LEADerShip at a Glance

CHLNet's "Top Three" Suggested LEADS Readings

Theme: Leadership Blindness: Are We the Cause of the Great Resignation?

Introduction:

A recent article in the Toronto Globe and Mail stated that "…health care workers…as a result of the pandemic, are "in the worst health HR crisis of our generation…(and) crippling our ability to provide the best possible care." They go on to say that "workers of all ages are refusing to tolerate toxic cultures, excessive workloads and inflexible arrangements more broadly."[1] In other words, toxic cultures are a factor in negative patient quality and safety. Reference 1 in this Top 3 provides evidence in support of this argument.

The same article argues that to address the problem "leaders should engage people (i.e., doctors, nurses, staff of all different professions)." Derived from interviews with 40 Canadian health care leaders, the authors contend that staff engagement, through a series of changes to leadership practice--what they call the Great Optimization--is the key to resolving issues of negative engagement, and therefore 'solving' the challenge of the Great Resignation.

That argument is hard to dispute. The literature is replete with similar statements providing evidence that leadership is a major factor in workplace engagement. Indeed, these findings have been known for decades. For example, the Gallup corporation's seminal work on engagement stated that the most important determinant of a workplace culture is the behaviour of the direct supervisor: regardless of whether that is a CEO, or front-line manager.[2] More recent research (Reference 2 in this Top 3, p. 17) supports this finding, stating that "…those with positional power… such as managers or supervisors…are consistently reported as the most prevalent perpetrators of workplace bullying and other types of negative behaviour towards employees."

Yet it seems that senior leaders know what needs to happen. So why isn't action commensurate with that knowledge? It appears that despite our awareness of what works, we are still in danger of losing our staff—and our universal health system—to engagement neglect. So, the question: *Leadership Blindness: Are We the Cause of the Great Resignation?* is posed.

Three sub-questions immediately arise. First, given engagement scores in health care were low prior to the pandemic, and even lower now, why have those restorative engagement practices not been the

[1] Geerts, J and Yiu, V. (2022, 19 November).)How can companies thrive in the new future of work? By understanding that people matter. Toronto Globe and Mail. Available @ Opinion: How can companies thrive in the new future of work? By understanding that people matter - The Globe and Mail

[2] Buckingham, M., & Coffman, C. (2014). *First, break all the rules: What the world's greatest managers do differently*. Simon and Schuster.

norm in health care organizations to this point? [3] Second, if we have been measuring engagement for multiple years—which we have--and it hasn't improved, why are we not implementing the practices so eloquently described by those health leaders? And third, in keeping with the Gallup study mentioned earlier, while it may well be that the CEOs themselves are practicing effective engagement strategies, do they know, especially in our large, corporate health delivery organizations, whether other leaders are, and if they are not, do they take measures to address the problem?

The three references in this month's Top 3 provide a very interesting lens to help us see some of the elements of engagement that create unhealthy and toxic workplaces: they assist us in maybe taking some of the blinders off practices that are contributing to the Great Resignation.

Reference 1 is a most recent study done by Longwoods Publishing in Canada that shows that despite our senior leader's understanding of what works, as of October 25, 2022, health care is experiencing all the symptoms of negative engagement. It provides an overview of the extent of positive and negative organizational engagement—as perceived by Canadian health care nurses. High levels of toxicity and psychological discomfort characterize health care organizations in Canada.

Reference 2 explores the substance and depth of what is called, *Dark Leadership*. It is an empirical study aimed at describing three phenomena of leadership—Workplace Bullying (WB), Psychological Harassment (PH), and Office Politics (OP). The study provides an in-depth view of the behaviours people in leadership roles display when acting as perpetrators of dark leadership in organizations—a view that might explain some of the behaviours and practices that leaders are blind to in their practice.

Reference 3 looks at the prevalence of individual, team, and organizational leadership practices in the NHS, and finds that many of the factors that diminish engagement are still strongly in evidence—ten years after the Francis Report, which identified them for correction.

References:

Not Enough Nurses: Canadian Healthcare's Clear and Present Danger. Health and Healthcare News. (2022, 25 October). Longwoods.com. Available! Not Enough Nurses! Canadian Healthcare's Clear and Present Danger? Longwoods.com

Summary:

New national healthcare industry research commissioned by Employer Brand Consultancy Blu Ivy Group (and conducted among Canadian healthcare professionals who are members of the Angus Reid Forum) has revealed many concerning cracks in Canada's healthcare system, including patient safety danger due to medical practitioner shortages. Key findings in the survey related to workplace health are shown below:

[3] CHLNet's Bench 2 study (Build and Apply Health Leadership Research, Evidence and Knowledge – CHLNet) ha that senior leaders felt engagement of doctors and nurses in their organizations was high; scores from the doctors and nurses showed a very significant difference of opinion.

Many healthcare workers are toughing it out in 'toxic' workplaces

- **44%** of Canadian healthcare workers agreed that their workplace 'feels highly toxic.'
- **48%** of nurses vs. **31%** of doctors.

Things are (generally) worse for healthcare workers post-pandemic

Asked what is 'worse now' compared to 'before the pandemic,' healthcare workers are significantly negative across the board:

Worse since the pandemic:

- Morale - **74%**
- stress levels -**70%**
- **49%** or nurses and **44%** of doctors describe the morale at their workplace as very poor/poor. Fully **48%** of healthcare workers report 'low morale' in the workplace

The good news – at least outside of health care – is that an employer brand strategy provides a real and workable solution. In the broader workplace, the pandemic has shifted employee values and perceptions. Employers globally are drafting employee promise contracts. The most successful workplaces are transforming their cultures to be employee value proposition focused. This shift – to what is in it for employees – has been dramatic and accelerated impacts on engagement, retention, pride and talent attraction.

The Canadian Healthcare industry must engage in employer brand strategy if it is to reclaim the hearts and minds of the nurses, doctors, radiologists, and technicians needed to keep our system alive.

Quosai, H. (2022). The characterization of dark leadership: workplace bullying, psychological harassment, or office politics?

Summary:

The author of this dissertation was personally engaged a toxic workplace experience and was motivated to study its manifestations and negative effects. She examines the dynamics of negative behaviour by leaders' that costs organizations around the globe billions of dollars a year in turnover and lost productivity, despite workplace conduct policies and government legislation.

The author explored how negative leader behaviour, or dark leadership (DL), is characterized in the organizational setting. Workplace Bullying is well known; Psychological Harassment, and Office Politics are used to describe negative behaviour. In a qualitative design, semi-structured interviews were conducted to explore three perspectives on the issue: those of leaders, human resources practitioners and employees. Thematic Analysis identified similarities and differences between groups in how the terms Workplace Bullying, Psychological Harassment and Office Politics were characterized, the challenges in dealing with DL and where improvements can be made in managing and reducing the behaviour.

DL is about power, maintaining or gaining it through self-serving game-playing and managing up, using power over others to intimidate and manipulate. It thrives in environments where negative behaviour is

normalized through a focus on bottom line results and a lack of accountability for leader behaviour. The systemic nature of this damaging behaviour results in both human resources practitioners and employees facing the paradoxical challenge of an issue caused by leaders yet requiring leadership to address.

Kline, R. (2019). Leadership in the NHS. *BMJ Leader*, leader-2019.

Summary:

In healthcare, leadership is decisive in influencing the quality of care and the performance of hospitals. In this article, the author uses the term 'inclusion' as a surrogate for engagement, describing it as "the extent to which staff believe they are a valued member of the work group, in which they receive fair and equitable treatment, and believe they are encouraged to contribute to the effectiveness of that group."

He refers to the Francis Inquiry of 2012, in which 'institutional culture'—characterized as disrespect, disregard of uniqueness that staff bring, a lack of sense of belonging, and poor psychological safety—was blamed for excessive deaths in the Staffordshire Hospital in the NHS. He argues The NHS has developed a widespread culture more of fear and compliance, than of learning, innovation, and enthusiastic participation in improvement. Top-down management, exacerbated by government policies, contributed to widespread poor treatment of staff. There was a failure to mitigate that poor treatment.

Kline then goes on to describe six factors that contribute to leadership practices that contribute to a lack of inclusivity. The first is denial: a factor very similar to the 'blindness' construct in the title of this piece. He also shows how such factors play out individually, in teams, and organizationally; and describes what NHS leaders might do better to address this challenge.

Link to LEADS:

LEADS—the acronym for the full title of the framework: *LEADS in a Caring Environment*—makes the case for leadership that CARES about not just patients, but also providers and staff. It argues for a mindset of compassion, and recognition of how individual behaviours, character-based impact others (L). It also emphasizes the importance of deliberate efforts to engage staff in healthy environments (E). It describes the importance of measuring of such factors as part of a balanced scorecard (A); and utilizing leadership behaviors that build constructive, trusting coalitions (D) and does so in systems learning approach (S). LEADS embodies the goal of employee engagement; we should not be blind to how it can help us achieve that goal.