



**DIRECTORY OF COMPETENCY  
DEVELOPMENT OPTIONS**

OFFICE FOR HEALTH MANAGEMENT 2004

**Welcome to the Office for Health Management's Directory of Competency Development Options. This Directory is intended to complement the existing OHM competency-related tools and initiatives for managers within the health service:**

- the Personal Development Planning materials
- the Management Competency User Pack for Nurse Managers
- the Management Competency User Pack for Health and Social Care Profession Managers
- the Management Competency User Pack for Clerical and Administrative Managers
- the Toolkit for Assessing Learning and Development Needs
- the on-line support tools available at the OHM's web-based Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)), including the Knowledge Centre which is an enormous bank of information and development-related materials covering a really wide range of management topics.

This Directory is, by nature, a work-in-progress – the options that are contained within it represent a selection of those that were available at the time of writing (2004). The Directory is not and possibly could never be an exhaustive source of everything-you-ever-wanted-to-know-about-management-development and some of the options may even surprise you from time to time. Activities, readings, programmes, etc were selected for inclusion in the Directory on the basis of their experienced value and/or because their 'pedigree' was good. The exclusion of any particular development activity should not be taken as a criticism of that activity because it may be that its existence or value was simply not known at the time of writing.

Inevitably, part of the work-in-progress nature of this directory is that the references contained within it to organisations such as the OHM itself and to particular health boards will need to be updated in time to reflect the changed structures of the Irish health service. It is expected that this element of the OHM's work will be located in future within the HR side of the Health Service Executive (HSE).

**Who and What is this Directory for?**

The Directory is intended to help managers (from all disciplines/functions) who are seeking to develop different aspects of their management competency. This help is in the form of direction and guidance in relation to a wide range of readings, courses, initiatives, and other activities that are designed to develop or enhance different aspects of management performance. So, if you have ever asked such a question as 'how do I get better at managing my team?', you may well be the sort of person who will benefit from this Directory because you should find a range of answers to questions like this within.

**What is a Competency?**

Someone is said to be competent when they are performing satisfactorily in their role. If you look up 'competent' in a thesaurus, you will see lots of words to explain it, such as capability, skill, fitness, expertise, know-how, experience,

proficiency, and aptitude. A competency, therefore, is a collection of the knowledge, skill and attributes that are required to perform satisfactorily or well at a particular task. As Richard Boyatzis (one of the founders of the competency 'movement') defined them: 'competencies are personal traits, characteristics or skills which can be shown to be directly linked to effective job performance' (Boyatzis, 1982). Put simply then, competent managers are those who are able to manage because they know what to do, they have the required skills or behaviours to manage, and they believe it is right to do so. All three are important for competency to be evident. (The words competency and competence are the same: the only difference is that the former reflects US usage and the latter UK usage.)

There is not a single competency called management because a description of all of the knowledge, skills and personal characteristics that effective managers employ would be far too large. Management competency, therefore, tends to be broken down into categories of competency, such as the competencies that are associated with managing people, resources, change, service (or product) delivery, quality, etc. In addition, of course, managers need to manage themselves and this too is a category of competent management.

**How to Use this Directory**

As mentioned above, this Directory was designed to complement existing Office for Health Management materials and initiatives relating to management competencies.

The Directory can be used by anyone who is looking for ways in which to enhance or improve their level of management competency. It may be that you have a sense already that there are areas of your management practice which you would like to be better at, because you feel out of your comfort zone or because you feel yourself to be weak in these areas. Or it may be that you are preparing yourself for future roles where you know that different competences may be required of you. You can use the Directory to help you to brush up on these aspects of your management.

This Directory will be especially useful for managers who use the OHM's Personal Development Planning materials (on-line sign-up is available at [www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)). These materials include an interactive PDP workbook and a questionnaire whereby managers can assess their own level of competency, and invite others' assessment and feedback, in relation to a range of different aspects of management. So, in general, a manager would sign on to complete his or her Personal Development Plan, complete the on-line questionnaire, receive feedback on his or her strengths and weaknesses, and then use the Directory to enhance any areas of management which were weak or needed further development. For example, suppose you received feedback that you weren't as good as you thought you were or needed to be at communicating. You could look up the section in the Directory (section 8) which relates to communication, and look at the different activities and exercises that are suggested there for improving your communication skill or know-how or for acquiring the sorts of characteristics or attributes that are needed for good communication.

## Format of the Directory

The Directory is based on the same general framework of management competencies that is used in the other OHM competency-related materials. This framework categorises the range of management competencies into fourteen different areas, grouped under four broad areas of management:

Area of Management	Management Competency
Managing the Service	<ol style="list-style-type: none"><li>1. Knowing and Understanding the Health Service</li><li>2. Planning and Managing Resources</li><li>3. Decision-Making and Judging Situations</li><li>4. Setting Standards and Assuring Quality</li><li>5. Ensuring a Service-User-Centred Service</li></ol>
Managing People	<ol style="list-style-type: none"><li>6. Influencing People and Events</li><li>7. Managing Individual Performance</li><li>8. Being the Communication Channel</li><li>9. Creating Team Spirit</li><li>10. Supporting Personal Development</li></ol>
Managing Yourself	<ol style="list-style-type: none"><li>11. Being a Leader and Role Model</li><li>12. Maintaining Composure and Quality of Working Life</li></ol>
Managing Change	<ol style="list-style-type: none"><li>13. Working Towards an Integrated Service</li><li>14. Embracing Change and Service Development</li></ol>

Of course management in the real world usually requires people to be competent in many or all of the above categories – for example, it is difficult to think of being an effective manager of teams if you are not also at least somewhat competent in communicating, in influencing, in managing performance, in supporting professional development, etc. For this reason you may find some overlap and cross-referencing in the various development options associated with different competencies. While this has been kept to a minimum, it does occur and you might find that some of the options associated with the cross-referenced competency sections meet your needs better.

If you are coming to this Directory via one of the OHM's User Packs (i.e. the Packs for Nurse Managers, for HSCP Managers or for Clerical/Admin Managers), you might find the wording of some of the competencies is not the same as the wording in some of the Packs. This is because the same Directory is intended for use by all managers and so the terminology of some of the competencies has been changed so that the Directory 'fits all users'.

Another change you may notice if you are used to the User Packs is that this Directory is not grade or level-related (in other words, does not discriminate between front-line, middle and senior managers). This is deliberate because being of a particular grade or at a particular level does not imply competence or incompetence. The Directory suggests a number of options and leaves it to the reader to make up his or her mind about the relevance of each to his or her needs or the fit between a particular option and his or her learning style.

A key change between the User Packs and this Directory is that the Directory relates to options for the development of different

aspects of competency. In other words, if a competent manager needs to *know* things, needs to be able to *do* things, and needs to have a *will and willingness* to do them, it makes sense that competency development options should be suggested in relation to Knowledge, Skills/Behaviours, and Attributes or characteristics. In relation to each of the fourteen named competencies in the table above, you will find development options that fall under each of these three headings. You may have a preference for one type of development option only (i.e. for acquiring knowledge, for reading up on things, for using the internet to research things) but you should remember that, to be experienced as competent, you need to know, do and choose.

Finally, some of the development support materials mentioned in this Directory, especially videos/CDs, are not necessarily widely available and must be sourced from the UK. A supplier contact sheet is at the back of the Directory to help you to contact these suppliers.

### Feedback on this Directory

Whether you are a user or a learning and development professional, your feedback on any aspect of this Directory would be welcome. Your views and comments will be especially welcome if you have news or details of development options that are particularly noteworthy, in your view, but which have been missed or omitted for any reason.

### Author of this Directory

This Directory was written for the Office for Health Management by Hilary Maher, Lime Tree Consulting.

## Supplier/Publisher Contact Details

(Videos, CD-ROMs, DVDs, etc)

### BBC for Business

Woodlands, 80 Wood Lane, London W12 OTT  
Telephone: 00 44 20 8433 1641  
[corporate.sales@bbc.co.uk](mailto:corporate.sales@bbc.co.uk)

(The) Industrial Society  
(recent name change to The Work Foundation)  
Peter Runge House, 3 Carlton House Terrace,  
London SW1Y 5DG  
Telephone: 00 44 870 165 6700  
[www.indsoc.co.uk](http://www.indsoc.co.uk)

### Capita Learning & Development

17-19 Rochester Row, London SW1P 1LA  
00 44 870 400 1000  
[web.enquiries@capita-id.co.uk](mailto:web.enquiries@capita-id.co.uk)

Chartered Institute of Personnel and Development (IPD)  
CIPD House, Camp Road, London SW19 4UX  
[www.cipd.co.uk](http://www.cipd.co.uk)

### Maxim Training

42 Bond Street, Brighton, East Sussex, BN1 1RD  
Telephone: 00 44 1273 827788  
[www.maximtraining.com](http://www.maximtraining.com)

### Melrose

Dumbarton House, 68 Oxford Street, London WIN 0LH  
Telephone: 00 44 171 627 8404

### Plymbridge Distributors Ltd

Estover, Plymouth PL6 7PZ  
Telephone: 00 44 1752 202301  
[www.orders@plymbridge.com](mailto:www.orders@plymbridge.com)

### Training Direct

Edinburgh Gate, Harlow, Essex CM20 2YG  
Telephone: 00 44 1279 623927

### VideoArts Ltd

6-7 Cross Street, London EC1N 8UA  
Telephone: 00 44 20 7400 4800  
[www.videoarts.com](http://www.videoarts.com)



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## RELATED BEHAVIOURS

- Being familiar with the key strategies, policies and regulatory frameworks of the health service and of the organisation, and keeping staff updated on any changes to these
- Understanding the influences which shape the wider environment, knowing who the key stakeholders are and how their roles inter-relate within the system and within the organisation
- Understanding the culture and internal dynamics of the system/organisation
- Ensuring that the strategy (of the service/organisation) takes appropriate account of changes in the wider environment

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. In addition to the development activities contained in this Directory, some of the activities listed under the different nurse management competencies may be of interest to you. The can be viewed at [www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning).

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Knowing and Understanding the Health Service

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing the service. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

It is likely that, upon entering the health service or soon after that, you were inducted into your organisation, perhaps given some reading materials, such as the latest service plan or annual report or other reports and documents, to help you to see how the organisation works. You may also have been given a plethora of national strategy documents. Like many people entering new jobs or roles, you probably found yourself overwhelmed by information and you possibly did not take much of it in at the time.

- Go back and read up on your organisation now as if you were inducting yourself. If you were not given the latest annual report or service plan, or the strategy documents relevant to your service, get hold of them and read them. Your reading of them now will be very different because you will be reading them with a good deal of prior understanding of certain aspects of the working of a health services organisation, and so you will be much better able to identify those parts that you still need to inform yourself about. You will also be able to see better how the different parts fit together.
- Read any of the relevant national strategy documents or reports that you haven't really had time to read up to now. At a minimum, you should read the two national health strategy documents (*Quality and Fairness* and the associated Primary Care Strategy, both 2001) and the three 2003 commissioned reports (the Prospectus and Hanly reports (Department of Health and Children) and the Brennan report (Department of Finance)).

Get to know 'the business'. Make sure you can see and understand the beginning to the end of the entire process of care or service delivery, across the major primary and secondary care sectors for your part of the health service (e.g. older people, or chronically-sick adults).

- For example, if you work in any part of primary or continuing care, make sure you have a sound understanding of how patients access services both in the community and in the acute hospital system when necessary, and how they 'get back' to the community after an acute episode. Make sure you know how the different branches of the same professions work across the sectors, i.e. how GPs and hospital doctors interact, how hospital nurses and public health and/or practice nurses interact, how hospital-based physiotherapists work with community-based therapists to ensure ongoing care, etc. Make sure you can see how needs are assessed, how diagnostics fit into the picture, and how care or service is evaluated. Don't be too surprised if you find yourself meeting occasional dead-ends or complex relationship management in all of this!

Health services are thought to be one of the most complex spheres of management in any area of human activity. Health is also one of the most-discussed and most political of issues in many countries, regardless of their wealth, in that there is a

sense that demand always exceeds supply, and need is never fully met.

- There are thousands of articles on health economics and health services management – just look up the internet! You cannot read them all, so one of the best ways of trying to filter the possible flood is to simply subscribe to a few key health-related journals (such as *Irish Medical Times*, *Health Board Review*, [irishhealth.com](http://irishhealth.com), or the (UK) *Health Service Journal*). Keep an eye on government publications too – in Ireland, the Department of Health and Children's website is one of the easiest ways of doing this ([www.doh.ie/publications](http://www.doh.ie/publications)) and the UK's Department of Health is also a great source of material on health services policy and planning ([www.doh.gov.uk](http://www.doh.gov.uk)). The World Health Organisation also maintains a good website that will take you pretty quickly to a range of documents and materials on health ([www.who.int](http://www.who.int)).
- A good recent overview (comprising seven short articles) on one of the very vexed aspects of health service management – value for money – appeared in the *Economist* magazine ('The Health of Nations: a survey of health-care finance', 17 July 2004 edition – [www.economist.com](http://www.economist.com)). As the title of the survey suggests, it looks at the issues of the cost of health care and the return on investment across a number of different countries. Don't be put off by the title, even if economics is 'not your thing', because the articles are really more about health policy than they are about the details of health service financing. They also show that Ireland's grappling with reform-related issues is by no means unique.
- A good recent book on the health services in Ireland is Maev-Ann Wren's *Unhealthy State: Anatomy of a Sick Society* (2003, New Island Press), a (very) critical analysis of how Ireland's health service has evolved and why it fails to fully meet the needs of the population.
- Other good references are *The Irish Health System in the 21st Century* (Leahy and Wiley (eds), 1998, Oak Tree Press), *Current Issues in Irish Health Management* (O'Sullivan and Butler, 2002, IPA) and *A Healthier Future?: Managing Healthcare in Ireland* (McAuliffe and Joyce (eds), 1998, IPA). If you want a more historical view on the development of health services in Ireland, read *Health, Medicine and Politics in Ireland 1900-1970* (Ruth Barrington, 1987, IPA).

## SKILLS or BEHAVIOUR-RELATED

In addition to reading and talking to people, the skills and behaviours that are associated with this competency are those that are associated with good general management and overall leadership. For this reason, they are covered in much greater depth in later sections of this pack (for example, skills such as influencing, relationship-building, communicating,

engaging with people from diverse parts of the service (including service users), and reflecting the wider environmental forces into the internal strategic thinking of the organisation).

- Ensuring a service-user-centred health service – Competency 5
- Influencing people and events – Competency 6
- Communicating – Competency 8
- Working in teams – Competency 9
- Being a leader/a role model – Competency 11
- Working towards an integrated service – Competency 13
- Embracing change and service development – Competency 14

## ATTRIBUTE-RELATED

The health service in most countries tends to be very cellular – people develop through different paths (for example, separate educational paths for all of the professions and for managers) and can frequently end up working in relative isolation. There are also very many grades or levels of seniority within some of the professions, and within the administration as a whole (more than ten levels is not uncommon). The danger, therefore, is that people in the health services have most relationship with those in their own cell (their grade within their profession). Thus, the accusation is often made of 'silo mentalities', which relates to people working within their own narrow professional (or management) boundaries and unable or unwilling to see the world (of health) from any other perspective.

- Make sure that your growth and development in health services management is not hampered by any such tunnel vision – challenge yourself to move into different arenas and to see the world from other perspectives on a regular basis. Opportunities will be there (if you want them – you may have to go looking, however!) to participate in cross-disciplinary teams, to engage in multi-disciplinary learning programmes, to work alongside people with diverse backgrounds and even to hear how clients of the system feel about it.

Ensure that you are 'plugged into' some wider networks within your profession or within your service, at regional or national level, so that you can develop and maintain a more macro view of the health services.

- Volunteer for participation in project groups or working groups or development task forces in your own organisation or profession to start with. Build a slightly higher profile for yourself by contributing to the development of your organisation or profession. Put yourself into positions where you are seen to be interested in making a wider contribution, in building services across disciplines. Of course there is an element of healthy self-interest in seeking this type of role, but if your interest is perceived to be primarily self-serving, your contribution may not be sought out too much!

Capture the culture of the health service – look at it as if you were seeing it for the first time, as a neutral observer of facts and data.

- What conclusions would you draw, based on your experience and on the evidence around you, about what gets rewarded and what gets punished (both formally and informally), about what attracts attention, about how power is gathered and used, about what is said and what is not talked about (or maybe only talked about in the corridor afterwards), about what is considered right and proper and what is considered risky? To help you, think about the 'legendary' people or incidents that you may have come across, about the stories that are repeated as salutary lessons or in reverential tones. Think about the leaders you know in the health service and the things that are said about them (leaders, whether they like to or not, have an enormous impact on culture). What are the values and attributes that are described in these stories and tales about people and events?
- Make up your own mind about the degree to which you conform to and replicate the apparent existing culture of the health service. To a large extent, you are responsible for shaping the kind of manager you are/become.

Get a mentor, preferably someone who is 'well seasoned' in the dynamics of health service organisations, either from within your own organisation (but not in your direct line of management) or from another part of the health system.

- Talk to the Learning and Development manager in your organisation to see if there is a panel of mentors available from which you might choose (this panel might be a local, regional or national one, depending on who has organised it). Find a mentor that you can work with and use him/her as a guide and teacher to help you to develop your judgement and all-round understanding of health.



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## RELATED BEHAVIOURS

- Service planning – estimating need, prioritising resources, monitoring budgets and delegating tasks
- Reviewing progress within team
- Staying in touch with service developments
- Setting and communicating priorities

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Planning and organising of activities and resources (for front-line managers)**
- **Proactive approach to planning (for middle managers)**
- **Effective coordination of resources (for middle managers)**
- **Establishing policy, systems and structures (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Planning and Managing Resources

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing the service. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

If you are not already familiar with the service planning process that is required of health service organisations, read up about it.

- Log onto the Office for Health Management's Learning Centre website ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) and take the on-line course on Service Planning. This will give you a good insight into how health service organisations plan and budget in relation to their annual service provision. In addition, you can access information on service planning through the video 'Service Planning in Action' produced by the Health Service Employers Agency and the IPA.
- Get hold of your organisation's most recent service plan (usually available in hard-copy form, as well as on-line from your own intranet or organisation's website). Familiarise yourself with the overall structure of the service plan, and with some of the detail that is contained in it too in relation to levels of service provision and performance management.
- The Committee for Public Management and Research (made up of civil servants and academics with an interest in public policy) has published over twenty discussion papers, many of which have a relevance for health service people. One of the papers is 'Service Planning in the Health Sector' (CPMR Discussion Paper 13, 2000). All are available from the Institute of Public Administration in Dublin or via the CPMR website ([www.irlgov.ie/cpmr](http://www.irlgov.ie/cpmr)).

Read up in more general terms about planning.

- Log onto the OHM's Learning Centre website ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) and read the Unit on Planning and Decision-Making. This Unit contains lots of material on planning and decision-making in general, including business planning. Other Units in the Learning Centre which might be of interest cover more specialist types of planning such as Scenario Planning and Strategy.

Money is a critical factor in planning and managing in almost all circumstances and all organisations. Improve your knowledge of financial management, particularly as it applies in your organisation.

- Two videos that are pretty good on this subject are 'Making Numbers Work' and 'The Numbers Game – Understanding Financial Accounts' (Melrose, 25/45 minutes). A useful CD-ROM is also available, simply called 'Budgeting' (Training Direct, 100 minutes); it covers the people aspects of budgeting as well as monitoring the numbers and analysing data.
- Get hold of your organisation's two most recent annual financial statements. Get to know the major costs associated with providing service. Compare the organisation's financial performance over the last two

years. Look for variances over the two years and try to find out what might account for these variances.

- Financial information is intended to enable managers to make good, sound decisions. If the financial statements don't 'work for you' or make sense to you, then they are probably not helping you to improve your understanding of your unit or team's performance or to manage it better. Make an appointment with someone in the Finance section of your organisation and get them to 'walk you through' the figures so that you can see what are the main drivers of costs (and revenues, if appropriate) relating to your service. Don't be put off by the technical language – although the subject might be complex at times, the basic principles of good financial management are probably already known to you.
- Log onto the OHM's website ([www.officeforhealthmanagement.ie](http://www.officeforhealthmanagement.ie)) for a short course which provides an introductory-level module in 'Financial Management for non-financial managers'. In addition, you can log onto OHM's Learning Centre and read the Unit on Finance Fundamentals.

Improve your chances of being both effective and efficient in your use of time and other resources by adopting some of the rigour that is associated with good project management.

- Take a short course in project management. Check with the Learning and Development department in your own organisation to see if it has such courses on offer. If not, check the OHM's supplier directory ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)). Read the OHM's Learning Centre Unit on Project Management.
- The Midland Health Board has a particularly good reputation for its use of project management principles and techniques, and it might be a good place to start if you are exploring the adoption of project management into your working practices. Many health boards around the country have commissioned or sourced good training programmes on project management too: for example, the North Western Health Board has found a good four-day training programme in project management; the Mid-Western Health Board provides three-to-five day programmes on project management, and the Western Health Board runs an intensive two-day programme on the subject.
- A wide range of books on the subject of project management is easily available from larger booksellers – choose one that is concise but covers the core aspects of scoping, planning, monitoring and control. The Industrial Society has a good book on the subject which you might find useful (*Project Skills* (1998) by Elbeik and Thomas). A good CD-ROM is 'The Project Management Process' from Training Direct (approximate duration: 2 hours). In addition, if you like the discipline that is inherent in project management, there is lots of software support for this approach to work planning and control (for example, a widely-used program is Microsoft Project).

## SKILL or BEHAVIOUR-RELATED

An important skill in the management of time (a key resource!) is delegation. It can be a tricky skill or behaviour set to acquire, but it is worth it because it can help you to use your time more effectively and it can have the very positive spin-off of developing your staff.

→ Often what goes wrong in delegation is when a manager gets the wrong balance between trust and control, for example by *over-trusting* – not providing enough support and/or guidance to the person (to whom the work has been delegated); or by *over-controlling* – not giving the person enough discretion and autonomy in their performance of the task. You need to take a number of factors into account in defining the right trust/control balance: your confidence in their ability, their competency in relation to this work, the complexity or difficulty of the work, the criticality of the work (how bad would it be if it went wrong?), your past and future relationship with the person, etc. On the basis of all of these factors, estimate how much you can trust the other person and how much control you need to keep (after all, it's your work that you are delegating, and you remain accountable for it). The less you can trust the person, the more you need to control things before, during and after their performance of the task, and the more you need to control all aspects of the task (the inputs used, the processes followed, the output specification, and the outcome of the work).

→ Once you've decided on the appropriate degree of trust to invest, delegate the work. Here, the communication behaviours are critical. Many managers make the mistake of feeling apologetic for asking someone to take on extra work and therefore of not communicating clearly that you *are* delegating and that you will be exerting a certain degree of (what seems like) necessary control. Make sure to ask the other person for their understanding of the task you have delegated and to give you some idea of how much support and guidance they would like to be able to access from you while doing the task. Remember, when you delegate work, if the other person does it badly, you are at least partly at fault. If your experience of delegating work in the past has been less than happy, write what you want to say before approaching the other person or try it out on someone else first to check for understanding/clarity.

Introduce into your day-to-day work some of the other habits associated with good time management.

→ Adopt some of the standard (and proven!) time management behaviours. These include, for example, identifying priorities for each block of time, whether this is a year, a month, a week or a day. The key behaviours are actually those that are related to good performance management: knowing where you're trying to get to, using simple processes to help you, and reviewing how things are going on a regular basis.

→ Take the time to identify what it is you need to/want to achieve within given periods. Use a daily priority listing to help you 'stay on course' (such as A-B-C lists of must

do today, could do today, will do today if I get a chance). There are lots of branded paper-based and software tools for helping you stay focused on your objectives and manage your time, such as those produced by TMI or by Franklin Covey, and it is also possible to buy diaries and other scheduling tools to help with this. Using these tools can help reinforce your behaviour change.

Sign on for a development course in one or more aspects of resource management.

→ Talk to your Training and Development department to see if it is already offering any such programmes. The North Western Health Board has commissioned a good programme on time management and prioritisation: it may be possible to emulate this programme in your organisation. The Western Health Board provides highly-rated two-day programmes on project management and budget management.

One of the core skill sets relating to this competency is that of being able to set priorities and review progress within your team or unit.

→ To begin with, make sure that you are sufficiently able and disciplined to set priorities for yourself. Your own practice of prioritisation will make it much easier for you to introduce it to the team.

→ Discuss with your team what you (all) think should be the priorities for the coming year, in the context of the organisation's service plan and your own service plan. It might be useful for you to begin the discussion with a debate about the sorts of criteria which are to be used in setting priorities among the team (e.g. feasibility, impact, resource constraints, desirability, urgency, criticality (in the sense that other things are dependent on a particular ordering of events), the degree to which it will add value or develop the team, etc). Try to get agreement on the criteria to be used to prioritise before you move to discussing the actual priorities for action for the year.

→ Ensure too that everyone is aware of the priorities and, in as far as it is possible, of the contingencies which may cause a change in them. Whereas it is unlikely that priorities will change week-on-week, they may very well change over the course of the year. Ensure that your discussion of priorities is, therefore, not a one-off within your team.

→ Schedule regular reviews of progress against agreed objectives within the team. Agree a few performance indicators that you can (all) use to measure performance. Get your team involved in the collection of the performance data as well as in the discussion of why performance is as it is.

→ If a discussion of priorities within your team is likely to be highly charged or contentious, you might want to see some of the later sections in this Directory on influencing (Competency 6), communicating (Competency 8) and teamworking (Competency 9).

## ATTRIBUTE-RELATED

There are a number of key resources that most managers have to seek to manage. These resources are people, money, time and information. Take stock of your values and attitudes with regard to managing these four different resources.

- In relation to the management of *people*, begin to think about your own management style. Would you say you could be characterised as being predominantly task-oriented or relationship-oriented, concerned with getting the job done or with ensuring people are happy in their work? Would your style be seen as empowering/delegating or more command-and-control? Would your management style be more Theory Y (people are adults, capable of managing and motivating themselves, inherently good, willing to take on responsibility) or Theory X (people are pretty lazy, will evade work/responsibility when let, need a lot of direction and control)? Your attitudes to others will colour your approach to managing people, and you need to be aware of these attitudes. If you feel you are not the best person to describe your management style, ask others for feedback on it. And if you need to change different aspects of it, read the relevant competency sections in this Directory.
- Managing *money*, as discussed earlier under the Knowledge part of this Competency, is a key part of planning and managing resources. Again, your attitudes will colour your approach to it: for example, your attitudes to whose job it is to ensure good use of financial resources, to who should be involved in the management of finances, and to 'figures' themselves (some people feel out of their depth when it comes to anything to do with maths). Know your attitudes and take steps (if needed) to ensure they are not getting in the way of the exercise of good financial management in your part of your organisation.
- See below in relation to the management of *time*.
- *Information* is a critical resource in any organisation, particularly organisations whose task can be as complex as the delivery of healthcare services. Most people rate themselves as good on the sharing of information, even when culture surveys of their organisations identify 'knowledge management' as a significant weakness. How much do you work to ensure information is captured, available, and easily accessible within your part of the organisation? How much do you 'withhold' or 'share' information from or among people? Given that 'information is power' (Machiavelli identified this over 400 years ago), how much do you use that power for your own ends, for the team's ends, for the organisation's ends? See if you can get this issue on

the agenda of your own team or unit meetings so that you can develop protocols to help you capture and share key information.

Time is an important resource and one which, for most people, requires quite active management.

- Improve your chances of being effective by identifying your 'key performance areas', those aspects of your work that make a difference. Think about why your job exists within your organisation – what value is it supposed to add to the organisation's ability to achieve its overall mission or purpose? If your job was suppressed in the morning, what would the organisation or service lose? For managers and leaders, these questions can feel fuzzy because they may not have any direct service delivery role. The answers often include activities such as coordinating, ensuring quality or performance, developing, integrating, progressing, decision-making and problem-solving, controlling, commissioning, guiding, supporting, communicating, consulting, and contracting, etc. If at least 20% of your time is spent on these activities, it is not necessarily a problem that the remaining 80% is spent fire-fighting or in a reactive mode. Bad time management arises from (i) not knowing what this 20% consists of, and (ii) not blocking out 20% of time (i.e. the equivalent of one day a week) to attend to these key activities.

One of the most important tools in managing time (see above) is the ability to set priorities and to stay focused on a set of pre-determined objectives for a given period. For some people, this is much easier to do than for others, because they have a particular personality trait which is comfortable with this sort of linear planning approach. For others, the idea of having to decide in advance upon objectives, priorities and an agreed set of actions can actually take them quite far outside their comfort zone: they prefer a more emergent sense of planning where they are more comfortable staying flexible as long as possible and even being consciously reactive to circumstances as they unfold.

- The Myers-Briggs Type Indicator is a personality test which can give you a great insight into your natural level of preference (or distaste) for planning, for having things scheduled and mapped out in advance. Research using MBTI data from all over the world suggests that most managers are likely to prefer to plan than not to, but it may be that up to three out of ten managers do not have this preference. The first stage in managing the critical resource that is you is to understand where you are starting from (your baseline or default attributes) so that you can see if you need to change. Contact your own organisation's Training and Development people to see if they can give you the MBTI to complete. Alternatively, a version of it is available via the OHM's Learning Centre ([www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)).



## RELATED BEHAVIOURS

- Gathering information from a wide range of resources
- Analysing and evaluating options
- Sound decision-making and problem-solving
- Empowering and involving the appropriate people
- Communicating decisions effectively

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Promoting evidence-based decision-making (for front-line managers)**
- **Strategic and systems thinking (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Decision-Making and Judging Situations

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing the service. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

Read up on the subject of decision-making. It is one of the core elements of management and a lot has been written about it. An internet search will provide you with thousands of references. Below are some more general readings on the subject.

- Read *The Fifth Discipline Fieldbook: strategies and tools for building a learning organisation* by Senge et al (1994, Nicholas Brealey Publishing), especially the chapters on systems thinking and on mental models. Both provide a lot of insight into how to identify what can underlie complex and difficult decisions. *Decision-Making and Problem-Solving* (Adair, 1997, IPD) is also a good educational tool, as is the video 'Make the Right Decision' (Maxim Training, 105 minutes).
- Another really good (brief) read on the subject of decision-making is by one of the twentieth century's most seminal writers on management, Peter Drucker: 'The Effective Decision' in *Management – Tasks, Responsibilities, Practices* (1974, Butterworth Heinemann Publishing). Drucker nicely distinguishes between Japanese-style consensus-driven decision-making and western, advocacy-based decision-making and suggests a number of ways in which the benefits of both might be gained. A new article by the same author ('Making Decisions', June 2004) looks at the factors which make for effective executives and concludes that one of the most critical factors is their ability to make decisions. For a two-page synopsis on Drucker's article, log onto [www.hbsworkingknowledge.hbs.edu](http://www.hbsworkingknowledge.hbs.edu) (the open-access website of Harvard Business School). Another article at the same site is one which teases out how leaders can behave when faced with really hard decisions, that is when having to 'choose between right and right'. For a more reflective read on this kind of decision-making, look at 'The Quiet Leader – and How to be One' (interview with Joseph Badaracco by Martha Legace, [www.hbsworkingknowledge.hbs.edu](http://www.hbsworkingknowledge.hbs.edu)).
- Another seminal writer on management is Henry Mintzberg – one of his classic pieces is on the subject of planning and decision-making and is worth a read: 'Planning on the left side and managing on the right' (*Harvard Business Review*, 1976, July-August).
- For a good overview of strategic decision-making, read Johnson and Scholes *Exploring Corporate Strategy* (Fifth Edition, 1999), especially Part II on Strategic Analysis. This book includes guidance on some common approaches to decision-making (such as SWOT analysis, scenario planning and other approaches to environmental analysis, resource audits and cost-benefit analysis, comparative analysis and benchmarking) which may have an application to operational decisions too. However, the book gives descriptions of the different techniques and approaches rather than detailed guidance as to how to use them.

→ Edward de Bono has written widely on the subject of problem-solving and coined the phrase 'lateral thinking'. *Lateral Thinking for Management* (1984, Penguin) or *The Six Thinking Hats* (1985, LittleBrown Publishing) are two of his better-known books on decision-making.

→ The OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) has a Unit on Planning and Decision-Making which provides a comprehensive overview of the whole area of decision-making. You could also read the Learning Centre Units on Strategic Thinking and the one on Creativity and Innovation, especially the parts of it which relate to techniques for creative problem-solving.

→ The *Harvard Business Review* has a good, concise paperback guide, *Managing Creativity and Innovation*, which is one of a four-part *Doing Business Effectively* collection – the set is available (at an approximate cost of €80) from the HBR website: [www.harvardbusinessonline.org](http://www.harvardbusinessonline.org).

Broaden the quantity and type of local evidence that you collect to inform your decision-making.

→ Make sure you are tapping into as many as possible of the sources of knowledge that are available to you within your organisation. It is an unfortunate fact of life that Irish health service organisations, probably because of their size and general busyness, are not particularly good at 'knowledge management', at making sure that people know what is happening around them and communicating and disseminating information in a formalised way. This is unfortunate because it is also true that there is typically a much wider range of data-gathering, evaluation, audit, and analysis going on in most health service organisations than is captured and known about. However, the informal 'knowledge management' that typifies many health service organisations can help to compensate for the lack of formal knowledge management so it is important to make sure you are networking with managers and others within your organisation so that you are hearing about this type of activity and know how to access it when you need to.

For an 'advanced level' knowledge injection on the subjects of evaluating information and judging situations, particularly in the Irish public service, you could enrol for the Masters in Public Policy Analysis which is offered by Trinity College Dublin in conjunction with the IPA.

For more information on evidence-based practice and decision-making, log onto one of a growing number of websites relating to evidence, such as the Cochrane Library (accessible via the Health Research Board ([www.hrb.ie](http://www.hrb.ie)) or OHM's website ([www.officeforhealthmanagement.ie](http://www.officeforhealthmanagement.ie)), *Bandolier* – the evidence-based health journal ([www.jr2.ox.ac.uk/bandolier](http://www.jr2.ox.ac.uk/bandolier)) or the Centre for Evidence-based Medicine (<http://ceb.jr2.ox.ac.uk>).

## SKILLS or BEHAVIOUR-RELATED

Learn to use some of the techniques of problem-solving, creativity and effective decision-making.

- Log onto the website [www.mindtools.com](http://www.mindtools.com) – this site (at the time of writing) gave concise summaries of some of the standard techniques associated with clear thinking. These techniques include cost-benefit analysis, Pareto (80/20) analysis, option appraisal and others, many of which are drawn from the work of Edward de Bono. Get familiar with the techniques (most of them are simple) and then apply them to your work. They work for individuals but are even more dynamic and powerful when applied in the context of team decision-making.
- Take a course in one or more aspects of problem-solving and decision-making. Check the OHM's supplier database ([www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)), or commercial training supplier databases – e.g. [www.corporatetraining.ie](http://www.corporatetraining.ie) – for details of such courses.
- Get a white board or flipchart into your office and practise working on it (rather than simply writing at your desk or onto a PC). Writing on a 'broad canvas' such as this encourages more free-wheeling of ideas, makes it easier to reorganise ideas (less linearity), and makes it easier to map or diagram ideas rather than relying on text only. If you are not already familiar with mind mapping and other diagramming techniques, read Tony Buzan (*The Mind Map Book*, 1996 Plume Publishing) or log onto [www.thinksmart.com/mission/workout/mindmapping\\_8.html](http://www.thinksmart.com/mission/workout/mindmapping_8.html). Mindmapping is also demonstrated (along with lots of other innovation-oriented techniques) in 'Mindpower', two half-hour videos available from BBC for Business (London).
- A core skill that is often associated with effective problem-solving and decision-making is the ability to ask the right questions and to 'frame' the problem. Read *The Skilled Helper: a problem-management and opportunity-development approach to helping* (Egan, 2002, Seventh Edition, Brooks/Cole Thomson Learning) for guidance on how to acquire the skills of questioning and challenging in helping people to solve problems. Chapter 10 of the accompanying handbook (*Exercises in Helping Skills*, Egan, 2002, Brooks/Cole Thomson Learning) can further help you to acquire these new behaviours.

Shadow an impressive decision-maker, preferably someone within your organisation whose decision-making competence seems pretty good to you.

- Identify someone whose decision-making skills impress you, either the consistent quality of their decisions or the way they seem to approach decisions (their preparation, their diagnostic skill, their data-sensing or data-gathering). See if you can work alongside this person for a day or two to see if you can spot what it is that they do differently to you that seems to account for their

good decision-making. Having done so, try to adopt (some or all of) their approach in your own problem-solving.

Watch some impressive decision-making in action!

- A good and entertaining video on the subject of decision-making is the BBC video 'Decisions, Decisions' – although it might look a little dated, the humour is still good and the points still relevant (BBC for Business, 30 minutes).

Two of the important skills relating to decision-making and judging situations are those of engagement and communication – in other words, being able to bring others into the decision-making process with you and then being able to communicate the decision to all those who are affected by it.

- There is a separate section within this Directory which looks at the competencies and development options relating to Communication (**Competency 8**) and you might want to look at this if you are concerned about your communication skills.
- You might also want to look at the Unit of the OHM's Learning Centre which relates to Facilitation and which suggests some practical tips for people who want to improve their facilitation of groups ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)).

Sign on for a development course in one or more aspects of this competency.

- The North Western Health Board has commissioned a good programme in this regard (Tools for Planned Decision-Making) and it may be possible to emulate this programme within your organisation. Talk to your Training and Development department.

## ATTRIBUTE-RELATED

Often, one of the characteristics that is mentioned as being indicative of a manager's competency is their 'decisiveness'. This usually translates as their capacity to take a decision reasonably quickly, to move things on rather than to agonise over things. While speed isn't always of the essence, a balance has to be struck between doing things fast and doing things thoroughly.

- Another inventory which might help you to understand your default style in terms of your comfort with fast decision-making is the Learning Styles Questionnaire (available via the Resources section of the OHM's website – [www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)). This questionnaire picks up on people's different preferences for a lot or a little reflection, something that can be closely associated with a desire for or a reluctance about speedy decision-making.
- Often, slow decision-making hasn't so much to do with competence but with fear, fear of getting things wrong.

Again, people's tolerance for risk is very variable. If you find that you are one of those people who routinely puts off decisions for fear of making a mistake, you might need to find alternative ways of 'managing the risks' associated with opting for a solution without perfect certainty or clarity about its implications. One of the ways in which you can do this is to keep a 'risk journal' in relation to key decisions – note the assumptions you made in relation to the issue, and the areas where there you were lacking in information, and make your own informal assessment of the risk. Keep a watchful eye on circumstances to see if your assumptions were faulty or if more of the information you want becomes available.

Much of decision-making lies more in the realm of psychology rather than rationality or science. Different personalities types tend to take decisions differently. Try to come to a better understanding of yourself and your own decision-making style.

- Take the Myers Briggs Type Indicator (MBTI) personality test (details on the OHM's website – [www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)). See how your personality type may impact on your decision-making style. Check your 'defaults' in relation to preferring to use tangible data or intuition, and in relation to the weight you might give rationality and objectivity versus emotion and subjectivity in making decisions. The introversion-extraversion dimension of this test might also have a bearing because it will probably indicate your preference for 'going off by yourself and thinking about the issue' versus wanting to call a meeting and involve people in the issue with you.
- Read *The Psychology of Judgement and Decision-Making* by Scott Plous (1993, McGraw Hill Publishing) for a good overview of the interplay between psychology and decision-making. *Judgement in Managerial Decision-Making* is another book in a similar vein (Bazerman, 2002, John Wiley Publishing) and includes some tools and quizzes to help readers to identify their own biases and to take better decisions.

Try out different approaches to decision-making 'in real time'. Next time a decision presents itself, try out some different ways of addressing it. See if you can expand on your usual approach to solving problems and taking decisions.

- There are four broad categories of decision-making style and it is likely (if you are like most people) that your decision-making usually falls into one or two of these. The four categories are:

- The *Traditional* or precedent-based approach (usually characterised by responding to a decision need or a problem with 'what did I or we do last time this happened?' or 'what did other people do when this happened to them?'). A great approach when precedents are available because it can help us to save time and energy and avoid 're-inventing the wheel'.
  - The *Rational* or logical approach (usually characterised by a fairly linear process of steps, beginning with defining the problem, assessing its impact, gathering data, identifying and appraising options, implementing and evaluating). A great approach because it helps to ensure that the right problem has been identified, that more than one option has been considered, and that some agreed or objective criteria were used to select one option over the others and to evaluate its impact.
  - The *Lateral* or creative approach (usually characterised by the use of brainstorming or other right-brain techniques designed to ensure that we are not stuck in out-dated mind-sets or paradigms relating to the problem or its solution). A great approach when there is no precedent or when there is a sense of staleness about the way decisions seem to be handled.
  - The *Political* or resource-based approach (usually characterised by questions relating to the costs of different options and/or questions relating to what the 'ruling powers' might expect or live with). A great approach because it helps the decision-maker to anticipate what support or resistance s/he might expect when it comes to choosing a particular option for implementation.
- Think about the approaches that you have used more of and less of in the past when you were making decisions. If you are like many people, you may find that you over-rely on one or two approaches and under-use the others. The best decision-making is likely to occur when we bring all four approaches to bear, so that we get the benefits of learning from experience, thinking things through, trying new ways of looking at things, and taking a view on the politics of the situation.





## RELATED BEHAVIOURS

- Staying aware of professional and sectoral developments relating to best practice
- Setting and ensuring adherence to quality (including accreditation) standards
- Benchmarking, monitoring, evaluating and managing service performance
- Identifying risks and dealing with them
- Balancing productivity with quality

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Leading on clinical practice and service quality (for front-line managers)**
- **Establishing policy, systems and structures (for senior managers)**
- **Leading on vision and values (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Setting Standards and Assuring Quality

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing the service. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

Update your knowledge of what constitutes good practice in relation to policy, legislation and professional standards in your own area/function/profession/discipline. Make sure you know your organisation's own policies and procedures relating to all aspects of risk management (some of which are mandatory, such as the reporting of certain types of incident).

- Make sure you stay abreast of developments in your own area of work. Be sure to remain 'on the mailing list' of any regulatory body which operates in your domain or whose policies might impact on your domain (the health sector is full of professional bodies, some of which have regulatory functions and some of which proffer regular guidance on best practice).
- If you are not already familiar with the law in relation to what is legally required of organisations in terms of health and safety and employment practices, make sure you appraise yourself of these laws and make sure you understand what is legally required of you – and those for whom you are responsible. A useful link to this end is [www.hse.ie](http://www.hse.ie) (the Health and Safety Authority).
- If your organisation has a set of formal risk management policies and procedures, make sure you are familiar with them. If your organisation doesn't have such a set of policies and procedures, see if you can get your hands on a manual or set of guidelines from another organisation within the health sector (for example, the Midland Health Board produced a comprehensive set of risk management policies and ten related guidelines in late 2003).

Read up on quality and accreditation, particularly as they relate to the health services in Ireland.

- If you are not already familiar with the Irish Health Services Accreditation Board's (or IHSAB – [www.ihsab.ie](http://www.ihsab.ie)) accreditation process and standards relating to your area, make it your (urgent!) business to become familiar with them.
- Inform yourself about the work of the Irish Society for Quality in Healthcare ([www.isqh.ie](http://www.isqh.ie)) and consider attending one of the regular conferences.
- Log onto the OHM's web-based Learning Centre ([www.officeforhealthmanagement.ie](http://www.officeforhealthmanagement.ie)) and take a look, in particular, at the Units relating to Creativity and Innovation and Performance Management, both of which contain a number of key readings on the subjects. Watch 'Quality – The Only Way' (Melrose video, 30 minutes) or use 'Quality in Practice', an interactive CD-ROM from Maxim Training (Brighton) of about two hours' duration.

Know how other parts of your organisation or other organisations are doing generally with regard to their adherence to standards.

- Consider benchmarking your part of the organisation against other parts of the wider organisation or against other comparable organisations (not necessarily in the health sector). Choose the aspects of 'performance' that you want to benchmark (for example, the number of adverse incidents, or patients' satisfaction ratings, or costs or staffing levels associated with the provision of service or ratings of staff morale and so on) and then identify comparable teams or organisations that you believe it would be useful to share information with/compare yourselves against. Try to find organisations/parts of your own organisation that you think would represent 'best in class' in relation to the particular aspect of performance you are looking at.
- Many organisations participate in commercial or network-based benchmarking groups and, depending on what aspect of performance you are trying to benchmark, it may be worth your while joining or subscribing to a benchmarking group. A short overview of the whole area is to be found in 'Best Practices Benchmarking' by Roger Dence in *Performance Measurement and Evaluation*, 1995, Sage Publications/Open University Press. A good website on benchmarking (with a really vast array of articles and tools, covering a range of industries and sectors, including health) is [www.benchnet.com](http://www.benchnet.com).

Get to grips with the emerging and fast-evolving governance agenda. There is a good deal of debate within both the public and private sectors as to what constitutes good governance and probity in public and business affairs, and it is worth keeping abreast of this debate and discussion because it is leading to change in the way 'we do business' across all sectors.

- Read the quality journals on a regular basis to stay up-to-date with thinking in this area. *The Economist* and *Harvard Business Review* regularly contain features on governance-related issues, albeit with a greater emphasis on private sector governance given the nature of their readerships. Irish references of interest include IBEC (which provides some benchmarking services – [www.ibec.ie](http://www.ibec.ie)) and the Department of the Taoiseach's website [www.betterregulation.ie](http://www.betterregulation.ie). You might also consider reading the government's recent white paper on the subject, *Better Regulation* (available to download from [www.betterregulation.ie](http://www.betterregulation.ie)).
- Log onto the OHM's Learning Centre Unit on Ethics ([www.officeforhealthmanagement.ie](http://www.officeforhealthmanagement.ie)) or get hold of and use the CD-ROM 'The Influential Manager' (Lewis, 1998, Pergamon Press) to learn more about ethics in management.

→ If you really want to challenge yourself, you could pursue a taught PhD on the subject of governance – one such programme is now available from the Institute of Public Administration/Queen's University Belfast. Details of the programme can be seen at the relevant websites ([www.ipa.ie](http://www.ipa.ie) or [www.governance.qub.ac.uk/dgov.html](http://www.governance.qub.ac.uk/dgov.html)).

## SKILLS or BEHAVIOUR-RELATED

One of the skills that may be required when setting standards is the ability to negotiate. For example it is very possible that once you start talking the language of quality and standards, people around you will respond with talk of the cost involved and the time implications of trying to maintain a level of quality. This is not just defensiveness on their part, nor is it necessarily a ploy to extract more resources in return for attaining/maintaining a level of service – it is simply an expression of the normal 'time-cost-quality' balance so beloved of project managers. In the past, quality was frequently variable because it was dictated by the amount of time and cost/resource available. Making quality an explicit driver of performance can have consequences (for budgets, schedules and workloads) that need to be negotiated.

→ Log onto to the OHM's web-based Learning Centre ([www.officeforhealthmanagement.ie](http://www.officeforhealthmanagement.ie)) and take a look, in particular, at the Unit relating to Negotiation. It will give you some insight into the sorts of skills and behaviours associated with effective negotiation but it is likely that, to become competent in these skills, you will need to try them out and to ask someone to give you feedback on your performance.

→ Take a short course in negotiation. Check the OHM's supplier database ([www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)), or commercial training supplier databases – e.g. [www.corporatetraining.ie](http://www.corporatetraining.ie) – for details of such courses.

There are many useful techniques associated with the discipline of quality management and improvement. The techniques usually cover problem identification/mapping/diagnosis as well as solution-finding or problem-busting. The techniques are relatively simple and easily learned and have a wide application to both quality improvement initiatives and to day-to-day work.

→ Guidance as to these techniques is available in some courses on quality that are commercially available. See if you can source a short course in quality improvement techniques (check the OHM's supplier database or commercial training supplier databases for details of such courses). The OHM's Learning Centre Unit on Planning and Decision-Making includes guidance on some of these techniques. *Focused Quality – Managing for Results* (Murphy et al, 1995, Kogan Page) is a good reference book on quality improvement techniques.

→ You may also find guidance as to these quality management techniques on the websites of two of the 'quality gurus', both of which contain a wealth of information on quality (although not always skill-related). The website addresses are: [www.philipcrossby.com](http://www.philipcrossby.com) and [www.juran.com](http://www.juran.com).

The issue of performance management is a very current one in health service circles. It includes much more than giving and receiving feedback – it also includes such issues as objective-setting, standard-setting, monitoring and control, and evaluation. One of the sections of *Action Plan for People Management* (the 'HR strategy' relating to the national health strategy *Quality and Fairness*) specifically includes the designation of this issue as one of the key challenges for managing people effectively. At the time of writing (2004), this issue was something of a 'work in progress'. However, it is likely that it will be on the agenda of all health service organisations in the near future (it is already widespread in the civil service). Make sure you are at the top of the queue for any courses/programmes that are offered in your organisation in relation to performance management.

→ If development programmes are not available to you in-house, check the OHM's supplier database ([www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)), or commercial training supplier databases – e.g. [www.corporatetraining.ie](http://www.corporatetraining.ie) – for details of such courses.

→ In addition, you could read The (UK) Industrial Society's manual *Target Setting* (1998, Lawson).

→ Many of the skills associated with setting standards and assuring quality are skills that are covered in other parts of this competency development directory, and so you may find further guidance about developing these skills in later sections. For example, the following Competency sections of this Directory might be relevant to your needs:

→ Influencing People and Events ([Competency 6](#)), Managing Individual Performance ([Competency 7](#)), Supporting Personal Development ([Competency 10](#)), Being a Leader and Role Model ([Competency 11](#)) and Embracing Change and Service Development ([Competency 14](#)).

Finally, two of the other skill-sets that are closely associated with this competency are those that relate to delegation and coaching. The reason these two skills are important is because, as a manager, quality assurance and perhaps even an element of quality control is your responsibility, but the direct provision of quality service is probably not part of your job.

→ Take a look at the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) for guidance as to good practice in delegation and coaching – specifically, take a look at the Units on Delegation and Empowerment and on Coaching.

- Seek opportunities to get better at delegating responsibility for quality down to the level of service delivery. If you really want to learn about how good your delegation has been, ask for feedback from the person to whom you have delegated this responsibility!

## ATTRIBUTE-RELATED

Make sure you 'walk the talk' in relation to quality. You will quickly be judged by your actions rather than by your intentions if you say one thing but do another.

- Assess your own attitude to quality. How important do you *really* think it is? What aspects of quality are important for you (i.e. service user satisfaction levels, an absence of complaints from staff and/or service users, getting things right first time, doing things consistently (the same each time) or doing things fairly (according to need), never making mistakes or taking risks in order to learn, etc)? Quality is like many other things which are inherently good (like peace, justice, and apple pie): nobody will disagree with its desirability but there may be very differing views on how to achieve it or what level of priority to ascribe to it. Make sure you are clear on your own views and feelings about quality.
- Make time and create opportunities to have more widespread discussions about what you really mean about or by 'quality' within your team or service. Given the possibility of varying interpretations of what is meant by it, you will probably need to start with clarifying what is meant by 'quality' in the context of your service to your customers.
- If you are serious about quality in your part of the organisation, set some performance targets for the desired level of quality you want to reach. You could set standards for yourself, for how you want to be in your management role. Then you need to find a way of measuring your performance – often this is about trying to put some quantitative assessment on essentially qualitative attributes (e.g. by asking staff to rate different aspects of your management style such as marks out of ten for team development, or for communication). If you want a more comprehensive way of doing this, log onto the Personal Development Planning part of the OHM's Learning and Self-Discovery Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) and look at the 360° feedback tool.

- With your team, you might also consider setting quality standards and targets in relation to your overall service. Your measurement of your performance against these yardsticks can then give rich food for thought and debate. The real purpose of measuring performance is not the measurement per se but the discussion which follows it which seeks to understand why performance reaches a particular level (and what, if anything, needs to change).

Some aspects of personality are more closely associated with a liking for performance management than others. Take some personality tests to discover your 'default' strengths and weaknesses and their implications for you as a leader of quality and standard setting.

- Take the Myers Briggs Type Indicator (MBTI) personality test (details on the OHM's website – see [www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)). Your results should give you some insight into your liking and comfort and even need for establishing an evidence basis for change, and may also give you some insight into why you prioritise certain aspects of quality over others and your general tolerance for risk.
- Another test you could use to give yourself some insight into your general approach to standard-setting and quality is the Belbin Team Role Questionnaire (this questionnaire is accessible via the Resources section of the OHM's website – [www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)). If you find you are already adept at the Belbin team roles of Monitor-Evaluator and/or Completer-Finisher, you will probably find yourself reasonably comfortable with key aspects of standard-setting and quality.

Clarify your own role with regard to quality, standard-setting and performance management.

- Make sure you are clear as to the extent of your authority, responsibility and accountability for quality. In general, the higher you are in the organisation, the bigger will be your quality assurance role. However, the higher you are, the more distant you may be from the actual delivery of service – in other words, you may have lots of accountability for performance and for quality, but not a lot of direct responsibility for it. Once you have clarified your own role, make sure that those who work with and for you are equally clear on their role and on the interdependence between all of you for setting and maintaining high standards (quality is everyone's business, as they say).



## RELATED BEHAVIOURS

- Listening (to service users) and ensuring their dignity and respectful treatment
- Promoting accountability and transparency, and evaluating delivery against service-user needs
- Informing, educating and promoting awareness of service users
- Working with others to manage change and to deliver the best possible service to users
- Looking for ways to improve the service and empower service users to make informed decisions about their healthcare

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Promoting evidence-based decision-making (for front-line managers)**
- **Integrity and ethical stance (for front-line managers)**
- **Leading on clinical practice and service quality (for front-line managers)**
- **Building and maintaining strong relationships (for front-line managers)**
- **Empowering and enabling leadership style (for mid-level managers)**
- **Leading on vision and values (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Ensuring a User-Centred Service

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing the service. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

Refresh your knowledge of key strategy and policy documents published over the last few years.

- Read the various government decisions that give effect to key changes in health policy and practice in recent times, such as the national health strategy (*Quality and Fairness, a health system for you*) and related Primary Care Strategy, both published in 2003. Read the related reports commissioned by the Departments of Health and Children and Finance (Hanly, Prospectus, Brennan) not only because they have been formative in shaping government policy but also because some of the ideas and thinking within them are likely to have a long-term currency. In particular, read them with a view to understanding the possible impact on services and, therefore, on service users.
- Make sure you are familiar with what your own organisation has to say about 'people-centredness' and that you are promoting these values and practices in your own area.
- Read up on developments in other jurisdictions to see how the health services in other countries have incorporated the perspectives of service users in their planning and delivery. One such development of relevance to this topic is the changes that are taking place (starting in 2004) in the Scottish NHS where Community Health Partnerships are being brought in in all areas, partnerships which involve local health authorities as well as local government working together to try to address some of the systemic, longer-term determinants of ill-health, and with a strong element of community development. Full details of these changes are available on the NHS Scotland websites ([www.show.scot.nhs.uk/sehd/chp](http://www.show.scot.nhs.uk/sehd/chp), and [www.scottish.parliament.uk/bills/pdfs/b6s2.pdf](http://www.scottish.parliament.uk/bills/pdfs/b6s2.pdf)). The NHS has made considerable progress towards involving patients and service users in the planning and delivery of healthcare in the UK. The UK's Department of Health website has lots of really useful articles on the subject ([www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PatientandPublicInvolvement](http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/PatientandPublicInvolvement)) and the NHS has also created a separate agency (the Commission for Patient and Public Involvement in Health) which has its own website containing useful guidance on setting up patient and public involvement forums (see [www.cppi.org](http://www.cppi.org)).
- Log onto the OHM's web-based Learning Centre ([www.officeforhealthmanagement.ie](http://www.officeforhealthmanagement.ie)) and take a look, in particular, at the Units relating to Customer Focus, Redesigning Services and Managing Change, which contain a number of key readings on the subjects, as well as guidance to those who might want to implement changes of this sort. An interesting book on the subject of partnership with customers is Bell's *Customers as Partners – Building Relationships That Last* (1994,

Berrett-Koehler Publishing) and, in a related vein, a half-hour video that is available on the subject of working with customers is 'Client and Professional Working Together' (Melrose).

Make sure that you are familiar with the approaches that are being used in health to improve upon the degree of patient or customer involvement and focus.

- Read the OHM's Discussion Paper on *Public and Patient Participation* (December 2002) or HeBE's *Guidelines on Community Participation* (December 2002)). These documents are very useful guides to current thinking on the issue of patient/community involvement (including summaries of international thinking and experiences, and guidance as to how Irish health service organisations might implement different approaches to service-user involvement. The most popular 'techniques' for service-user involvement are also described (such as focus groups, surveys/postal questionnaires, and others). Irish examples of service-user involvement in health planning and design are included too.
- The Department of Social and Family Affairs' *Best Practice Guide for Customer Consultation* and the Combat Poverty Agency's *Involving Communities in Local Government: A Guide on Participation* (2000) are also very good and have lots of relevance to the health service.

Central to putting 'people or service users at the centre' is knowing what are the needs and wishes of service users in your geographical area.

- Get in touch with your organisation's public/population health specialists to get the most up-to-date map or profile of service users in your area or region. Get a sense of the overall population size, composition, age, illness or wellness profile, service-usage levels, and needs. This data may be available on a historic basis and, in certain cases, you may also be able to access prospective or projected data for the population of your locality. Talk to the population health experts in your part of the world to learn as much as possible about the extent to which health needs are currently assessed or how they were assessed in the past in relation to the development of annual service plans.

Update or upgrade your knowledge of the law and of government policy in relation to public service-user involvement. Keep abreast of developments arising out of, for example, court cases which may have an impact on patient/service-user entitlements.

- Read the relevant journals relating to health in Ireland for press coverage of such developments.
- Set up an 'environmental monitoring' group in your organisation, a group of people who work and meet on

an occasional informal basis to keep each other informed and apprised of developments in the regulatory or legal environment which might impact on health services.

- Make sure you are familiar too with the 'advocacy environment' in Irish public sector/health service delivery. Get to know who the key players are in monitoring and advocating on behalf of service users and carers in Ireland (for example, the Irish Patients Association, the Irish Advocacy Network, etc). Meet these groups and find out what their interests and concerns are. Aim to collaborate with them in as far as possible so that you have good working relations with them, relations which help you to meet your mutual interests and to avoid adverse media exposure and 'megaphone diplomacy'.

## SKILLS or BEHAVIOUR-RELATED

Familiarise yourself with the skills and practices that are associated with good customer care. This will help you to review your own practice and to coach others in your team.

- Take a course in customer care. For example, the Western Health Board runs a one-day intensive programme that covers all the basics and is very highly rated by participants.

Much of what contributes to effective service-user involvement is based on good communication and an ability to talk to people in a way that doesn't 'dumb down' the complexity of the business of health and yet doesn't 'blind them with science' or patronise them with jargon. Good service-user involvement needs to take into account the need to manage expectations of service users. If service users are not given factual information about the service, including information on costs and outcomes, they will – being human – tend to see the experience as being about the creation of wish-lists for local service priorities. This will create frustration and loss of faith on all sides because it is unlikely that all of their wishes can be granted.

- As a pretext to inviting service users to become involved in thinking about services, see if you can explain your service in such a way that jargon is minimised and so that it passes the 'intelligent 15-year-old test' – in other words, it allows for the intelligence of the other person but assumes they are not familiar with the actual business or terminology associated with it. If necessary, work with a partner or small group of people from within your service to develop a user-friendly guide to your service. See too if you can get to a description of the complexities that apply to the health service and to a description of the 'room for manoeuvre' within the planning and decision-making with regard to health service priorities. So, for example, if things are such that only 5-10% of your budget for service delivery is actually discretionary (because the rest is required for relatively fixed overhead costs such as salaries and/or for direct costs relating to assumed levels of service delivery), your

description of the service should suggest this. However, the other communication challenge is to describe all of the above in such a way that service-users will still want to be involved in thinking about how services are planned and delivered, so you need to make sure not to be too constraining in your descriptions.

- Read the Unit in this Directory on Communication (Competency 8) because it gives guidance on how to develop the skills associated with good communication. Pay particular attention to the listening and questioning skills.
- Read the excerpts from Senge *et al* *The Fifth Discipline Fieldbook* (1994, Nicholas Brealey Publishing – Chapter 36) on advocacy and enquiry, two key skills for engaging with people with different backgrounds and perspectives.

One of the very useful ways in which you can involve service users and others (for example, voluntary providers or carers or staff from other parts of the health service) in thinking about how best to plan and deliver services is to work with them to map the 'patient journey' or process of delivering service from beginning to end.

- Develop your process mapping skills. To begin the development of your competence in this area, read the *Improvement Leaders' Guide to Process Mapping, Analysis and Redesign* which has been published by the NHS's Modernisation Agency (2002, available from [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides)). This Guide is a simple but adequate overview of process mapping.
- Once you have mapped the process, identify the potential for gaps (into which service users or patients may fall) and overlaps (for example, duplication of some part of the assessment, diagnosis or treatment aspects). Check too for bottlenecks or parts of the process that cause delayed treatment or increases in waiting times or undue pressure on staff at these points.

If you need to develop your skills further in the areas of performance measurement and/or quality improvement, take a course in the techniques of these disciplines. In addition, further Units of this Directory may help you to develop other important skills relating to engaging with service users.

- Try to find a course that will give you hands-on experience of using the techniques, either through simulated cases or application within your own organisation. Check the OHM's database, or commercial training supplier databases – e.g. [www.corporatetraining.ie](http://www.corporatetraining.ie) – for details of such courses.
- Read the Unit in this Directory on Influencing People and Events (Competency 6) because it covers some of the aspects of engaging and working with other people. Competency 13 (Working Towards an Integrated Service) covers some very similar topics to this one and it may be worth your while looking at it too.

→ The North Western Health Board has commissioned two good programmes which may be of interest here (Tools for Planned Decision-Making, which includes process mapping skills and conducting process reviews, and Engaging Service User, which includes understanding different types of engagement, mechanisms for engagement, feedback and complaints, etc). It may be possible to replicate these programmes within your organisation. Talk to your Training and Development department.

## ATTRIBUTE-RELATED

Improve your awareness of your own attitudes and those of the people around you to involving service users, to putting people at the centre. For most of us, these ideas – like motherhood, friendship and apple pie – make us feel good. But our commitment to them might be skin-deep only or smack of lip service.

- Spend some time with yourself really 'coming clean' about your attitudes to service-user involvement. Be honest with yourself, and acknowledge that your attitudes will shape a good deal of your actual behaviour in relation to involving or engaging with service users. If you do find some resistance in yourself to the idea, note what is behind the resistance – it might be that you are fearful that it could go wrong, add to your workload, make you feel out of your depth, embarrass you or others, or it might just be that you don't really believe there is a point in involving service users given that there is so little that appears to be negotiable in terms of service delivery or priorities. Of course, depending on the nature of the resistance, you may want to consider how best to deal with it in yourself – for example, if it is based on fear, talk to someone who has already done it in some way or put strategies in place to ensure that you will not be 'exposed'. Knowing the extent and nature of your resistance will help you find appropriate solutions to it (where possible).
- Ask your staff or team to give you feedback on how they perceive your behaviour and attitudes with regard to wider involvement in the planning and delivery of

services. Ask them, in particular, to instance any occasions where you might not quite have 'walked the talk' or where there was disparity between what you said and what you did.

If you suspect that it is more than you who needs to think through how to involve service users and treat them appropriately in any process of service planning or delivery, you might want to put in place a wider policy on service-user involvement.

- Many organisations have policies in place on the appropriate treatment of people in the workplace (for example, policies on Dignity and Respect at Work). Check whether your organisation has such a policy and whether it extends to service users also. If it does not, work with your staff or partnership group to develop such a policy. The process of developing the policy is as important as the output (the policy itself) so you could think about involving service-user representatives in the process too at some point.
- Develop a tool or checklist to help you 'audit' your service for its people-centredness – for example, develop a set of questions that empower people to proof their own service planning and delivery against a set of minimum standards that might be set for service-user involvement. A starting point for this exercise might be to look at some of the health board service plans which include such proofing questions (for example, the NEHB included proofing questions in its plans to help managers and staff assess their practice against the values the organisation identified for itself as part of its corporate strategy).
- Ask someone in your team to take on the role of 'service-user advocate', to ask questions within the team and to advocate for as much service-user focus and involvement as possible. The purpose of this role is to ensure a service-user-centred service in so far as possible. However, it can be a difficult, even unpopular, role to take on so make sure the person who does it is supported in it.





## RELATED BEHAVIOURS

- Informing, involving, educating (self and others) and being an effective communicator
- Building alliances, networks and consultative relationships with a wide range of people
- Mediating between competing agendas and resolving conflicts
- Being able to make a case, present compelling arguments and quantifying proposals in order to influence decisions
- Being appropriately diplomatic and/or assertive

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competency may be of interest to you:

- **Negotiation, communication and influencing skills (for front-line managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Influencing People and Events

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing people. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

Build your knowledge of the health services – the people, the agendas, the pressure points, the opportunities. Read Irish journals to stay abreast of national health service issues and developments. Read what the various political parties have to say about their policy on health service reform.

- Key national journals include the *Irish Medical Times* and other health sector newspapers and magazines.
- Log onto the websites of the Irish political parties to see what they have to say about health policy and health services management.

Subscribe to (and read!) international health service journals so that you are constantly aware of emerging issues in health service management. Also try reading up on leadership in recognised management journals.

- Useful journals include: *Health Services Journal* (UK), *British Medical Journal*, and *Harvard Business Review*.
- Read up on the different approaches to influencing upwards and outwards.
- Log onto the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) and look at the readings under Influencing/Models and Strategies.
- Read DuBrin, A. (1998) 'Influence Tactics of Leaders' in *Leadership: Research Findings, Practice and Skills* NY, Houghton Mifflin.

If you don't already have them, build links with members from the senior management team and from other key structures within your organisation (e.g. directorates, partnership committees, strategy development groups, etc). Get to know 'their world' and get to see what drives them, what attracts their attention, what they see the future holding for the organisation and/or for the health service.

- Make time to read up on the major strategy documents that are produced within your organisation and within the wider health service, even those strategies that do not directly relate to your current work.

Deliberately make sure that you have relationships in several parts of the organisation (not just your own area) so that you can cultivate as wide a view as possible about what is going on, what is rumbling away in the background, what is likely to emerge as a key issue in the future.

At the 'hard' or more task-oriented end of influencing is negotiation. If this is the aspect of influencing that you would like to know more about, there are some great books and articles, classics as well as up-to-date ones, readily available.

- A great book on negotiation is *Getting to Yes* by Roger Fisher and William Ury (1991, Second Edition, Random House Business Books). This is one of the best-selling books on the subject and is used in a wide range of settings, within and beyond the world of work.
- For a more tactical treatment on the management of negotiations, try reading '3-D Negotiation: Playing the Whole Game' by David Lax and James Sebenius (2003, *Harvard Business Review*, November).

Get into the habit of 'evidence-based thinking', of establishing the data that substantiate your perceptions of the world. Start asking for evidence and familiarise yourself with the rudiments of evaluation techniques. (See also [Competency 3: Decision-Making and Judging Situations](#).)

- Two documents published by the Committee for Public Management and Research (a public-sector research group made up of civil and public servants and academics) which you might find interesting and which are relevant to the development of this aspect of influencing competency are *Evaluation in the Irish Health Sector* (CPMR Discussion Paper 21, 2002) and *Performance Measurement in the Health Sector* (CPMR Discussion Paper 14, 2002). Both are available from the Institute of Public Administration in Dublin or via the CPMR website ([www.irlgov.ie/cpmr](http://www.irlgov.ie/cpmr)).

Familiarise yourself with some of the tools and techniques which allow for effective consultation with stakeholders.

- Read the OHM's Discussion Paper *Public and Patient Participation* (December 2002) or HeBE's *Guidelines on Community Participation* (December 2002)).

## SKILLS-RELATED

Look for opportunities to make presentations to groups of people within your organisation and/or profession.

- Ask someone to be your 'buddy' in this; in other words, to work with you to perfect your practice, to give you explicit behavioural feedback (what you did, not how you did) on the event, etc.
- Practise and rehearse important presentations in front of a mirror and/or on tape. Look and listen to yourself, and modify your content, tone and/or pace if necessary.

Take your organisation's last service plan and select one part of that plan that might not be well known to you (for example, a service or care group that you are not too familiar with). Use this plan to inform yourself of the key issues in that part of the organisation, and to consider how well that service or part of the organisation presents the evidence for its proposals.

- Review the evidence that is presented in that part of the service plan. Think of yourself as an independent consultant reviewing the case that has been made – critique that case, analyse it for its good use of evidence and for its poor or non-existent use of evidence. Now consider how a better case might have been made: what other evidence could have been collected/adduced? What other ways could the existing evidence have been collected so as to make the case more clear and more compelling?

Sign up for a development course in some of the skills associated with negotiation and managing group decision-making.

- The North Western Health Board has begun running a course for managers in negotiation, conflict management and problem-solving skills. Talk to its Training and Development department for an insight into the design, delivery and evaluation of this programme.

Take a 'refresher course' in active listening. Practise seeking 'first to be understood, and then to understand' (Stephen Covey (1992) *The Seven Habits of Highly Effective People*).

- Remind yourself of how much energy really good listening takes by just trying to listen – with an absolutely open mind – to everything you hear at your next meeting. Remind yourself of how 'busy' our own minds can get when we listen as we normally do, which is through the filter of our own thoughts, emotions, and needs.

Brush up on your professional writing and presentation skills by looking at good practice.

- Have a look at a professional doing the job – a good start is a video by the UK Industrial Society's *Loud and Clear – Speaking to Groups*, in which Robert Kilroy-Silk shows how to use a standard formula to plan for, prepare and practice any kind of presentation.
- The Industrial Society has also produced a three-CD set called *The Write Stuff* – this is a comprehensive interactive guide to writing reports and includes fifty exercises and activities to give you opportunities to test out your writing practice.

## ATTRIBUTE-RELATED

Try to map your own 'default' influencing style.

- If you have not already done so, log on to the OHM's Learning Centre website and its Learning Centre Unit on Influencing. Use the diagnostic exercises contained in this Unit to help you to understand what motivates you and your preferred way of reacting to events (whether you speak up about them or avoid them/let them pass).

Practise seeing the world from others' perspectives.

- When you are next trying to influence someone, take the time (it probably only needs ten minutes) to put yourself in the chair of the person or people you are trying to influence. Really try to imagine the world from their perspective: what might be of interest to them, what might be their hopes and concerns, what might they consider to be satisfying and rewarding, what is motivating them to be as they are? What agenda can you imagine that might be common to you both? The art of influencing is balancing your own agenda (staying clear on what you are looking for) with an acknowledgement that you have to start where the other person is if you want to bring them to your end-point.

Learn to separate the person from the problem. Focus on the message, not the messenger.

- Working with someone you can trust, identify a critical incident or interpersonal conflict that you were involved in or witnessed, especially one that you are not too happy with... Working with your colleague, try to frame what might have been said in ways which are assertive (i.e. acknowledge the rights and responsibilities of both parties) and in ways which avoid the parent-child pattern of interpersonal relationships that we so frequently resort to in situations of conflict.

Effective influencing is about winning hearts and minds. To do this, you need to engage both your heart and mind. So, in addition to making a powerful and persuasive case based on logic and evidence, don't forget to spend time acknowledging that it's not just about logic. Even the most arid of issues will have an emotional dimension – in other words, it may inspire, excite, depress, enrage, frighten, or stress people (including yourself!) to a degree. Refer to these non-rational dimensions too when you are trying to influence people.

- Read Daniel Goleman's *Emotional Intelligence* (Bloomsbury, 1996) or log onto the OHM's Learning Centre and take a look at the unit on Emotional Intelligence there.
- Read *Changing Minds: The Art and Science of Changing Our Own and Other People's Minds* by Howard Gardner (Harvard Business School Press, 2004).



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## RELATED BEHAVIOURS

- Treating staff fairly and with appropriate respect and discretion
- Ensuring role clarity and managing workload balance in the team
- Ensuring staff see the bigger picture in terms of the contribution of their job to the team/organisation
- Tackling performance problems in a timely way
- Consulting with staff, informing staff of expected standards of performance, giving feedback (positive and negative), supporting and providing guidance

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Building and maintaining working relationships (for front-line managers)**
- **Setting and monitoring performance standards (for middle managers)**
- **Establishing policy, systems and structures (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Managing Individual Performance

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing people. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

Get to know those policies and procedures in operation in your organisation which relate to managing people and make sure your management style is consistent with these policies. If, for some reason, your organisation does not have these types of policies and procedures (e.g. Working with Respect for Colleagues) of this nature, you will find lots of examples from other organisations through standard internet search engines such as Google.

- Your own organisation's staff manual should have policies and procedures in it relating to Discipline and Grievance, Working with Respect and Dignity and/or Anti-Bullying/Harassment.
- Information on employment law in Ireland is available from a number of sources, including the Department of Trade and Enterprise's own website. A general guide is to be found in *Personnel and Human Resource Management: Theory and Practice in Ireland* (1997, Gunnigle et al, Gill & Macmillan) or, for a much more detailed treatment of the subject, take a look at *Labour Law in Ireland* (1993, Fennell and Lynch, Gill & Macmillan).

Make sure you are familiar with key developments, both in your own organisation and nationally, in the prevailing thinking about human resource management in the health service/public sector.

- Read the Chapter in *Quality and Fairness* (2001 national health strategy) on managing people and, for more specific detail on managing performance, get hold of the *Action Plan for People Management* (2002, produced as a consequence of *Quality and Fairness*) which documents a broad agenda for action in this regard.
- Look at the Civil Service PMDS (Performance Management and Development System) if you want a flavour of the workings of the most widespread performance management system in the Irish public service ([www.bettergov.ie](http://www.bettergov.ie)).

Make sure you are clear on your organisation's corporate objectives so that you can check for a 'line of sight' between your team's operational plan and the overall organisational objectives. In other words make sure each member of your team can see how what s/he does on a day-to-day basis contributes to the organisation's commitment to deliver health and social services.

- At a meeting of your team, check that everybody can see how their work (individually and as a team) contributes to specific organisational objectives. Ask them to begin thinking about how they might assess the degree to which their contribution impacts on the effectiveness of the organisation.

Get to know the work pattern of your team members/direct reports. Gather the evidence in relation to who seems to be working longest or hardest over a period of time. In a non-judgemental way, feed this evidence back to the team and check if it has any concerns about the fairness of the allocation of work among its members (there may be a good reason why individuals' work patterns differ).

Arising from *Quality and Fairness* and its related *Action Plan for People Management*, a model for team performance management is being developed for use by the health service. This model of team performance management should also give you a lot of help and insight into managing individual team members' performance.

- If you have not already done so, familiarise yourself with the model and approach that is being developed in relation to team performance management. At the time of writing (Summer 2004), one of the best ways of doing this is to talk to those in your organisation who are involved in the pilot sites or log on to the website of the Health Service Employers Agency and look at its pages on performance management ([www.hsea.ie](http://www.hsea.ie)).

Read up on handling conflict in the workplace, or on dealing with difficult issues and giving difficult feedback.

- Read one of the enduring best-sellers on this topic: *A Woman in Your Own Right: Assertiveness and You* by Anne Dickson (Quartet, 1983).
- Read the Unit on Performance Management in the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)). This Unit includes an overview of the topic, a variety of tools for improving effectiveness, and references to further reading.
- Read the Unit on Work/Life Balance in the OHM's Learning Centre.
- If you prefer to acquire knowledge more interactively, the *Harvard Business Review* publishes a CD-ROM programme, 'Improving Performance' (including tools and tips on leading and motivating, assessing performance, coaching and giving and receiving feedback). This CD costs approximately €45 and is available from <http://eLearning.harvardbusinessonline.org>. Another CD which is useful is 'Make Objectives Happen through Assessing Performance', a two-hour programme available from Maxim Training (Brighton). A good half-hour video on the subject is 'Managing Performance for Quality' (Training Direct).

## SKILLS-RELATED

Undertake a 'hands-on' course on giving feedback and dealing with difficult issues in face-to-face contexts. Look for a course that will provide you with lots of role-playing opportunities and, if possible, video feedback so that you can see yourself in action (a powerful way of learning).

- Check with the Learning and Development department in your own organisation to see if it has such courses on offer. If not, check the OHM's supplier directory ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) because there are many companies which provide off-the-shelf courses. The Western Health Board has developed (with an external supplier) its own one-day programme in giving and receiving feedback and is getting very good participant feedback about it. It has also developed a successful two-day programme on conflict resolution which is very highly rated by participants.
- Hear yourself being assertive: use some of the standard assertiveness tools (such as 'I statements' or the formula 'when you do X, I feel Y') to frame what you want to say and then say them out loud to yourself. For example, suppose you are worried about someone in your team who seems to dominate the discussions for much of the time and you want to say something to him about this. Try saying something like the following out loud to yourself (Mike, when you cut across somebody who is speaking like you have just done to Jim, it makes me feel very uncomfortable and frustrated because I don't know what Jim was going to say. I know you're enthusiastic, but is there any way you could hold off until people have finished speaking before you jump in?). Of course, the real challenge is to actually say it to Mike in a way that makes your feelings clear but does not blame him. Make sure to follow up by suggesting some change that would make things better.

If you don't already, make a habit of meeting your team on a regular basis and reviewing with them how things have gone in the last week or month or year. Often the best way of doing this is to simply ask them how they think things went: what went well, what was not so good. Make sure to establish a ground-rule first to avoid 'blame-games'. Discuss your perception of the expectations of the team and make your expectations of the team very clear, especially in terms of what you would consider to be a minimum standard of performance.

- If this type of discussion/team meeting is not the norm for you already, this may feel like a tall order. It is very much learning-by-doing, which suits some people more than others. In order to make it a more structured learning experience, ask someone, from within the team perhaps, to give you feedback on specific aspects on how you managed the discussion/review.

- Model your openness to discussing performance by asking the team, at the end of your usual meetings, if there is anything members would like you to do differently next time you lead a meeting or a discussion.

Introduce the practice of Critical Incident Reviews in your team or service. In other words, bring key involved personnel together to review how a particularly serious or dangerous incident occurred and was handled.

- Some organisations have protocols for undertaking these reviews – check if yours is one such organisation. Different types of review protocol are to be found in different parts of organisations, but useful places to start might be with those parts of your organisation which look after Employee Relations or Quality Improvement.

## ATTRIBUTE-RELATED

Seek feedback from your own team, peers or manager on your conflict resolution style (or on a wider range of aspects of management style). Ask those outside work who know you well to describe how you deal with conflict. Reflect on the feedback and, if it seems well-founded, act upon it.

- Ask people to give you behavioural examples to illustrate their feedback (e.g. you looked like you were a bit apprehensive when you sat forward in the chair and stayed sitting on the edge). You can check whether the apprehension was present, and whether or not you wanted to give this impression, much more easily when you can trace it back to a specific behaviour.

Think about how you would like a manager to give you feedback on your performance: are there do's and don'ts that immediately spring to mind?

- Make a note of the things you would and wouldn't want a manager to do in giving you feedback. There is a good chance that your suggestions will apply also to how you give feedback to others. However, to be sure that you're not just imposing a one-sided view on things, check out your list of do's and don'ts with someone whose opinion you trust (for example, some people like the 'just give it to me straight, doc' approach whereas others come from the 'good news-bad news-good news' school of feedback ... the second of these is considered the better practice!).

Improve people's informal access to you at times which suit you. It is said that frequent informal feedback on performance is far more conducive to learning and development than is infrequent formal feedback (i.e. the annual review meeting).

- Make reasonably regular time for MBWA (management by walking around) so that you can keep your 'ear to the ground', seize opportunities for on-the-spot feedback and coaching, and give staff an opportunity to approach you or raise issues with you.

- Get into the habit of separating the person from the problem, the message from the messenger. You can address problems and deal with messages but you cannot change people. If you see people as problems, this is what they will become. If you see that aspects of their behaviour or attitude can occasionally be problematic, this gives you some chance of working with them to change things.
  - Get to know your shadow side, those aspects of your personality and way of being that you may be a little ashamed of and keep hidden (we all have them!). Establish your own *real* values: are you a Theory X or a Theory Y manager (i.e. do you believe that people are basically lazy and feckless and need to be controlled, or do you see them as responsible adults, willing and able to contribute to the best of their ability)? Do you have favourites in your team/amongst those who report to you? Reflect on how these shadowy aspects of your personality might be colouring your day-to-day interactions with others.
- Taking your actual behaviour into account, try to identify what your values are (in relation to other people), not what you would like them to be. Check out your definition of your values with other people's experience of you. In particular, look for any dissonance between the two so that you can correct your behaviour or your identified values (for example, you might believe that you are the sort of manager who values innovation, who wants people to come forward with ideas for doing things differently. But your behaviour might contradict this value – for example, if you are very publicly dismissive of someone's suggestion at a team meeting).
  - Write down the names of the key people in your team or around you, people upon whom you are dependent to get your job done. Now write five descriptive words against each one, words that really capture how you feel about that person. Try not to censor yourself: write what you truly feel about them. If you find that you do have misgivings or negative thoughts about some of these key people, take some time to reflect on how these shadowy aspects of you might be colouring your day-to-day interactions with them.





## RELATED BEHAVIOURS

- Writing and getting information across well
- Listening, questioning, checking for understanding
- Representing the organisation well
- Maintaining an appropriate degree of sensitivity in dealing with emotion
- Facilitating (including removing barriers to) two-way communication

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competency may be of interest to you:

### **Negotiation, Communication and Influencing Skills (for front-line managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Being the Communication Channel

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing people. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

Read up on communication – it might seem like it's something everyone does and therefore knows about, but doing it well is often much harder than it seems.

- Read the Communication Unit in the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)). This Unit includes overviews of the subject (what it is and why it matters), tools for improving your effectiveness, tools for working with your team and other readings and references on the topic. You may also find elements within the Learning Centre's Influencing and Emotional Intelligence Units which are of relevance to your needs.
- For an advanced course in interpersonal communication, read Gerard Egan's *The Skilled Helper* (2002, Seventh Edition, Brooks/Cole Publishers).

Take time to really analyse the patterns of communication within your team or within a team of which you are a member. Use a Behaviour Analysis (BA) grid to observe and record the behaviours of people in the group. This record can provide powerful evidence which may help explain why communication breaks down in team discussions. It can be especially useful in helping to spot how communication contributes to or hinders effective decision-making, because it can demonstrate how one type of behaviour leads to team 'defaults' (i.e. person A suggests YY as a way of solving a particular problem or moving things forward, and this is usually met by (i) person B suggesting ZZ without any discussion of YY or (ii) persons C and D stating the difficulties of YY). If the default ways of communicating are not productive, the team needs to alter its behaviour patterns.

- To make a Behaviour Analysis grid for your group or team, simply plot the names of the people on the columns of the grid and the specific communication behaviours on the rows, and then tick the relevant box in the grid each time you notice a person engaging in one of the named behaviours. The sorts of behaviours that typically feature in BA grids are: listening, proposing, questioning, agreeing, asking for ideas, bringing others into the discussion, building on others' ideas/suggestions/proposals, stating difficulties (usually in response to others' ideas), explaining, interrupting, summarising, clarifying, etc.

Communicating effectively usually involves having a degree of empathy with your audience or interlocutor(s). Learn more about how you see things and about how others in your organisation see things, and about how your different perceptions of the same organisation can make a difference to the way you communicate within and about that organisation.

- Read *Seeing Systems* by Barry Oshry (1995, Barrett-Koehler Publishers) for a very accessible take on how organisations tick.
- Ask the other members of your team to give you some feedback on your facilitation or communication within and beyond the team – are you getting the

organisational messages to them and are you taking on board their feelings in upwards communication? If you want to improve your facilitation of the team, read *The Facilitation of Groups* by Hunter, Bailey and Taylor (1996, Gower).

- One of the 'grandfathers' of modern psychology, Carl Rogers, has written a good deal about communicating within and beyond organisations and his essential messages about how it goes wrong are summarised in a classic article from the *Harvard Business Review*. The article, 'Barriers and Gateways to Communication' (1991, Rogers and Roethlisberger, HBR November-December) was first written over fifty years ago but the lessons are still the same (so much so that HBR keeps on republishing this article!).
- A manual on more external-oriented communication that is good is *People Talk – Positive Communication and Customer Care* (James, 1997, The Industrial Society).

## SKILLS or BEHAVIOUR-RELATED

In a way, we take communication skills for granted most of the time – we all know how to speak, how to listen, how to ask questions. But even though we may have been doing these since we were children, we rarely take the time to do them *consciously* as adults. We invest little and then wonder why, from time to time, the return seems so little.

- Actively listen to someone for five minutes. This means listening with all your attention, ignoring what's going on in your own head, listening for what's not being said as well as what is, and attending not only to the message but also to the messenger (how s/he seems at various points while 'delivering the message'). Remind yourself of just how rich communication can be when it is a conscious investment.
- Talk into a dictaphone for five minutes about something that is reasonably important to you (for example your career to date, future career plans, something that's going on at work, how you see things evolving in your service in the future, etc). Try to listen back to yourself as if you were a stranger. Without being too critical, listen for those aspects of your delivery which were attractive, engaging, clear, well-articulated, lucid, well-paced, well-structured, etc. Now listen for any aspects that made it harder to hear or catch what was being said (e.g. tone, pace, diction, pronunciation, etc).

Get some feedback from people around you (people who'll give you straight answers) in relation to your communication effectiveness, and follow-up with further development if necessary.

- Give people a list of communication behaviours and ask them to give you marks out of ten for your effectiveness on each one. You can choose the behaviours you want feedback on (a starting point might be the list in the third arrow indent in the Knowledge-Related section above) and you can choose the criteria that you want them to use in their 'evaluation' of your effectiveness (e.g. how clear was I?, how structured did my point seem?, did I

get the message across succinctly?, did I use 'plain English' as opposed to jargon, did I seem reasonably assured?, etc).

- If you find that the feedback suggests that you have a particular development need in relation to a specific communication skill or skill-set, book yourself on to a training programme – it is likely that what you need is a short, experiential programme, i.e. one that is practice-oriented rather than theory-oriented. There are many commercial suppliers of short courses on communication. Your organisation's Learning and Development unit may already have links with some suppliers of relevant programmes.

Brush up on your professional writing and presentation skills by looking at good practice.

- Have a look at a professional doing the job – a good start is a video by the UK Industrial Society, 'Loud and Clear – Speaking to Groups', in which Robert Kilroy-Silk shows how to use a standard formula to plan for, prepare and practise any kind of presentation.
- The Industrial Society has also produced a three-CD set called 'The Write Stuff' – this is a comprehensive interactive guide to writing reports and includes fifty exercises and activities to give you opportunities to test out your writing practice. Use a skills manual to help you practise different aspects of interpersonal communication.
- A really good accompaniment to *The Skilled Helper* (mentioned above in the Knowledge-Related section) is Gerard Egan's *Exercises in Helping Skills* (2002, Seventh Edition, Brooks/Cole). Another good book to refer to is *The Fifth Discipline Fieldbook: strategies and tools for building a learning organisation* (Senge et al, 1994, Nicholas Brealey Publishing) because it includes guidance on change-related skills such as learning how to advocate and learning how to enquire (i.e., how to make a case and ask questions – both core influencing skills as well as communication skills).
- The Industrial Society has published two other manuals on communication which might be of interest to people wishing to read more about communication skills (such as writing, presenting, holding effective meetings, listening, communicating to large groups, etc): *Communications for Managers – A Practical Handbook* (1993) and *Communication Skills – A Practical Handbook* (1993).

Sign on for a development programme in one or more aspects of communication.

- Talk to your Training and Development department to see if it is already offering any such programmes.
- If there are no programmes on offer within your organisation, see if you can influence it to make some development programmes on communication available. The North Western Health Board has commissioned some good programmes in this regard (for example, on report-writing skills, on assertive communications and on team communications and meetings skills), so it may be

possible to emulate its practice within your organisation. The Western Health Board and Mid-Western Health Board also source local short programmes of this nature (including a two-day programme on making effective presentations). The Mid-Western Health Board sources a one-day, intensive programme of training in media skills.

## ATTRIBUTE-RELATED

How we communicate with others depends in large part on two things: (i) our perception of them and (ii) our perception of ourselves. These perceptions frequently 'leak out' in our communication, in *how* we say what it is we say. Without meaning to, we can give away our sense of the relative power balance we believe there to be between ourselves and the other party and we can give away our degree of liking for the other party.

- You are unlikely to be able to stop yourself from forming perceptions or preferences in relation to other people. However, you have some chance of being able to manage their impact on your communication if you are at least aware of them. Identify the five key stakeholders in your work at the moment, and become aware of how you really feel about them in relation to you, about their power in relation to you and about your liking for them. Reflect on how your answers might colour your communication with these people.

Another key dimension to effective communication is the ability to manage emotion, your own and that of others. Managing emotion does not consist of denial, of simply trying to pretend emotion isn't there or that we can communicate without it. (There is lots of research to prove that the bits of any particular message that are remembered/considered salient are those which are emotional.) If you are uncomfortable with high levels of emotion, this may affect how you communicate and how you engage people.

- Grow your emotional muscles. If you are fearful of others' emotions, work on acknowledging that they are, after all, their business and their responsibility. If you are fearful of the impact of others' emotion on you, mentally rehearse how you might react in response to others' anger, crying, enthusiasm, disillusionment or any other feelings, in ways that let them be emotional but in which you stay safe. Work with someone if you can't think of ways in which you might do this.

In order to represent our organisation well, we need to have a strong sense of what it is that is important to it (strategies and values). We also need to have a strong sense of ourselves (we are more than just the mouthpiece of the organisation in that we have a personal contribution to make).

- Ask for feedback from a few trusted people that have seen you represent your organisation (or part of it, i.e. division, location, profession, etc). Ask them to describe the organisation based on the impression that you give about it when representing it.



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## RELATED BEHAVIOURS

- Treating people with dignity and respect, empathising with team members, focusing on problems (not on blame)
- Working interdependently and ensuring good awareness among team members of the other members and their roles
- Instilling pride in the team and advocating on the part of the team
- Consulting and involving the team
- Celebrating and ensuring recognition of achievements and successes

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Leading and building the team (for front-line managers)**
- **Building and maintaining working relationships (for front-line managers)**
- **Empowering and enabling leadership style (for middle managers)**
- **Leading on vision and values (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Creating Team Spirit

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing people. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

Familiarise yourself with some of the key seminal readings on group working and team development – understanding what makes for harmonious group dynamics and effective teams is a good place to start to grow your competence further in this area.

- Read the Unit on Creating Great Teams in the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)). This Unit includes a wide range of materials on teams and team-building, tools for working with your team and other readings and references on the topic. You may also find elements within the Learning Centre's Leadership and Influencing Units which are of relevance to your needs.
- If you like quick guides to management, you might like *The One Minute Manager Builds High Performing Teams* by Blanchard, Carew and Parisi-Carew (1990, Harper-Collins Publishers). The Harvard Business Review Paperback Series (collections of key HBR articles on specific subjects) includes a good guide to team work: *Teams That Succeed* (available for approximately €20-30 from [www.harvardbusinessonline.org](http://www.harvardbusinessonline.org)).
- Read *Teams at the Top* by John Katzenbach (1997, McGraw-Hill), a particularly good book on senior teams. Take a look at 'Team Leading – Becoming an Effective Team Leader' (BBC for Business, two half-hour videos) or use a good CD-ROM such as 'Teams and Leaders' (Ernst & Young/Melrose) or 'Building a Partnership' (Training Direct).

Work with a mentor from within the organisation so that you can increase your understanding and judgement as to how the organisation really works at the top and, using this knowledge, so that you can advocate more effectively on behalf of your team.

- If you need to know more about mentoring, the OHM has published a guide to it and this guide is available on-line through the OHM's website ([www.officeforhealthmanagement.ie/publications](http://www.officeforhealthmanagement.ie/publications)). Your Training and Development department may also offer support for mentoring within your organisation.

Undertake a short course in team development or in group dynamics and working in groups.

- Contact your organisation's Training and Development department to see if it is providing such a course or if it can recommend a local supplier (some health boards have been particularly successful in sourcing local short courses on different people management skills that are relevant here, such as the two-day course which the Western Health Board runs on conflict resolution).

Alternatively, consult the OHM's supplier directory or consider some of the commercial suppliers of training programmes.

Conflict and difficult working relations can, if not handled well, cause very poor team spirit. If this is one of the aspects of working in groups that you would like to learn more about, there are good resources available (in addition to the books and other materials mentioned above).

- Take a look at a good video on the subject: 'What's the Problem?' and 'Dealing with Difficult People' are two video packs available from BBC for Business, and 'Dealing with Conflict' is a good CD-ROM which is available from Training Direct. These may be available from your organisation's library or from its Training and Development department.

One of the key aspects of good teamworking is that there is clarity about roles and responsibilities. People in teams need to be able to see what their contribution is, what they are accountable for, how their work impacts on others within the team and beyond it.

- Map the contribution of your team to the overall service or organisation. Make sure that there is clarity about the outcomes of the team's work as well as about where they fit in to the organisational structure. Then try to map out the roles and responsibilities of each member of the team so that it is possible to see the value of each person's contribution to the team and to the organisation and so that each team member can be clear about the boundaries of his/her authority, responsibility and accountability. Confusion or ambiguity in these is a major cause of stress and strife within teams.

Arising from *Quality and Fairness* (the 2001 national health strategy) and its related *Action Plan for People Management*, a model for team performance management is being developed for use by the health service.

- If you have not already done so, familiarise yourself with the model and approach that is being developed in relation to team performance management. At the time of writing (Summer 2004), one of the best ways of doing this is to talk to those in your organisation who are involved in the pilot sites (your HR Department will be able to identify these sites) or log on to the website of the Health Service Employers Agency and look at its pages on performance management ([www.hsea.ie](http://www.hsea.ie)).

- Also, familiarise yourself with 'Partnership' – the approach, the practice and the achievements of people working under the guidance of the Health Services National Partnership Forum ([www.hsnpf.ie](http://www.hsnpf.ie)).

## SKILLS-RELATED

Work with a more experienced manager to gain insight into the skills of holding effective team meetings.

- Identify a manager in your organisation whose skills you admire. Negotiate a shadowing arrangement with this person whereby you accompany and observe them in action for a day or two so that you can really see them in practice. Work with them to identify what it is that makes them effective. Ask them to coach you in some of the specific skills they appear to have perfected (such as chairing meetings, asking effective questions, listening, inviting people to contribute, controlling very vocal people in meetings, etc).

Sign on for a development course in one or more aspects of team work.

- Talk to your Training and Development department to see if it is already offering any such programmes. The North Western Health Board has commissioned some good programmes in this regard (for example, on assertive communications and on team communications and meetings skills), so it may be possible to emulate the practice of this organisation within your organisation. The Western Health Board also provides a good two-day programme for managers on teambuilding and another two-day one on interpersonal skills. The HSEA has produced a CD-ROM, 'People Management – The Legal Framework', which is a good guide to the mandatory aspects of how people are managed – try to get this if these are the aspects of teamwork that you need to brush up on.

Undertake a highly experiential development workshop so that you gain more confidence in your ability to facilitate teams and groups to review, reflect, solve problems, and work collaboratively.

- Try to get yourself a place on a Facilitation Course, one that is practice-oriented rather than just theoretical. Contact your Training and Development department to see if it provides such courses itself or if it can recommend one to you. Alternatively, have a look at the OHM's supplier database ([www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)) for details on external suppliers of such programmes.
- Many health boards and health service organisations have already invested in development programmes designed to create a bank of facilitators within the organisation for deployment on different projects. Many organisations also have Partnership Facilitators (trained in facilitation by the Health Services National Partnership Forum) who have wide-ranging experience of working with groups and teams in their problem-solving and service development. See if you can 'shadow' one of these experienced facilitators within your organisation so that you can see how seasoned facilitators work. Talk to

them afterwards about the conclusions you might draw about what makes for effective team facilitation.

Seek opportunities within and beyond your organisation to participate in multi-disciplinary or multi-functional teams, and use this participation (i) to hone your understanding of how other experienced health services people see the world and (ii) to hone your communication skills.

- You could extend this experience by asking someone that you trust within the team to act as your 'skills buddy' whereby the two of you would contract to give each other feedback and co-coach each other on your groupworking and communication skills.

## ATTRIBUTE-RELATED

Develop your awareness of your own preferred way of working within teams and your own management style. There are several different instruments and inventories which can help you to expand your awareness of your own teamwork/management style.

- One of the most often-used and widely available inventories of team styles is Meredith Belbin's Team Role Inventory which is available on-line through the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)). Other much-used awareness-raising tools are the Myers-Briggs Type Inventory (MBTI) which is usually only available through accredited testers, and the Enneagram which is usually available through specialist workshops. At the time of writing, Enneagram workshops were not being provided by any health service organisation in Ireland but were reasonably widely available throughout the country. Regarding the Myers-Briggs test, your organisation's Training and Development department may hold a licence for use of the MBTI or may have a contract with someone to do these tests within the organisation. Some websites also provide access to on-line versions of these tests for a fee – there is a free shortened version now available on the OHM's website ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)).
- Read *People Styles at Work*, a quick-and-dirty guide to understanding four classic 'people styles' (Bolton and Bolton, 1996, McGraw-Hill), or *Improve Your People Skills* (Honey, 1997, IPD).

Ask your team for feedback on your management style.

- Download the OHM's Management Competency Assessment Tool. Choose those aspects or competency areas on which you would like feedback from your team. Give team members the relevant assessment pages and ask them to score you on each of them. Because the 'raw scores' can be open to a wide variety of interpretations (i.e. why did he give me that score?)

What does it mean if he thinks this about me?), make sure to ask each person who is giving you feedback to talk through their feedback with you so that you can be sure of what they are trying to say to you.

Broaden your perspective on teams by becoming a team member yourself.

→ Grow your general insight into working with teams, especially multi-disciplinary teams, by participating in an action learning set made up of people from a range of backgrounds, areas, and disciplines. Use your participation in the set to enable you to fully experience work in a team (or 'set') and also to develop your capacity to manage interpersonal issues and solve 'fuzzy' people problems.

Grow your 'empathy muscles' by taking the time to walk in other people's shoes and see the world from their perspective.

→ Managers frequently resolve (at the beginning of their careers!) to stay in touch with the 'front line' or with 'the patient' by spending time from time to time 'on the shop floor'. For every ten managers who make such resolutions, it is likely that only one gets to implement them. You will be in a much better position to understand the individual and group dynamics of your team if you take the time to experience things as they experience them. So, park your own thoughts and opinions on how things should be, put aside your assumptions of what things are like for other people, and – with a genuinely open mind – seek to understand the world from their perspective.





## RELATED BEHAVIOURS

- Coaching, empowering and developing staff and successors through appropriate delegation of responsibility and authority
- Promoting personal development planning (PDP) and having a good general understanding of the range of training and development 'solutions' that are available
- Using available specialist HR/training and development expertise within the organisation to facilitate staff development
- Giving and receiving feedback and validating good performance

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Practitioner competence and professional credibility (for front-line managers)**
- **Sustained personal commitment (for front-line managers)**
- **Empowering and enabling leadership style (for middle managers)**
- **Developmental approach to staff (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Embracing Change and Service Development

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing people. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

There are some great books and articles available on the broad area of learning, training and development. This is a key area in the effective management of people and one that all managers should be familiar with. You can develop further your competency on this issue by reading up on it.

- For a range of short articles and access to some useful tools and techniques, log onto the OHM's on-line Learning Centre and take a look at the Units on Developing Your Staff and on Building a Learning Organisation ([www.officeforhealthmanagement.ie](http://www.officeforhealthmanagement.ie)). For a more in-depth consideration of the subject of learning in organisations, pick up a copy of Peter Senge's *The Fifth Discipline* (1990, New York, Doubleday Publishing) and the related (some say, even better) *Fifth Discipline Fieldbook* (1994, Senge et al, Doubleday Publishing). All good standard textbooks on human resource management will also contain an overview of the subject of training and development. For example, one of the most widely-used textbooks is Torrington and Hall's *Human Resource Management* (1998, Fourth Edition, Prentice Hall) and it devotes over seventy pages to the subject of development.
- You can also keep yourself up to date on what's happening in the world of training and development by subscribing to one or two journals such as *People Management*, *Journal of Workplace Learning*, *Health Manpower Management*, *Management Development Review*, etc. These journals are widely available and your organisation's library should have no trouble in accessing them for you. In addition, many management development journals are available on-line through web-based subscription services – search engines such as Google will take you very quickly to these sites.

Make sure you are aware of the different types of training and development that are possible, about the uses and abuses of different methods, about the costs associated with different methods, and about the appropriateness of different methods for different issues. If you're not already familiar with Personal Development Planning, read up on or explore this too.

- Training and development usually represent a significant investment of resources, either through funding the cost of a development programme and/or the opportunity cost that is incurred through 'downtime'. Before investing in it, ask yourself if the problem you are facing truly is training need or is it a need for something else.
- Get to know the different ways in which you can facilitate the development of competencies so that you (and your staff) can make more informed decisions about getting value for your investment. Contact the training and development department in your organisation and ask for a breakdown of the direct cost of different training 'solutions'.
- Log onto the OHM's website ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) and read up on Personal Development Planning – you can also learn-by-doing here too (i.e. complete your own on-line Personal Development Plan or PDP). The OHM's *Toolkit for Assessing Learning and Development Needs* is another resource that will help you to develop your

understanding of the whole subject of training and development – it too is available from the OHM website. If you are in the Southern Health Board, find out about its Higher Diploma in Healthcare Management which covers Personal Development Planning in some depth. Other health boards have tried out PDPs with various pilot sites (for example, the Midland and Mid-Western Health Boards) so contact your own Learning and Development department to see if your organisation is currently running any PDP-related initiatives.

- Conduct an audit of your team – what are its strengths and weaknesses, opportunities and threats? Take each individual member into account in this audit and think both in terms of their current performance and their possible future careers. Try to identify the competency development needs that do or may arise for each individual in relation to both their current and future positions within the organisation.
- Make sure that each member of your team is given both opportunity and encouragement to complete a Personal Development Plan for themselves so that they are taking responsibility for their own learning and development. Make sure that they have access to good quality information about the relevant service plans, as well as about any relevant national strategic developments, so that each member of the team can come to an informed decision about their likely future career path and options.
- Download the OHM's publications on coaching and mentoring – for example, the *Mentoring and Coaching Guidelines* (2000) and the *Spotlight on Mentoring* evaluation report issued in 2003. Both are available at [www.officeforhealthmanagement.ie/publications](http://www.officeforhealthmanagement.ie/publications). Other OHM guides on specific aspects of development (such as on action learning and executive coaching) may also be of interest.
- Brush up on your knowledge of good practice in relation to delegation and in relation to giving feedback to individuals on their performance.
- Informative bite-sized 'refreshers' on these subjects are available through the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)).
- Find out (if you don't already know) who is responsible in your (part of your) organisation for HR and, in particular, for training and development. Make it your objective to seek a meeting with them so that you can learn directly from them how to get best value in relation to diagnosing training and development needs, designing and costing different solutions to these needs, sourcing appropriate suppliers, etc. Start building your relationships with these key people!

## SKILLS or BEHAVIOUR-RELATED

One skill which can take some time to perfect is the skill of delegating. It vexes many managers who wonder about how to get the crucial balance right between trust and control, and about how to ensure that there is an early warning system in place to alert them to things going wrong. It has been said that good delegation is really a matter of getting two things right: communication and control.

→ Practise delegating specific tasks or aspects of larger projects to different individuals within your team. Think about how much you can trust their competence to do your work (because it *is* your work that you are delegating, and because you cannot delegate the accountability for that piece of work). Think too about how you can put a 'quality assurance' system in place so that the person to whom you're delegating isn't overwhelmed or out of their depth, and so that you are not left exposed in relation to the completion of the task. Then use your communication skills to make sure that the person knows exactly what you're asking of them and what support they can access from you to do the work (should they need it). (See also the section in this Pack on Planning and Managing Resources (Competency 1) which also covers delegation.)

→ If you need further help with delegating, a CD-ROM is available from Training Direct on the subject ('Delegation', approximate time needed: 90 minutes). You could also read *Delegating for Results* (Maddux, 1986, Kogan Page) or *Delegation Skills* (Tepper, 1994).

Practise giving feedback to people, both good news and – if necessary – bad news. Informal, frequent, on-the-spot (positive) feedback is usually much better than the sort of once-a-year formal 'appraisal meeting', so make sure that you are spotting those opportunities that present themselves on a day-to-day basis to give feedback to staff.

→ You can also model an openness to learning and development by asking for feedback from those to whom you have given feedback. In other words, after giving feedback to someone, ask them how useful it has been, whether you could have phrased it better, made it more easy to understand, made it easier for them to modify their behaviour as a result, etc.

→ Some health boards have also commissioned good programmes in giving and receiving feedback (for instance, the Western Health Board provides a one-day programme on this subject, as well as two-day programmes on conflict management and on interpersonal skills).

Aim to engage more in coaching your staff.

→ Coaching by managers is a particularly effective way of getting staff to modify their behaviour. Coaching is not simply telling people what to do – it usually entails starting with where the learner (staff member) is at, rather than with where the teacher (manager) wants them to be. Set yourself a target of coaching each staff member in some aspect of performance on a regular basis – if you can't coach them on their technical skills, there may be room to coach them on some aspect of 'customer care' or dealing with key stakeholders. Read the Unit on Coaching in the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)) or watch the Industrial Society's two videos on the subject 'Coaching in Action' (30 minutes in total).

→ Coaching has become a very 'hot topic' in people management and (at the time of writing – 2004) there is a wide range of books available and a wide range of training programmes on offer on the subject. If you're not comfortable with your own level of skill in this area,

sign up for a short, experiential (e.g. role-play based) course so that you can brush up on this aspect of your management of your staff. Check the OHM's on-line supplier database ([www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)) or your own organisation's training and development department to see what courses are available, and make sure to choose a programme that is practice-oriented (rather than exclusively theoretical). You could also try commercial suppliers and databases such as [www.corporatetraining.ie](http://www.corporatetraining.ie).

## ATTRIBUTE-RELATED

There is an old adage that suggests that how we are with ourselves is a good reflection of how we are with others, and vice versa. To quote Stephen Covey from his enormously successful *The Seven Habits of Highly Effective People* (1989, Simon and Schuster UK), if you're not 'sharpening your own saw' there is a good chance that you're not encouraging those around you to stay sharp either (or if you are, it sounds like a case of 'do as I say, not as I do' – not the most convincing of strategies!). Covey also talks about getting the 'P/PC balance' right, that is the balance between Productivity (the golden eggs) and Production Capability (the goose that lays them).

→ Take a look back at your own development record – have you been paying enough attention to yourself, to getting the P/PC balance right? What are your true values (not necessarily your espoused values) in relation to personal development? If you are not developing yourself, there is a good chance that you could find yourself 'running on empty' at some point and unable to support yourself or those around you (at home or in work). There is good sense in being positively selfish, in supporting your own personal development.

Encourage your staff to take an active interest in their own career management (of course, you should also ensure you are taking a similar interest in your own career!).

→ Whereas it is not always possible to plan one's career from end to end, having no sense of direction at all is not 'good for the soul'! An easy way into this whole area is to access the OHM's new (2004) materials on this subject (see the Learning Centre on the OHM's website, available on [www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)). This website includes leading articles on the subject, an overview of the relevant key models, pointers to good practice in the area, and a toolkit to help people diagnose their career position and think about career planning.

→ If it's a more radical career change that you have in mind, read Richard Bolles' now-famous book on career change, first published in 1972 (*What Colour is Your Parachute?*, 2004, Ten Speed Press).

→ A more reflective piece on the place of work in our life is *Crossing the Unknown Sea: Work as a Pilgrimage of Identity* by David Whyte (2001, Riverhead Books).

Reflect on your own people management style – do you relate primarily to them as adult-to-adult or as parent-to-child? Are you a Theory X or a Theory Y manager (McGregor, 1987, *The*

*Human Side of Enterprise*, Penguin), i.e. do you believe people are basically lazy, need direction and control, respond best to carrots and sticks and avoid responsibility whenever possible (Theory X) or do you believe that people like work, exercise self-control and are goal-oriented, are capable of adaptability and creativity and seek to grow to their full potential (Theory Y)?

→ Of course, your attitudes may lie somewhere between these two poles but the key point is that your attitudes to people will colour your attitudes to personal development to a very significant extent. Keep a log of your management style for a while to see how you might really be experienced – start by identifying the kind of manager you would like to be (based on your own experience of good management practice, of how you like to be managed). For a period of about a month, at the end of each day, identify one critical incident\* (which might only last ten seconds) in which your true attitudes to people might have become evident. Write about that incident and, if there is a gap between how you want to be and how you were today, write about that gap. Be realistic in your appraisal of yourself and be gentle in your judgement of yourself.

\* A critical incident might be a short occurrence as well as a more significant one. The incident might also relate to a missed opportunity as well as to the actual occurrence of something. Examples which might typically occur in any manager's day are: How did you respond to a piece of good news or to a piece of bad news? How did you respond when a particular individual called? Did you avail of a good opportunity which presented itself to give feedback to one of your staff? How often in the last month have you really asked staff how they are doing? Did you miss any opportunities today to coach staff?

→ There are many inventories available which may help you to understand your management style. Your training and development department may be able to source these for you (if your organisation has the appropriate licence). Some of the better ones are:

- 'Personnel Relations Survey – measuring your relationships with people at work' (Hall & Williams, 1986, Teleometrics/Chartwell Learning & Development) – although the language is a little old-fashioned, this inventory gives great insight into the degree to which we trust ourselves and others in work (as measured by the extent of our disclosure and seeking of feedback).
- Leadership Effectiveness and Adaptability Description – Situational Leadership Questionnaire (2000, Centre for Leadership Studies, available from Management Learning Resources Ltd, sales@mlr.co.uk) – based on one of the most well-known descriptions of management style, the Blake & Mouton Leadership Grid, which differentiates five styles based on the balance between task-orientation and people-orientation.

Develop your principle-centred leadership.

→ The work of Stephen R. Covey is first-class on this and related personal development themes. Log onto the Covey website ([www.franklincoveyeurope.com](http://www.franklincoveyeurope.com)) for details of its publications and programmes (a few of which are offered in Dublin and Cork) and commit yourself to developing this aspect of your leadership style through participating in a programme, and/or through practising some aspect of principle-centred leadership on a day-to-day basis.

→ Read *A Passion for Success* by Kazuo Inamori (1995, McGraw-Hill).



## RELATED BEHAVIOURS

- Acting according to the organisation's mission, vision and values, and ethics
- Accepting accountability and responsibility for standards of performance in one's own area
- Providing direction, guiding, motivating and inspiring staff
- Maintaining a positive outlook about one's work and about the health service
- Staying abreast of relevant internal and external issues and professional developments

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Practitioner competence and professional credibility (for front-line managers)**
- **Integrity and ethical stance (for front-line managers)**
- **Leading and building the team (for front-line managers)**
- **Empowering and enabling leadership style (for mid-level managers)**
- **Working at corporate level (for senior managers)**
- **Leading on vision and values (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Being a Leader and Role Model

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing yourself. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

There are some great books and articles available on the subject of leading and leadership (not surprisingly, because it's a subject that has occupied minds for over 2000 years!). Make time to read up on the subject. Take a look at what some of the thought leaders have to say on leadership.

- For a range of short articles and access to some useful tools and techniques, log onto the OHM's on-line Learning Centre and take a look at the Units on Leadership, Performance Management and Emotional Intelligence ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)).
- *Harvard Business Review*, one of the most widely-respected management journals, produces paperback collections on certain topics, usually at a very reasonable cost (approximately \$20-\$30). There is a volume in its paperback series (collections of seminal HBR articles by leading practitioners and academics) entitled *Leadership in a Changed World* which gives a good insight into many of the core dimensions of leadership. In addition, the HBR released a special issue in January 2004 on the subject of leadership (*Inside the Mind of the Leader*). This collection of articles is a really good one and contains features by many of today's leading writers on the subject of leadership. If your organisation's library doesn't already have these, they are easy to order on-line from [www.harvardbusinessonline.org](http://www.harvardbusinessonline.org).
- Another good read on the subject of leadership is *The New Leaders: Transforming the Art of Leadership into the Science of Results* (Goleman, Boyatzis and McKee, 2002, LittleBrown Publishing). This book is by some of the leading authors on emotional intelligence and leadership and outlines six leadership styles which leaders need to exercise from time to time. The same authors have also recently published a US national bestseller on the same subject: *Primal Leadership: Learning to Lead with Emotional Intelligence* (Goleman, Boyatzis and McKee, 2004, Harvard Business School Press).

Schedule some time on a regular basis (e.g. at least one hour a week or an afternoon a month) to read up on developments in your organisation/the health service. All too often, we postpone reading these documents until we have to (for example, when we're preparing for an interview). As a consequence, there is little real chance of these documents influencing our day-to-day thinking, and little chance of our being 'thought leaders' for those in our team or line of management.

- Read the key health service strategy documents again (they are richer than you think). Find out what other organisations' business plans look like (other health service providers in Ireland or further afield). Read the relevant part of the government's current Book of Estimates so that you can see the full range of planned expenditure on health and other social services.
- Read key writers on health and related public policy in Ireland (e.g. *Unhealthy State* by Maeve-Ann Wren, 2003, New Island Publishing).

- Read your own organisation's 'business' plans (e.g. corporate strategy or service-specific strategy documents) and be able to interpret key statements of strategy or mission so that you can make them relevant to people in your line of management.

Network with key people in the profession or in the system.

- Learn from your peers and from others by seeking opportunities to participate in regional or national working groups, support groups, conferences or other events where you get an opportunity to hear what's happening 'outside your patch' and to share experience.

Make sure that you are familiar with the standards of competence and performance that are relevant to your part of the health service, and make sure your team is aware of them too.

- Contact your professional body and get a copy of the latest professional standards that are used for the purposes of registration or competence assurance. If these are couched in such a way that they are over-general or too broad, interpret them so that they might be used to provide specific guidance to you and to others who are trying to apply them or live up to them.
- Get a copy of the latest Irish Health Service Accreditation Board or HIQA standards that are used when surveying hospitals or other parts of the health service. Take those standards that are particularly relevant to your service/function and see if – at least on paper – you could apply them to 'audit' the quality of your team's contribution to your organisation.

Clarify the boundaries of your own leadership role for yourself.

- Try to answer the following questions: what is my job for, why does it exist? What difference would it make to the service or organisation if my job didn't exist? Would it be reinvented? What are the key result areas of my job? What functions are particular to my job (as opposed to other jobs)? In what unique ways am I supposed to add value?
- Make sure you are clear on what you are accountable for (i.e. all of those areas where 'the buck stops with you'), what you are responsible for (i.e. you have to make it happen or ensure it), and what the limits of your authority are.

Get to know who matters (to you) in your organisation or profession.

- Map out all those who have a stake in how you do your job, both inside (colleagues above, beside and below you) and outside (service users, policy makers, funders, the media, etc). Note whether their influence is positive or negative and the strength of that influence. Use this map to guide your future networking.

## SKILLS or BEHAVIOUR-RELATED

If you are new to management, take an all-round management development programme to give you a really solid grounding in the core skills and behaviours associated with good management. Make sure to find a programme that includes the 'soft' side of management also, i.e. managing people.

- Talk to your own Learning and Development department to see if it is providing (or has access to) any such programmes. There are many good management development programmes on offer so it should not be an impossible task. Many health boards use national suppliers of management development programmes (like the IPA and IMI) and others have designed and developed their own, usually with an external supplier/consultant. For example, the Mid-Western Health Board began (in 2004) to provide a modular management programme, over seven months, which focuses in particular on the development of emotional intelligence as a foundation for managing oneself, managing teams and managing change.

Audit your leadership behaviour. Identify those behaviours that you and others believe to be appropriate to the leadership of particular activities or processes and measure the number of times you actually engage in this type of behaviour.

- Make a list of the five 'must-have' skills associated with effective leadership (for example: clarifying objectives, listening to people, setting direction, balancing participating, bringing people with you, influencing people, winning hearts and minds, etc). Now make these skills concrete and as specific as possible in terms of the behaviours associated with them – what do people actually *do* when 'clarifying objectives', for example? Identify a small number of these that you really want to practise more. Ask someone you trust to work with you so that you get an objective measure of how many times you were spotted actually engaging in these behaviours in the course of a day or a meeting or a defined period. If the person who is helping you is really clear on what specific behaviour to audit, they may also be able to give you a qualitative measure of how well you did it and/or how well it 'worked' on the people around you (e.g. give you marks out of ten).

Learn to act like an all-round leader – this means being able to vary your leadership style (or actions, or behaviours) according to the circumstances in which you find yourself. For example, some situations will require you to behave in a highly facilitative and collaborative manner and others may need you to be much more directive and independent; sometimes it will be appropriate for you to be very task-oriented and other times you will need to be much more process-oriented.

- Take a leadership development course, one that is interactive, dynamic and practice-oriented, so that you can experience yourself using different styles of leadership. It is likely that you will have a preferred leadership style and it requires attention to learn to complement that 'natural' style with other ways of leading. If possible, find a course that will enable you to mix with leaders or potential leaders from other organisations – leadership style can be closely related

to organisational culture so it can be very useful to see a diverse group of organisations represented. The OHM's supplier database ([www.officeforhealthmanagement.ie/resources](http://www.officeforhealthmanagement.ie/resources)) might be a good place to start looking for such a course. Or you could try one of the commercial supplier banks such as [www.corporatetraining.ie](http://www.corporatetraining.ie).

If you don't already know them, get comfortable with some of the generic models and techniques of strategic thinking by putting them into practice.

- Start introducing techniques such as SWOT analysis, 'Balanced Scorecards', force-field analysis, and others into your meetings and your own thinking. If you are not familiar with these, look them up on the internet or in a good textbook (such as *The Fifth Discipline Fieldbook* (Senge *et al*, 1994, Nicholas Brealey Publishing) or *Management and Organisational Behaviour* (Mullins, 1985, Financial Times/Pitman Publishing). Other good references for strategic management techniques are *The Leader of the Future* (Hesselbein *et al*, 1996, Peter Drucker Foundation) and *Strategic Skills for Team Leaders and Line Managers* (Colenso, 1998, Butterworth-Heinemann). The key part of 'skilling up' with a new technique is actually trying it out, applying it to real teams or situations. So make sure to do more than just read up on these different models and techniques: make sure to put them into practice.

Sometimes, varying the arena in which we practise leadership can be a valuable way to learn new leadership behaviours. Find opportunities to be a leader other than in your formal leadership role.

- See if you can become a mentor to someone in your organisation (other than someone who reports to you) or in another health service organisation. Mentoring frequently requires us to be much more of a listening and even an intuitive guide rather than a task- or goal-oriented leader. Read up on mentoring first, however: it is more than simply giving other people the benefit of your experience!
- Take on a leadership role in your community – look for ways in which you can voluntarily lead sports groups, community action groups, school-related groups or some non-work group. Expect to be challenged in ways in which you may not be challenged in work!

## ATTRIBUTE-RELATED

In the earlier part of the development of management thinking and theory, there was not much distinction between management and leadership. This is changing, with ever more focus in the literature on leadership and on the distinct set of competencies associated with it. Some separate the two by defining leadership as being about deciding where to go and management as being about how to get there (Covey, 1989, *The Seven Habits of Highly Effective People*, Simon & Schuster). Of course, both are necessary and, in general, the higher you go in an organisation, the more you will be called on to lead.

→ Think about your own preference for leadership or management (the table below might help you). Which do you think describes you more? Are you equally comfortable exercising both? Organisations need both. If your organisation (or part of it) is being under-led and over-managed, try to redress this balance by engaging others in discussions about the future, about the degree of satisfaction that exists at present with the general direction of the service or organisation, and about how well you (your organisation) keeps tabs generally on what's happening outside in the general economic and societal environments.

Learn to recognise and manage your own emotions and your own emotional messages (often given out unintentionally!). Being a leader means accepting that your behaviour and attitudes are often amplified throughout your organisation (or part of it). Unfortunately, this is usually even more the case when these behaviours and/or attitudes are negative.

→ Identify your own feelings about the current and future state of your organisation, service or profession, or about the health service generally. Your feelings are your business, but the management of the impact of these feelings on others is your responsibility.

→ It is possible that, from time to time, your feelings about your work will be negative. If you are feeling depressed, disillusioned, pessimistic or cynical about your work or about the future for your service, find some way of putting a boundary around these emotions so that they do not colour the feelings and views of others around you. This does not mean having to deny your emotions or having to adopt a false stance, but it does mean having to manage the messages you give out to others so that you leave them to make up their own minds and feel their own feelings. As a leader and/or role model, you may even have to work hard to balance others' negative perspectives, should they be expressed, so that you ameliorate the effects of their negativity on yourself and on the people around you.

## MANAGEMENT

- Managers set objectives, organise the work, motivate and communicate, measure performance and develop people (Drucker, 1974, *Management: Tasks, Responsibilities and Practices*, Butterworth Heinemann)
- Is deductive, is about coping with complexity, and arises from the need for a degree of order and consistency (Kotter, 1990, *What Leaders Really Do*, HBR, June)
- Managers embrace process, seek stability and control, and instinctively try to resolve problems quickly (Zaleznik, 2004, *Managers and Leaders: Are They Different?*, HBR, January)
- Is doing things right (Bennis, 1989, *On Becoming a Leader*, Perseus Press)

## LEADERSHIP

- Leadership is inductive, is about coping with transformational change, particularly change that is made necessary by shifting environmental forces (such as socio-economics, politics, technology, etc.). It is about envisaging a new reality rather than reorganising existing features of organisation. (Kotter, 1990, *What Leaders Really Do*, HBR, June)
- Leaders tolerate chaos and lack of structure and are willing to delay closure in order to understand issues more fully... and have more in common with creative artists and scientists than with managers (Zaleznik, 2004, *Managers and Leaders: Are They Different?*, HBR, January)
- Is doing the right things (Bennis, 1989, *On Becoming a Leader*, Perseus Press)

There are many ways of leading and many styles of leadership. Learn about how others do it by exposing yourself to their leadership practices or by working with an external guide (such as an executive coach) who can help you to understand your own style and who can help you to develop a wider repertoire of leadership behaviours.

→ Leadership development is an ongoing process, not something that happens on a once-off basis. Stephen

Covey uses the metaphor of 'sharpening the saw' and lists this as one of his famed habits of highly effective people (Covey, *The Seven Habits of Highly Effective People*, 1989, Simon & Schuster). Sign up for a leadership development programme – especially one that is experiential and facilitates learning from/with other leaders. Action learning programmes are particularly good in this regard.





## RELATED BEHAVIOURS

- Showing patience, tolerance and emotional intelligence
- Putting things in perspective and ensuring a balance
- Staying in touch with stress/morale levels (your own and the team's) and working to keep them at the right level
- Remaining flexible and open during challenging periods and persevering in face of setbacks
- Receiving information and feedback calmly and productively

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Resilience and Composure (for front-line managers)**
- **Sustained Personal Commitment (for front-line managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Maintaining Composure and Quality of Working Life

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing yourself. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

'Composure' is defined as 'calmness, especially of the mind; tranquillity; serenity' and 'resilience' as the capacity to 'regain [one's] original shape after bending; recovering easily and quickly from hardship or illness' (Collins English Dictionary). The relevance and desirability of this competence is immediately evident for managers working in a turbulent and frequently stressful environment. Knowing what causes us to bend, and knowing how to recover a sense of being at-peace again, are key components of the knowledge we need if we are to enhance this area of our management competence. The path to action begins with awareness (and the path to inaction with ignorance or denial). Much of the development of this competence begins with growing your level of awareness of yourself: what makes you tick and what makes you block.

- Get to know yourself in terms of how you perceive and react to stress (especially when it becomes over-stress as, often, a little stress can be good for us). Keep a 'stress log' or some record of your experience of stress on an ongoing basis. Start by simply becoming aware of the degree of stress you are experiencing (for example, use a 1-10 rating scale to assess the level of stress you are feeling on a given day). Then try to develop your understanding of the 'root cause' of that stress. Remember that stress can be caused by external events but we can ameliorate or exacerbate it by our lifestyle choices (for example, not getting enough sleep, over-indulging in food, drink or other substances!) and by our thinking patterns. So you might want to try to rate the degree of severity of the external stressor and then also rate yourself in terms of your state of general well-being before the stress occurred. (There are at least four states which are likely to exacerbate your reaction to a stressor: hunger, anger, loneliness and tiredness). So your stress log might contain two scores for each day or week – a score of the degree of stress inherent in the day itself and a score of your state of general resilience or capacity to bounce back.
- When you have kept the stress log for a good period of time (a couple of weeks if you are keeping a daily log, or a few months if it is a weekly log), try to discern any patterns that might be emerging in terms of the occurrence of stress and in terms of your general reactions to it. What makes it better or worse? What is it that you or others do or can do to help you retain or develop a state of calmness in the presence of stressors? What times of the day or week does it seem to be generally better or worse? What might be the possible explanations for these patterns? Often, it is good to work with someone – either at home or in work – who knows you pretty well because such people can often help us to see beyond our blind spots.

There are some really good books available which might help you to understand things and to put events (including feelings and reactions) into some sort of perspective. These books can help to develop a better sense of wholeness and roundedness, both in terms of understanding human psychology (your own and that of others) and understanding organisational dynamics. They can also help you to develop compassion and tolerance for the frequently irrational behaviours and attitudes that people

exhibit in all organisations in both public and private sectors from time to time.

- Emotional intelligence is a subject that is becoming ever-more popular in both management and other spheres of life. In simple terms, emotional intelligence (the ability to manage feelings, or how we handle ourselves and our relationships) is now seen as being an even-greater predictor of success and happiness than is normal intelligence. The concept is quite old but was hugely popularised in the 1990s with the publication of *Emotional Intelligence* (Daniel Goleman, 1995, Bloomsbury Publishing), a readable account of the whole subject and its application to life and work. Another good guide to emotional intelligence and its development is 'Leading by Feel', an article in the *Harvard Business Review* of January 2004 in which eighteen leaders and scholars explore how to manage emotional intelligence.
- Another book which is a world-wide bestseller and which is excellent for helping people to manage themselves and their reactions to the world is Stephen Covey's *The Seven Habits of Highly Effective People* (Covey, 1989, Simon & Schuster). Covey is particularly good on helping people to dis-aggregate events from their reactions to events – we cannot control what happens but we can master how we react to things that happen to or around us.
- A beautifully reflective piece on the place of work in our life is *Crossing the Unknown Sea: Work as a Pilgrimage of Identity* by David Whyte (2001, Riverhead Books).
- Someone who writes engagingly and in a very relevant way about the non-rational side of management life is Manfred F.R. Kets de Vries – one of his books (*Life and Death in the Executive Fast Lane*, 1995, Jossey-Bass Publishers) is a good and very readable set of essays on 'irrational organizations and their leaders'. Kets de Vries's main findings on the psychology of leaders (and CEOs in particular) is also nicely summarised in an article in the *Harvard Business Review* ('Putting Leaders on the Couch', HBR, January 2004).
- In addition, for a range of short articles and access to some useful tools and techniques, log onto the OHM's on-line Learning Centre and take a look at the Units on Emotional Intelligence and Managing Work/Life Balance ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)).
- Finally, a book that is really good on helping us to understand how our 'inner critics' routinely defeat and undermine us is *The Inner Game of Work* by Tim Gallway (2002, Texere Publishing).

## SKILL or BEHAVIOUR-RELATED

Become adept at tuning in to your physical state. Take stock of your well-being on a regular basis.

- Typically, when we do experience stress, and especially when stress is chronic, we tend to 'store' that stress somewhere in our body and, if this store is not regularly

depleted or discharged, we can end up with physical problems – for example, we can end up with back pain or stomach problems or (what the makers of over-the-counter painkillers call) ‘tension headaches’. Tune into your body and find out where you tend to store stress. Check your physical state on a regular basis throughout the day. Take appropriate action to alleviate the symptoms and the causes.

- Give yourself a regular ‘NCT’ or medical check-up. Ask your GP to check all of the usual indicators of your physical health and well-being (weight, blood pressure, heart rate, cholesterol, or whatever tests are appropriate to your age/genetic predisposition/history). Plan a course of action if one is required so that you look after yourself and your health.
- Read up on the subject of stress and use the techniques contained in Warren and Toll’s *The Stress Workbook* (1993, Nicholas Brealey Publishing).

Learn how to manage your reactions to stressful events and/or to the ‘normal’ demands and pressures which feature in your life (both work-related and home-related).

- Make it a habit to distract yourself consciously and appropriately (rather than addictively). Make time (no-one else can do this for you) to tune into something other than work or ‘real life’ on a regular basis, whether this is music, being outdoors, reading, the people around you or whatever works for you. For example, commit to giving yourself ten minutes each day where you take time out, where you give yourself a break from dealing with pressures.
- One of the most useful skills to learn is meditation. Meditation is really powerful because it focuses on becoming aware of yourself, or of silence or of breathing or some such thing. Through becoming aware of something like this, we can learn to switch off, for a period of time, our normal reactions to the hundred-and-one things that preoccupy us on a minute-to-minute basis – what Mark Twain called ‘the storm of thoughts that is forever blowing through one’s head’. This ability to switch off at will enables people to break from the normal daily demands and pressures and, perhaps even more powerfully, helps them to deal with life in a more balanced, rounded way.
- One of the best management techniques around is as old as the hills: learn to count to ten before reacting. Of course, learning how to count is not the skill that needs to be acquired, but learning to apply it in this way often is. Two ways in which you can try to get better at applying it are (i) choose a routine day and make learning to count before responding to people your single most important challenge of the day and (ii) get someone to help and support you by reminding you to do it until you establish the habit.
- The North Western Health Board had particular success in using action learning to develop skills relating to managing stress and emotional intelligence. The Mid-Western Health Board has recently begun to offer a modular management programme which focuses in particular on the development of emotional intelligence as a foundation for managing oneself and managing change.

As managers, we often feel that the way we ‘prove our worth’ is by solving problems or dealing with issues pretty instantaneously. This has been described as the ‘five minute management interval’ because it was noticed that that was about as much time as managers typically devoted to any one issue at any one time (of course, they might return to issues over and over but they rarely, without very conscious planning, gave large chunks of time to considering things). For this reason, opportunities are often lost for real exploration of issues.

- Take time to review and reflect upon decisions you have taken or courses you have set out upon. Work with others to see if there were alternatives that were ignored in the rush to move things on. Ask yourself if, in trying to keep things moving on all of the time, you are not allowing sufficient time or routinely miss out on key pieces of information (like the perspective of clients, or the opportunities for really re-thinking the way ‘things are done around here’).

Learn how to receive feedback dispassionately. This means being able to hear it without unnecessary defensiveness or sensitivity. Remember, feedback is just another person’s opinion of you. Their perception of you is true for them, but it may not be true for or about you. It may reveal more about them than you. The great thing about feedback is that, with practice, you get to choose how to respond to it and how to evaluate it. For example, if someone’s perception of you is way off the mark, you can choose to let it go or to correct it. Feedback from others becomes easier with practice and when the critical ability of distinguishing between the message and the messenger is mastered. You can help make giving and receiving feedback easier for yourself and for the others by agreeing some ground rules (such as making any feedback specific, backing it up with evidence, relating it to behaviours rather than personalities, etc).

- If you’re not sure how to give or receive feedback appropriately, take a short course in it (check the OHM’s database ([www.officeforhealthmanagement.ie/](http://www.officeforhealthmanagement.ie/) resources) or commercial training supplier databases – e.g. [www.corporatetraining.ie](http://www.corporatetraining.ie) – for details of such courses). Your own Learning and Development department may be able to help too – for example, the Western Health Board offers managers places on a one-day programme on giving and receiving feedback.

## ATTRIBUTE-RELATED

Single-mindedness, tunnel vision, wilful ignorance, black-and-white thinking, a belief that there is only ever one right way to do things: these approaches routinely get in the way of our ability to retain a balanced outlook or a sense of proportion and perspective. All of them are extreme forms of seeing the world our way, of not ‘seeing things as *they* are, but seeing them as *we* are’ (Anais Nin). Sometimes we can be an enemy to ourselves by underestimating how much of our perception of the world is actually based on what is in our heads rather than on observable fact. And, of course, this is true too for the people around us.

- One of the surest ways of opening your eyes and seeing the world as others see it is to shadow them for a period of time. Shadowing is a reasonably common element of programmes for the development of leaders but it can be used for developing deeper peer awareness within organisations' management teams too. If you really want to understand your colleagues, sit with them for a day (or however long you think is needed to get 'into their shoes') and experience their world, learn to see things from their perspective.
- Another way of trying to make sure that we are not just seeing things from our own perspective is to ask others for their ideas and views (and listening to them, rather than simply defending our own!). Sounds simple, but is actually rarer than we might like.
- You could also try asking one of your team to deliberately play the part of 'monitor-evaluator', the person whose job it is to throw cold water on ideas, to test them for robustness, to ask the awkward questions. If this seems too demoralising, adopt Shakespeare's way of trying to achieve the same effect, that is by having a 'fool' in the team, someone who lightly but intentionally (and with licence) pokes fun at ideas and stances and even at team leaders and members themselves!

Regular catharsis ('the purging or purification of the emotions through their evocation or bringing to consciousness, thus relieving tension', Collins English Dictionary) is an age-old way of contributing to the development of composure. Catharsis means, in effect, that we discharge our emotions in a way which is safe rather than doing so 'in the heat of the moment' or, worse still, letting them block our ability to engage with the world around us. Catharsis is not just about dark emotions either – bringing positive emotions to the surface is also good for helping us to acknowledge the richness of work/life (we often tend to focus on the negative and there can be a need to balance this).

- The simplest way to 'cathart' is to write to or talk to ourselves. Keep a journal, one that is absolutely confidential where you can write freely about how you feel about what is happening around you, about work, your colleagues, the way you handled yourself, your hopes and dreams, your plans, your aspirations, your life. Don't dress things up or down, just be as straight as you can with yourself and concentrate on describing

your feelings about things rather than analysing why they happened or why you feel the way you feel. The journal can be paper-based or electronic or even dictaphone-based (this latter option can be good for those who spend a lot of time on their own in the car).

- Another powerful tool for the development of calmness and composure is the ability to let go of things. There is a reason or a basis for everything; very little is random or truly chaotic, but much of the motivations for other people's behaviour may remain hidden from us. But we can choose to let go of our need to understand or figure people out and move straight to acceptance, to acknowledging that, for whatever reason, they are as they are, they do what they do. This is similar to the 'serenity prayer' in which we ask for the serenity to accept the things we cannot change; the courage to change the things we can; and wisdom to know the difference. Among the things we cannot change are the past and, usually, other people's behaviour.

Map your sensitivities or 'buttons'. We all have a number of things that seem to really irritate us, get under our skin, throw us out of our normal under-control state. At some level we know that it is not simply the external reality or existence or occurrence of these things, there is something deeper going on that makes us react more strongly or in a more pronounced way than others to these things. For example, for some people, feeling out of control is a button, for others it's feeling like they are being treated like a child or being patronised. Some people are really sensitive to being made to look a fool, others are able to laugh it off. It is very likely that you too will have particular triggers that seem to knock you off course from time to time, to make you irrationally angry or upset and so lose your composure.

- Again, one of the ways in which you can identify these triggers or buttons is to review your own 'critical incidents', those times in work when you felt off-balance, when you felt yourself having a marked reaction to something. If you can't identify these incidents, ask your staff or your partner. Reflect upon these incidents and try to discern what was really going on for you in the midst of them, what was really driving your response at that stage. See if you can discern any patterns in the nature of these incidents or in the associations that they trigger for you so that you can be more aware the next time you approach similar territory.



## RELATED BEHAVIOURS

- Knowing and seeing the 'wider picture' (the larger organisational or systems perspective)
- Promoting wider understanding of the contribution of one's own department/discipline and of others
- Co-operating with other parts of the organisation and seeking inter-agency linkages
- Participating in or leading cross-disciplinary activities and initiatives designed to lead to greater integration and people-centredness
- Crossing boundaries, identifying and removing barriers to integration and collaboration at all levels

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Building and maintaining working relationships (for front-line managers)**
- **Strategic and systems thinking (for senior managers)**
- **Leading on vision and values (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Working towards an Integrated Service

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing change. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

One of the key elements of developing this change management competency is knowing what constitutes 'the bigger picture' for you, for your service, and for your organisation. Therefore, a good place to start is by mapping the internal and external environment. This will help you to see who you might need to engage with if you are seeking to integrate your work with that of other health/social care services in order to deliver a more seamless service to patients and clients.

- Begin by making a list of your stakeholders, all of those people inside and outside your organisation who have a stake or an interest in your work. Put more bluntly, who cares about the way you do your work? Who stands to gain from your work and who stands to lose? Who can make things easier or harder for you? Once you have listed everybody who has an interest – both positive and negative – in your work, locate them on a map. Use a simple bubble diagram to locate all of your stakeholders on the map, starting with your service at the centre, your organisation around that and the external environment around that again. Don't forget to locate staff (and their representative bodies) as well as service users (and their representative bodies and structures, including advocacy groups, the media and public representatives) on the map.

In addition to mapping the stakeholders for your service, a really good exercise to improve your knowledge of how services might be better integrated is process mapping, that is, mapping the whole series of connected steps or actions that are effected in order to achieve a particular outcome. In the health service, this usually translates as mapping the patient's journey.

- One of the best exercises that a multi-disciplinary team can do is to map the entire patient's journey because such journeys usually cross primary, secondary and even tertiary care boundaries. To begin the development of your competence in this area, read the *Improvement Leaders' Guide to Process Mapping, Analysis and Redesign* which is published by the NHS's Modernisation Agency (2002, available from [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides)). This Guide is a simple but adequate overview of process mapping.

Two of the other key areas of knowledge in managing change, particularly when such change is service-wide or at organisational level, are (i) the ability to see or think in terms of whole systems ('systems thinking') and (ii) the ability to conceive of and plan for organisational development (OD). Read up on these issues to improve your understanding of them.

- Some good textbooks on systems thinking are: *Seeing Systems: Unlocking the Mysteries of Organizational Life*, (Oshry, 1995, Berrett Koehler Publishing), *Systems Thinking: Managing Chaos and Complexity* (Gharajedaghi, 1999, Butterworth-Heinemann) and, possibly the most seminal of all, *The Fifth Discipline* (Senge, 1990, Doubleday) and its associated *The Fifth Discipline Fieldbook: Strategies and Tools for Building a Learning Organization* (Senge et al, 1994, Nicholas Brealey Publishing). The Fieldbook devotes one hundred really accessible and user-friendly pages to the

subject of systems thinking and its application to organisations.

- On the subject of OD, there is a range of texts and other publications that might help you to develop your understanding of this subject, including *Organization Development* (Burke, 1994, Addison-Wesley Publishing), *Essentials of Organization Development and Change* (Cummings and Worley, 2001, South Western College Publishing/Thomson), *Process Consultation* (Schein, 1969, Addison-Wesley), *Organization Development* (French and Bell, 1978, Prentice-Hall) and *Organizational Transitions: Managing Complex Change* (Beckhard and Harris, 1987, Addison-Wesley).

Some more general articles and exercises relating to working towards greater integration of service are to be found on the OHM's elearning website. There is also a huge range of material on the website of the UK's (NHS) Integrated Care Network ([www.integratedcarenetwork.gov.uk](http://www.integratedcarenetwork.gov.uk))

- For a range of short articles and access to some useful tools and techniques, log onto the OHM's on-line Learning Centre and take a look at the Units on Change Management and Redesigning Services ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)).
- Download the Guide to Integrated Working and other really useful publications from the ICN website.

Involving service users and clients and 'consumers' of services generally is one of the best ways of getting their perspective on how they would like services to be delivered. Read up on how you might go about this.

- The OHM has two publications which are of relevance here (both of which are available from the OHM's website: [www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)): *Public and Patient Participation in Healthcare: a Discussion Paper* and *Patient Satisfaction Surveys: Issues to Consider*.
- The HeBE (Health Boards Executive) *Community Participation Guidelines* (2002) is a very useful exploration of community participation and draws on best practice in health and other public and voluntary service organisations in Ireland. The Department of Social and Family Affairs' *Best Practice Guide for Customer Consultation* and the Combat Poverty Agency's *Involving Communities in Local Government: A Guide on Participation* (2000) are also very good and have lots of relevance to the health service.
- The NHS Modernisation Agency has also produced a number of excellent guides to different aspects of managing complex change in health services, including the *Improvement Leaders' Guide to Involving Patients and Carers* (2002) which is available from [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides).

## SKILLS or BEHAVIOUR-RELATED

One of the knowledge development activities suggested earlier in this Unit relates to reading up on process mapping. Reading about something is rarely enough, on its own, to bring about true competency. For this reason, you should also try practising process mapping with your team.

- Identify some 'typical' patients or users of your service. With your team or a small group of clinical and administrative staff, identify the number of stages or processes that service users typically have to go through in order to get to the desired outcome (health improvement, usually). From the perspective of the patient and the provider, review the necessity or 'added value' of each of these stages. Identify where the bottlenecks or delays are most likely to occur. Then see if you can streamline the journey or, better still, if it (or parts of it) can be integrated with other journeys (or parts thereof).

Some of the key skills associated with this competency are those associated with effective interpersonal communication, skills such as listening, questioning, summarising, learning to engage with people and build bridges across diversity, influencing and negotiation. Many of these skills are covered in more depth in other Units of the pack. For this reason, the following is just a 'refresher' in these core communication skills.

- **Listening:** try to spend some time each day improving your ability to really hear what people are saying (and not just what is relevant or interesting to you, which is how many of us listen much of the time). Find some daily opportunity to listen to other people for a period of time, from five minutes upward. Notice how hard it can be to turn off your own stream of thoughts, and to really tune into what another person is saying. Reflect too, from your own experience, on what it was like to be really listened to, to be given 100% of someone's attention, particularly when that someone was an important player in your life or work.
- **Questioning:** notice the reactions you get when you try out different ways of asking questions. For example, notice what happens when you string together a number of closed-ended questions (typically, you will get a series of short answers and you may also get an increasingly tetchy partner!). Compare this with asking open-ended questions (questions which cannot be answered with a simple 'yes' or 'no'). Think too about how you start your questions – for example, notice what happens when you ask 'why?' questions as opposed to other questions (how or what or who or when or where). 'Why' questions are open-ended but they can backfire if they are too threatening, and they can fail to generate understanding if they just lead to rationalisations and/or justifications. So, take time to think about what sort of answers you want before you start questioning.
- **Summarising:** usually, this is something which is relatively easy to do if we have been listening. Don't wait until the end to summarise everything but try intermittent summarising instead. This demonstrates on a regular basis that you are listening, and saves you from having to try to remember all the salient points to the end.
- **Learning to engage and build bridges with (diverse) people:** one of the things that really gets in the way of our developing this skill is judgement, judgement of ourselves (and fear of looking foolish) and judgement of others (usually, prejudice or pre-judgement of what they'll be like before we engage). Try to see the

person rather than the position or the place they occupy or the group they represent. If necessary, develop some standard openers to get you going ('chat – up lines'), simple overtures that get the attention of the other person without making them feel ill-at-ease and which are easy for you to remember in case of nervousness.

- **Influencing:** there is a spectrum of skills associated with influencing. On the one side of this spectrum are those behaviours which are associated with a push style of influencing whereby we are trying to push the other person towards our way of thinking (behaviours such as making a case, persuading, lobbying, asserting, telling, informing, providing evidence, and convincing). On the other side are those behaviours that are associated with pull styles of influencing in which we try to pull the other person towards our way of thinking or, more often than not, towards a common goal (engaging, connecting, listening, asking, inviting, starting from 'where they're at', dealing with grievances, visioning, collaborating, etc). Most of us favour one side or the other and most of us under-estimate the situational or contingent nature of our choice of style – in other words, we use the same default style regardless of the circumstances. Practise using both styles. If you think you are lacking in some of the skills, enrol for an appropriate skills development course.
- **Negotiation:** this is a really useful skill for managing change because, inevitably, you will be called on to negotiate some part of the change with some group at some stage. If you're not comfortable with your negotiation skills, book yourself onto a practice-oriented course. Contact your Training and Development department to see if it provides such courses itself or if it can recommend one to you. Alternatively, have a look at the OHM's supplier database or commercial supplier databases (such as [www.corporatetraining.ie](http://www.corporatetraining.ie)) for details on external suppliers of such programmes.

## ATTRIBUTE-RELATED

Find opportunities to learn about other parts of the health service (especially those which are directed towards the same 'care group' as your own) so that you can be more innovative in terms of your own service design and so that you can seek synergies in services around patients' needs.

- Shadowing is a developmental process which is often used when people want to learn about what it's really like to work in a particular service. Although more often associated with new entrants to a service it is also very appropriate for those who are experienced in one part of the health service and who want to learn about another. Think about what other part of the health service (function/discipline) you would like to know more about and see if you can shadow someone for a day or so, someone in the front-line delivery or in the back-office management of that service.

If you really want to know what it's like to use your service (or one provided by a similar organisation), become a fictitious service user for a day, entering the service and using it in a way that is as close as possible to how real clients might use that service.

→ One of the techniques that is often used in the private sector is 'mystery shopping' whereby an independent market researcher uses the service in exactly the same way as a true customer might. See if there are any options for you to be a 'mystery patient' for a day. Of course, you may have to be a little creative because you cannot really feign illness, and there are issues about client records that need to be carefully managed. If you think it unlikely that you would pass as a service user in your own service (because too many people might know you), see if you can arrange with a counterpart in another provider agency to reciprocate the experience in each other's region or area. If you cannot actually 'be' a service user for a day, it may be possible to be a 'mystery carer', in other words you might accompany a real service user (in the guise of a carer). Collect as much data as you can during the course of your 'mystery service use' because this evidence may be very useful in considering the whole experience of service use from the perspective of patients. Share the information amongst your team as a backdrop to looking for opportunities for a more patient-centred service.

→ You could also consider using an external researcher to 'use' the service on your behalf – in a sense, this is a purer 'test' of the service, because an external person will have no 'baggage' or pre-conceived ideas or accepted notions about the service. This can make it easier just to concentrate on recording the actual experience as it unfolds. (In other words, the researcher won't know that things are a certain way because of a national agreement on working hours or because there is a staff shortage today or because that's all that can be achieved within available resources, etc). External researchers may, however, need a good deal of guidance as to what to focus on/record in their data-collection.

One of the ways in which you can test your commitment (and that of your team) to developing and delivering integrated, patient-centred services is by generating a set of 'integration proofing' questions. Such questions might consist of tests of your service planning and/or delivery process against a set of criteria or indicators of good practice in integration.

→ With your team, generate a set of indicators which might be used to assess the integration of your service (begin by asking the simple question 'what would our service look like if it was really integrated with other services around patient needs?'). The answers will give you a good and common view on the standard of good practice against which to proof your current provision.

For example, suppose one of your staff responds to the above question with 'if we were really integrated, we wouldn't be planning in isolation from all of the other providers of service to this population group'. Your proofing question could then be 'to what extent have we consulted with our colleagues in our own organisation or with people in other organisations who are providing health-related services to these clients?' There is a double value in this proofing: one is to get a common assessment of how things are at present (the rating of the extent to which your team consults others now) and the second is that these ratings can be compared over time. Clearly, if the ratings are low and/or are disimproving, your commitment to integration would seem to be in name only.

People in the health service begin their careers in a particular part of that service, be it in a particular discipline or function or in a particular care group. Our early career experiences can be formative in terms of shaping our beliefs and expectations. The values and cultures of different disciplines and different parts of the service can be very different, with some disciplines and services more favourably disposed to multi-disciplinary teamworking and integrated service provision than others.

→ Check out your own attitudes and values with regard to integration. Is it just a nice idea for you, but not one which might lead you to change some of these attitudes? The more senior you are in the service/in your organisation, the more your attitudes matter. If there is a discrepancy between what you say and what you do, people will believe the latter. If your attitudes are getting in the way, and you want to change them, expose yourself to people who exemplify other attitudes, or to ideas which challenge your values and beliefs, or to experiences which make you think.

Bring service-user advocacy into your routine way of working.

→ Ask someone on your team to be the service-user advocate, the one who routinely reminds you and the other team members of the patient at the centre of services. This can be a hard role to undertake, so rotate it if possible among your team. Such rotation will also spread the opportunity among the team to develop the mind-set and skill-set associated with advocacy within a team.

→ Regularly mix with those organisations whose aim is to represent and advocate on behalf of patients, service users and their carers.





## RELATED BEHAVIOURS

- Sharing ideas with colleagues and service users and seeking opportunities for improvement in standards of quality, efficiency and effectiveness
- Staying up-to-date on latest thinking and trends, seeking to further the service through research and development, and championing initiatives that contribute to the modernisation of practice
- Balancing the need for a day-to-day focus with more future-oriented/strategic direction-setting and priorities
- Negotiating for and influencing decisions about resources for change
- Understanding and applying the principles of managing change and organisational learning

## Developing your Competency – some Self-Directed Learning Activities

The OHM has an on-line personal development pack (for nurses, but with a much wider relevance and applicability) which lists a large number of learning and development activities, most of which are self-directed. Some of the activities listed under the following nurse management competencies may be of interest to you:

- **Service initiative and innovation (for front-line managers)**
- **Sustained personal commitment (for front-line managers)**
- **Strategic and systems thinking (for senior managers)**
- **Working at corporate level (for senior managers)**

## Developing your Competency – a Directory of suggested Options for growing your Knowledge, Skills and Attributes relating to Embracing Change and Service Development

Below is a listing of a variety of options for further developing your competency in relation to this aspect of managing change. The options have been organised under the three competency elements of Knowledge, Skills and Attributes. Start where you like or according to your preferred learning style. Bear in mind that, to become truly rounded in this competency, you may need to attend to each of the three elements.

## KNOWLEDGE-RELATED

One of the key elements of developing this change management competency is knowing what constitutes 'the bigger picture' for you, for your service, and for your organisation. Therefore, a good place to start is by mapping the internal and external environment. This will help you to see who you might need to engage with if you are seeking to integrate your work with that of other health/social care services in order to deliver a more seamless service to patients and clients.

- Begin by making a list of your stakeholders, all of those people inside and outside your organisation who have a stake or an interest in your work. Put more bluntly, who cares about the way you do your work? Who stands to gain from your work and who stands to lose? Who can make things easier or harder for you? Once you have listed everybody who has an interest – both positive and negative – in your work, locate them on a map. Use a simple bubble diagram to locate all of your stakeholders on the map, starting with your service at the centre, your organisation around that and the external environment around that again. Don't forget to locate staff (and their representative bodies) as well as service users (and their representative bodies and structures, including advocacy groups, the media and public representatives) on the map.

Often, a good place to start in managing change is to establish the case for change (one of the main reasons people resist change is because they do not believe it is needed). Increasingly, the case for change has to be one which is capable of winning both hearts and minds and, in the case of the latter, this means basing the case firmly on accurate and relevant evidence. A very useful way to access the evidence for (possible) change is to benchmark the performance of your unit, service or organisation against comparable units, services or organisations. Get to grips with the rudiments of effective benchmarking.

- Read up on benchmarking and on what constitutes good practice in benchmarking. A short overview of the whole area is to be found in 'Best Practices Benchmarking' by Roger Dence in *Performance Measurement and Evaluation* (1995, Sage Publications/Open University Press). A good website on benchmarking (with a really vast array of articles and tools) is [www.benchnet.com](http://www.benchnet.com).
- Join up with a national or international benchmarking service. There are organisations which benchmark different aspects of health service clinical practice, particularly hospital-based clinical practice. Other commercial benchmarking services help organisations to assess their performance against international standards for different aspects of management (such as financial management, human resource management, customer involvement, quality assurance, etc). Benchmarking services collect data from participating organisations and compare these data against established benchmarks (performance standards) of good practice. Feedback is then provided and participating organisations are facilitated to explore why their performance exceeds or fails to meet the established benchmarks.

Read up on managing change, service development and

performance management in general and ensure you are up-to-date on health service policy and strategy development.

- Read the Units on Redesigning Services, Managing Change and Performance Management in the OHM's Learning Centre ([www.officeforhealthmanagement.ie/elearning](http://www.officeforhealthmanagement.ie/elearning)). The OHM published (in 2003) two other documents on managing change which can also be downloaded from its website: *Good Practice in Leading and Managing Change in Health Service Organisations: 11 Irish Case Studies* and *Learning from the NHS in Change*. A recent book on the subject is also worth taking a look at: *Changing Healthcare Organisations* (Coughlan and McAuliffe, 2003, Blackhall Publishing).
- If you prefer to acquire knowledge more interactively, the Harvard Business Review publishes a number of CD-ROM programmes and 'essential (paperback) guides to doing business effectively' which might be of interest to you (the CDs cost approximately €175 and the guides are approximately €16 – both are available from <http://www.harvardbusinessonline.org>). Some relevant titles are 'Managing Change' (CD-ROM) and two paperback guides, *Managing Change and Transition* and *Managing Creativity and Innovation*. There is also a new book (2003) from Harvard Business School Press: *Change Without Pain* by Eric Abrahamson. A seminal book from the same source is John Kotter's (1996) *Leading Change*.
- Other useful readings are to be found in the UK NHS's Modernisation Agency's website – the agency has published a number of 'Improvement Leaders' Guides' on a range of subjects relating to managing change and service development. These guides are available from [www.modern.nhs.uk/improvementguides](http://www.modern.nhs.uk/improvementguides). Another NHS publication which is relevant is by Iles and Sutherland (2001) *Organisational Change: a review for health care managers, professionals and researchers* (National Coordinating Centre for NHS Service Delivery and Organisation Research and Development).
- There has been a plethora of reports on policy and structural reform in the Irish health service in recent years – make sure you have read the key ones relating to strategic developments, reform and review of structures, accountability and service configuration (Primary Care Strategy, *Quality and Fairness* (2001) and the Prospectus, Brennan and Hanly Reports (2003) – all available from the Department of Health and Children/Government Publications Office).

Make sure you know what your customers' expectations of your service are. Read up on how to have meaningful dialogue with them on planning and prioritising services and then put in place systems which enable you to regularly update your knowledge of service users' expectations. Take a look at the competency development activities in relation to developing a Service- User-Centred Service ([Competency 5](#) in this Directory).

## SKILLS or BEHAVIOUR-RELATED

There are a number of skills associated with the effective management of change, none more so than the range of skills

or behaviours associated with communicating with and engaging people. Two aspects of communication in particular are relevant: they are questioning (inquiry) and listening.

- If you have not already done so, take a look at [Competency 8](#) in this Directory on communication.
- Learn how to ask questions about why things are the way they are and to ask these questions in such a way as to get meaningful answers rather than simply defensive routines (one of the most common responses to the question 'why?' is defence). Often, there is a need to ask the question 'why?' five times to get beneath the default replies and the unconscious 'ladders of inference' or self-generating beliefs which we carry around with us. The problem lies in the fact that what we observe is itself coloured greatly by our beliefs about the world. Have a look at some of the exercises in *The Fifth Discipline Fieldbook* (Senge *et al*, 1994, Nicholas Brealey Publishing).
- Take an experiential course in interpersonal communicating, especially one that places a good deal of emphasis on questioning and listening. Contact your Training and Development department to see if it provides such courses itself or if it can recommend one to you.
- Take a look (if you have not already done so) at [Competency 13](#) in this Directory (Working towards an Integrated Service) – there is a good deal of overlap in the skills associated with this competency.

Managing change, particularly large change initiatives, often entails being able to manage three separate aspects of change: the rational aspect, the emotional aspect and the resource aspect. For this reason, some other core skills relating to managing change are the skills of influencing, negotiation and one which is becoming increasingly popular and relevant, facilitation.

- Have a look at the OHM's supplier database or at the databases of commercial suppliers (such as [www.corporatetraining.ie](http://www.corporatetraining.ie)) for details on external suppliers of such programmes. The best courses and programmes in relation to these aspects of managing change are those which recognise that there is a spectrum of styles or approaches to managing change and which offer real-life opportunities to put these different styles into effect. For example, in both the North Western and Western Health Boards, they had particular success in using real-life or action learning to develop the skills relating to managing the people side of change. In the Southern Health Board, middle managers are offered a chance to acquire an all-round Certificate in Management with a focus on many aspects of managing change, such as quality, teams and performance. The Mid-Western Health Board began (in 2004) to provide a modular management programme, over seven months, which focuses in particular on the development of emotional intelligence as a foundation for managing oneself, managing teams and managing change.
- Take a look at a short video on managing the emotional reactions that can accompany change: 'Managing Change' (Melrose, 30 minutes).

- A key aspect of facilitation is being able to use data to challenge people's beliefs and perceptions about what is real. Make sure whatever facilitation course you sign up for covers the skills associated with giving data-based feedback, challenging assumptions and managing the discussions that ensue (a good reading on this subject is Peter Block's *Flawless Consulting* (Second Edition, 2000, Jossey-Bass/Pfeiffer Publishing).

Another key aspect of managing change is being able to bring people with you, to build involvement and consensus, to lead from the middle when such leadership is called for (remember the old joke: a leader who can't bring people with him or her is just a man or woman out for a walk!).

- Learn some of the skills associated with collaborative learning such as teambuilding (see [Competency 9](#) in this pack on Creating Team Spirit), cooperative enquiry and action learning. These last two might be considered to be advanced facilitation skills so you may have to search nationally and/or beyond the usual commercial supplier databases to find them.
- Log onto the Health Services National Partnership Forum ([www.hsnpf.ie](http://www.hsnpf.ie)) and download a copy of its *Tools for Change Through Partnership: Alternative Processes for Handling Change and Problem-Solving in the Workplace* (2004).

Learn about applied organisational or strategic performance management.

- Some of the universities and academic business schools offer taught courses and case-study-based programmes in performance management/monitoring and evaluation (some of these are offered in conjunction with health boards, such as the SHB/UCC Masters in Business Studies). The whole subject has long been a feature of MBA programmes and is now becoming a 'hot topic' in its own right. Sign up for one of these courses and make sure it affords opportunities for applying the learning to real life.

Build your level of comfort and familiarity with some of the tools of strategic management.

- Many of these tools and techniques are relatively simple (such as SWOT analysis, force-field analysis, process mapping, stakeholder mapping) and the key is to build them into your routine thinking and practice. For example, begin your annual service planning cycle with these techniques so that your service plan is aligned with the longer-term trajectory of your service or organisation. Use the SWOT analysis as a way of conducting quick-and-dirty service reviews with your team. If you're not sure of the techniques, refer to *Exploring Corporate Strategy* (Fifth Edition, 1999, by Johnson and Scholes, published by Financial Times/Prentice Hall) or to *Strategic Planning – The Nine Step Programme* (Wootton & Horne, 1997, Kogan Page Publishing). Other good references for strategic management techniques are *The Leader of the Future* (Hesselbein *et al*, 1996, Peter Drucker Foundation) and *Strategic Skills for Team Leaders and Line Managers* (Colenso, 1998, Butterworth-Heinemann).

## ATTRIBUTE-RELATED

How we look at and manage change is often a reflection of how we are ourselves. A useful starting point in looking at the attributes associated with this competency is the development of awareness of our own management styles.

- Behaviour can be seen as the external expression of internal values and beliefs. How you behave (your management style) is hugely coloured by what you believe to be right, to be effective, to be good, to be worthwhile, to be acceptable, to be valued. Try to name and *prioritise* your top ten values in relation to how you think change is best managed. Don't worry about how these might be perceived and don't censor yourself: write what you truly believe to be the best way of managing change in your organisation/in the health service right now. If you are honest with yourself, you have just begun to identify what is your most likely approach to change (your default management style). It is likely that this is the style you will begin with or fall back on if things become difficult. If you need to corroborate your identification of your management style, ask for feedback from those around you. See whether you practise what you preach.
- Another challenging goal for us as managers is to identify the things that might act as barriers to our being able to change, in particular, the unconscious ways in which we stop ourselves from embracing change. Think about how you react to change and to the element of uncertainty that usually accompanies change. What fears do you harbour about change? What is your reaction when you think you might lose out on status or power or resources? How do you cope with the (normal) fear of looking stupid or of making a mistake? How do you typically act to reduce uncertainty (for example, common reactions to uncertainty include seeking knowledge through reading, examining history for answers, consulting widely with people, hedging responses until the most acceptable or pragmatic one emerges, awaiting direction from somewhere else, etc)? Again, ask those who know you well to give you some insight into what they perceive to be your coping reactions.
- The choice of management and leadership styles is usually best when contingent upon the circumstances (the nature of the change to be managed, the context, the history, the key relationships, the competence of followers, the time available, etc). If you are the sort of change manager who only knows one way of managing, you are more likely to find yourself in trouble as your range of styles is limited and cannot flex around the situation. In general, the more ambiguity about the direction of the change and the means of getting there (which is not infrequent in health service management),

the more you will have to rely on judgement and inspiration as well as computation and negotiation. If you have not already done so, look at [Competencies 10](#) and [11](#) (Supporting Personal Development and Being a Leader and Role Model).

- Use the CD-ROM 'Make Change Work for You', a two-hour programme which can help people to identify with the processes they and others go through in change situations (Maxim Training, Brighton).

Challenge yourself to be strategic by ensuring that you prioritise the important over the urgent from time to time/as appropriate.

- In order to do this effectively, it goes without saying that it is necessary to know what is important. Identify the five key result areas for you in your current position for the coming year. These five areas should relate directly to the benefit your organisation derives from your position (in other words, the reason why your job exists at all).
- Imagine it is three years later than it is today and that you are moving to another position within your organisation or are retiring. Write a retirement speech for yourself, looking back over the last few years or so. Focus on those areas where you have made a difference to your team/service/organisation. This will help you to identify the longer-term mark you want to make.

Many people go through a stage in managing change where they find themselves sorry to have begun at all or in doubt about their capacity to attain their objective. If or when this happens to you, what is your response and, more particularly, how do you ensure that your response doesn't unduly colour the responses and resilience of those around you?

- Think about the last time you found yourself in this position, pessimistic about a change that you were part of or worried about your capacity (or the capacity of those around you) to see things through in the way that was required. How did you react? To what extent did your reactions impact on those around you? How do you ensure that there was as little leakage as possible of your negative attitudes and feelings (if you had them)? You may think that you hide negative emotions very well – check this out on those around you. Remember, the higher you are in your service or organisation, the more you may be required to lead even in the face of set-back and difficulty. Leaders who are negative are safer for followers in the short-term (because followers are themselves let off the hook of change when their leaders give out signals of pessimism or cynicism) but more dangerous in the long term (future changes are harder and may have to be imposed). Become acutely conscious of your impact on those around you, and take steps to manage it.