospital sets for its chronic care unit."



Elizabeth Forer, MSW, MPH (CHCF Health Care Leadership Program)

"Insight gained from the assessments has transformed the way our management team functions. We work more effectively and, more important, we understand the conflict dynamic inherent in people of different types striving to reach consensus.

"The Venice Family Health Clinic must deal with the internal struggle that year-to-year budget differences have on our ability to make decisions about the level of care we can offer our constituents. Other factors, such as a loss of funding, a change in fee structure by Medi-Cal or Medicare, or the threat of the entire Los Angeles County health care system going under—as it nearly has three times since 1995—are external to our clinic but could have a debilitating effect on the way we function. Instead, we've met those challenges without posturing or politicking—in fact, our management team has made recommendations to L.A. County that have helped preserve the current health care system."

Susan K. McConnell, PhD (Science and Society Institute)

"The Stanford Biological Services lab has a fairly rich history of interpersonal conflicts. The lab has lacked a feeling of common purpose, and several post-docs have complained (constructively) about a shortage of collaborative interactions within the lab. My challenge was to leverage the insights provided by the assessments given during the Science and Society Institute workshop and help our team map long-term scientific opportunities and decide what direction the lab should be heading.

"I scheduled the lab team to meet and discuss what we wanted to achieve. Our problem was a lack of collaborative interaction within the lab. Addressing that lack necessitated team building. My strength is not in team building; in fact, I run away from group activities! So, the whole lab had to invest in change, not just me.

"The process resulted in our drafting a powerful mission statement (with the help of the Stanford Ombudsman) defining resolute goals and direction focused on the key areas of Research and Teaching:



- **1.** To understand the mechanisms of brain development in the hope that this information—in the form of papers—will ultimately prove useful to human health and well-being (and because we love doing it).
- **2.** To train scientists who will be better equipped than we are to address these questions in the future. We produce people who will excel in academia, industry, and education."





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