Dyad Leadership: Partnering for Empowerment and Change

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Learning Objectives

1. The learner will be able to repeat and summarize management research that supports the rationale for development of the dyad leadership model for clinical leaders in the next era of healthcare.

2. Attendees will be able to explain the history, professional socialization, and gender issues which must be considered and addressed as part of a leadership development plan for successful, empowered, and high performing dyad leadership teams.

3. Learners will be able to use stories shared in this presentation to illustrate how interprofessional relationships must be improved if leaders, teams, and organizations are to fully realize their talent in support of a thriving future.

Into the Next Era of Healthcare where...

- What we’ve done before won’t work (and it wasn’t all that great anyway!) Silos; less than stellar quality; fragmentation

- So we’re trying something new, concentrating on:
  - The continuum
  - Value in healthcare
  - Better use of team members to leverage clinical ability/talent
  - New models – ACOs, CIINs, bundled care, population management…
Realizations

• Hospitals must evolve into Healthcare Systems
• Healthcare Systems must partner more closely with physicians
• New models of care require new models of management

One Answer: *Dyads as Leaders*

• A great theory that has great potential (and great opportunity to *fail*)

Management Research Supporting Dyads

(Learning Objective 1)

1. Leadership vs. Management research
   • What to do vs. How to do
   • Leadership influence vs. Management position power
   • The distribution of power

2. Transactional vs. Transformational research
   • Emotional intelligence
   • Gender and professional differences
   • Different ways of dealing with teams

3. Team research
   • Leader culture and background related to team
   • Transactional leaders enhance individual effort
   • Transformational leaders enhance team success and importance to organization and society
   • Shared leadership increases cooperation

How Clinicians Became Managers

• The typical Physician path (?)
• The typical Nursing path (from staff, to charge, to manager, to director to CNO, often management education occurs “on the job”)
• “Classic” CMO work: ???
• “Classic” CNO work: Acute care, hospital operations

• Complementary skills and experience?
  • Yes…. and ….
We have worked side by side, with very different cultures (Learning Objective 2)

How do you respond to these thoughts?
- Physicians are always physicians
- Some executives used to be nurses
- There are two groups in healthcare:
  o Suits vs. Coats

<table>
<thead>
<tr>
<th>The Very Real Differences between Administrator and Physician Culture*</th>
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<tr>
<td></td>
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<tr>
<td>Values autonomy</td>
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<tr>
<td>Advocates for fewer, own patients</td>
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<tr>
<td>Focuses on finance of own clinic</td>
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<tr>
<td>Focuses on keeping patients healthy</td>
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<tr>
<td>Is primarily loyal to medical profession</td>
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<td>Thinks timely response means immediate action</td>
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<td>Believes elected physician leaders can speak for the individual physician</td>
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*Adapted from The Phantom Stethoscope, S. Klasko and G. Shea, (1999), Hillsboro Press

Nursing History

- Florence Nightingale (1820-1910): Nursing is knowledge of how to prevent disease, or help people recover from disease. This knowledge is distinct from medical knowledge.
- Sara J. Hale (1788-1879): (Non-nurse Journalist, 19th Century)
  - "Duties of the nurse require education and training, and is little, if at all, inferior to those possessed by the medical profession."
- Lavinia Lloyd Dock (1858-1956): Nursing is a separate but equal profession to medicine.
- Mary Breckinridge (1881-1965): (Kentucky frontier nursing)
  - Nursing is about keeping populations well.
- Lillian Wald (1867-1940): (Founder of public health, 1902)
  - Nursing is about building playgrounds, helping people find employment, assisting immigrants to become part of society.

Holistic - Independent – Separate Education
Physician History

The Flexner Report of 1910
- Variation in quality and education at medical schools
- Scientific research and education
- Patient-Physician relationship less important?
- Case studies as core of education
- Epidemiology and population health not part of conferences

A 100 Year History of Hospital Management

Hospital Administration in the 1900s
- Nurse Superintendents
- Physician Leader at Academic Centers
- The new Managers: MHAs

Physicians are becoming employees. Both they and the organizations that have hired them struggle with what that means...the amount of change occurring in organizations and to individuals is staggering...a major reason for Dyads to bring leaders from two different cultures together...but before they can do that, they must come together as partners, and that means forging a new culture...
DYADs

(Mini-teams) of two who co-lead a specific system, division, service line, or project. Their work is so interdependent that the organization's goals can best be accomplished when they consistently partner to meet those goals.

Dyad management is a model of formal leadership in which two individuals with different skill sets, educations, and backgrounds, are paired to better fulfill the organization's mission.

The partners have different job descriptions and different duties which complement each other. In the best of pairings, they provide synergy. In other words, they (along with their larger teams) can accomplish what three or more managers do working in individual silos.

Sometimes you get to pick your partner… more often, it’s an arranged marriage…

In any case, there are three relationship reinforcers that will make it a good/great marriage…

1. Communication
2. Trust
3. Respect

Developing the Dyad Partnership

Communication: The First Relationship Reinforcer
- Dale Carnegie has been trying to teach this since 1912
- Using language is not the same thing as communication
- Ensuring what you mean to send is what is received
  A. Listening
  B. Clarifying and verifying
  C. Staying alert to biases, which could be based on:
     1. Cultures (including professional conditioning and tribal development)
     2. Gender
     3. Stereotypes

Biases affect what you think, which affects what/how you communicate
Among the Biggest Biases: Your Tribe

According to Dave Logan, John King, and Halee Fisher-Wright (Tribal Leadership), there are 5 stages of development:

Stage 1: Life is bad (or in today’s vernacular, “Life Sucks”)
Stage 2: My life is bad
Stage 3: I’m great, you’re not
Stage 4: We (our group, our team, our dyad) are great
Stage 5: Life is Great (These are the people motivated to change the world for the benefit of all)

Biases continued…

- 45% of professionals belong to tribes at Stage 3 (I’m great…you’re not)
- In fact, some healthcare professionals are especially prone to this stage

Communication and partnerships suffer when one or both partners believes he or she is superior, smarter, or of more value than other people, because he or she find it hard to listen and learn.

So…Barriers to Communication (the First Relationship Reinforcer), include:

1. Feelings of superiority
2. Feelings of inferiority
3. Viewing others as stereotypes
4. Not questioning the universality of your own cultural (professional) views
5. Different vocabularies, definitions, and communication habits
The Second Relationship Reinforcer: Trust

“The one thing, if developed and leveraged, has the potential to develop unparalleled success and prosperity.” — S.M. Covey

Trust that:
1. Your partner does not have a self serving agenda (In order for me to win, you must lose).
2. Your partner is concerned about your success as well as the organization’s.
3. Besides communication, some actions build trust:
   A. Giving credit where it is due
   B. Showing loyalty
   C. Holding yourself and each other accountable
      1. Caring enough to confront
      2. Conflict management
      3. Negotiations

Potential Causes of Conflict

Role ambiguity, different perspectives, overlapping duties, dual loyalties.

Healthy Dyads:

- Agree on priorities, expectations, goals, formal operating guidelines (how we make decisions), and basic methods for work
- Interpersonal negotiations
  - Patience
  - Integrity
  - Assumption of positive intent
  - Focus on issues
  - Non-threatening
  - Non-manipulative

The Third Relationship Reinforcer: Respect

“In all honesty, do you want to be around anyone who does not respect you?” — R. Graf

- We know it when we see (feel) it
- Underlying premise: equally important for mutual success
Respect

The 1913 Webster’s Dictionary defined respect as “to take notice of, to regard with specific attention, to care for; to heed, to consider worthy of esteem, to regard with honor.”

The 2014 Wikipedia definition of respect is “a positive feeling of esteem or deference for a person or other entity, and also specific actions and conduct representative of that esteem.”

The definitions are 100 years apart. Both refer to feelings but the modern, online version goes further: it adds actions and conduct. For Dyads, actions and conduct not only signal respect to each other, they model for others and signal to others that the partners hold each other in high regard, both as individual people and as representatives of different professional cultures.

Other Issues

- Respect from others (outside the Dyad)
- When Mom says no....
- Resistance to the model

Learning Dyad Skills

- Management 101
- The Relationship Reinforcers
- Coaching
Dyad Leaders....
Leading the way to:

- Teams
- Shared Governance
- The Next Era

Not only are many strategic issues too big or complex for a single manager to handle, but they are often cross functional... in nature.
— Thompson and Strickland

I assert that one is too small a number to achieve greatness. You cannot do anything of real value alone. — John Maxwell

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