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Accelerating the Development
of Health Care Leaders*

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Changing Practices, Transforming Paradigms: Accelerating the Development of Health Care Leaders

Donna R. Stoneham

Nothing in biology makes any sense except in the light of evolution. -Theodore Dobzhansky

In this article, the author proposes four foundational elements in developing health care leaders. These strategies are critical to supporting the transformation of leadership way-of-being. They help create more expansive leadership paradigms that successfully address the complexities and uncertainties in the new landscape of health care. She discusses her perspectives on particular challenges in developing health care leaders, as well as observations from colleagues who work in this field. Additionally, she offers insights from her dissertation research with health care leaders. Finally, the author demonstrates how she used what she learned from her research to co-create a novel approach to development and coaching, Integral Intelligence®. This is helping to powerfully transform leaders and their leadership paradigms in health care and other industries.

With reform looming, it is challenging to consider an industry in greater flux, growth and complexity than health care. The US Bureau of Labor Statistics (2010) predicts that 3.2 million new jobs will be created in this field between 2008 and 2018, the highest job growth in any industry. As we attempt to keep pace with these challenges, we need to develop new leadership paradigms and practices that support the development of the leaders on whose watch this transformation will occur (McIntosh, 2007). As coaches, consultants, and educators, it is our task to provide learning and development opportunities. These assist in transforming outmoded ways-of-thinking, ways-of-being, and promote effective leadership in the face of the uncertainties inherent in this new landscape.

In this article, I propose four pillars of a leadership development framework that accelerate the growth of new paradigm leaders. These strategies are informed by my dissertation research with health care leaders and through my experience in working with hundreds of leaders in my coaching and consulting practice over the past eighteen years. These four pillars include using a holistic and integral approach in development interventions; applying a frame for development that is appreciative and generative; creating a “coaching-centric” development process; and creating cultural shifts in organizations by designing programs that focus on transforming teams of leaders, as well as achieving individual development objectives

I also share my assumptions about the unique challenges of developing health care leaders, as well as insights from other colleagues who work in this industry. Additionally, I discuss the theories that informed my research study and that continue to guide my practice. Finally, I address how we are applying the four pillars mentioned above when designing and delivering development and coaching programs to foster the transformation of new paradigm leaders through our Integral Intelligence® leadership development process.

I propose four pillars of a leadership development framework that accelerate the growth of new paradigm leaders.

LEADERSHIP DEVELOPMENT ISSUES IN HEALTH CARE

Although experience has demonstrated that the challenges leaders face are more similar than different across industries, there are particular development issues that appear more pronounced among many of the health care leaders with whom I've been privileged to work. First, I have observed that often, leaders are drawn to the field because they are naturally altruistic and mission-driven. If this assessment is true, it has implications with regards to self-care, work/life balance, and burnout, all of which I have observed seem more pronounced in this particular group. Secondly, because the rate of change in health care is so pervasive, leaders are often reacting to multiple (and even life-threatening) issues that confront them. This creates little time and space to reflect and proactively develop a more strategic focus.

The western medical model has historically informed the model of health care leadership in the US, this approach presents its own implications. The model is based on the scientific method; as a result, decision-making may become an elongated process, particularly if one is waiting for all the evidence to be gathered and vetted before a decision is made. Another caveat of this model is that it has traditionally been focused on specialization. This can create a sense of fragmentation and has implications in developing the capacity to think and act systemically and holistically. Likewise, the traditional western medical model is problem-focused, seeking to determine the “root causes” of disease. This mindset can lead to focusing on deficits and on what is not working, rather than on what is working well and building from strengths. Though certainly appropriate when seeking to diagnose an illness, this view of the world can be limiting when it comes to unleashing the best from those one leads and manages.

Finally, my assessment is that the traditional western medical model has historically valued analytical capability over other forms of intelligence (emotional, relational, spiritual, and somatic). We hear a lot these days about data-driven, evidence-based medicine. On this topic, a physician and Medical Director for a large research institute commented, “Data is only helpful when placed in context of the patient’s life. In reality, the data set is not as great as people pretend.”

Physicians have been trained to follow a logical path driven by data and to distance themselves from their emotions so as not to compromise objectivity. This approach can create a challenging dissonance between the desire to be a healer—and all the emotional and relational vulnerability that entails—and the need to be objective and dispassionate in order to make the best decisions for the patient. This can create dissonance between leading with the head and leading with the heart.

In order to explore these assumptions about development opportunities endemic to health care leaders, I asked several colleagues who work in the industry for their perspectives. One colleague who is an executive in a large HMO noted that health care leaders have tended to be operationally oriented because of the importance of providing the best care for patients. He linked this factor to the need for assurance that health care is affordable. The resulting pressures to control costs and create efficiency leave little time for leaders to reflect.

Due to the lack of certainty inherent in health care reform, he spoke about the challenges for leaders to be capable of dealing with the uncertainties and ambiguities they faced. At the same time, they must also be resilient and nimble enough to think about different models of delivering care in order to capture opportunities. This shift in focus, he noted, is not the way leaders have historically been accustomed to operating.

Another colleague, who has an extensive background both as a health care practitioner and as a health care coach and consultant, reflected on her experiences working with health care leaders. She thought that there is a genuine opportunity to move from an historical, institutionalized hierarchy with physicians at the top to a more collaborative approach. In this new approach, both individuals and cross-functional teams with high levels of interdependency can contribute meaningfully to the mission of the organization. This can foster what she called “cultures of empowerment” in which there are higher levels of personal agency, accountability, and engagement.

What these conversations highlighted is that we need new models of health care leadership capable of addressing the complexities that challenge today’s leaders. The new models and practices will help shift the paradigm (ways-of-thinking) and the behaviors (ways-of-being) of the health care leaders we serve. We need to develop a new paradigm that provides practices, insights, and experiences supporting leaders to embody new ways of thinking and interacting with the world.

As J. Robert Oppenheimer, the renowned nuclear physicist and Director of the Manhattan project, noted, “The history of science is rich in the example of the fruitfulness of bringing two sets of

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techniques, two sets of ideas, developed in separate contexts for the pursuit of new truth, in touch with one another“ (Hanson & Mendius, 2009). In other words, we benefit from the dialectic that is created through engaging different viewpoints, worldviews, and practices than those with which we are accustomed. These dialectic explorations give rise to the creation of new paradigms and ways-of-being that help us transform and evolve.

DISCOVERIES FROM RESEARCH WITH HEALTH CARE LEADERS

When I began designing my research project with health care leaders eight years ago, my purpose was to experiment with strategies for leadership development that offered high potential for transforming a leader’s way-of-being and fostering the creation of a more expansive leadership paradigm. I designed a program that integrated appreciative (Appreciative Inquiry and Appreciative Leadership), integral (Integral Philosophy and Integral Coaching) and transformational (Transformative Learning, Transformative Education, and Depth Psychology) theories (Stoneham, 2009a, 2009b). My intention was to foster the development of a more holistic, integral, and appreciative leadership paradigm through the practice of new ways-of-being in leaders who participated in the program.

My research generated five key conclusions about the strategies that help create these shifts in paradigms and practice that are addressed in detail in other publications (Stoneham, 2009a, 2009b). First, I discovered that integral and holistic development strategies were most effective in creating these shifts in consciousness and behaviors. Second, I learned that changes in ways-of-being and paradigms were most sustainable when the coaching process focused and built on strengths, and was appreciative, authentic, and generative. My third discovery was that development evolved through the interplay of respectful and supportive relationships with self, with others (including the coach), and with participants’ relationship to the transcendent (in whatever way he or she defined it). I also learned that changes in worldview and ways-of-being were most effectively developed through learning interventions and coaching that provided mechanisms for personal accountability and anchored learning over time. Finally, by studying two groups, one group of leaders from a public offering, and the other, an intact team, I learned that changes were more likely to be integrated and acculturated when there was shared support in a group that worked together and held a common, vested interest.

APPLYING RESEARCH INSIGHTS IN OUR INTEGRAL INTELLIGENCE® LEADERSHIP DEVELOPMENT PRACTICE

What I learned from my research was pivotal in the creation of the Integral Intelligence® leadership development process. My business partner, Pat Weger, and I co-created and have utilized this in our work with leaders, executives, and their teams over the

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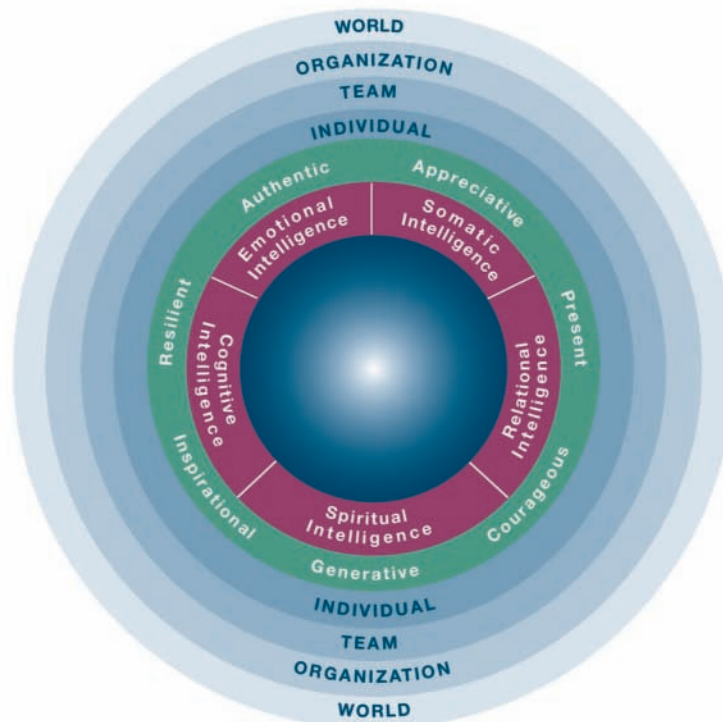
past six years (Stoneham, Weger, & Rocco, 2006). Based on the insights I gleaned from my research, there are four key strategies, outlined at the beginning of this article, I believe are instrumental when designing and facilitating transformational development experiences with health care leaders. These four pillars help foster a more expansive way-of-thinking and way-of-being that enhances leadership effectiveness and engagement.

In this section, I outline how we employ these four strategies as the buttress for our transformational leadership work. First, they include approaching development, coaching, and practice from a holistic perspective. Second, the development process is appreciative and generative in content and practice. Third, the work with leaders is “coaching-centric” and includes multiple coaching interventions positioned strategically through a process that occurs over time. Fourth and finally, key parts of the learning intervention take place in a supportive atmosphere established within an action-learning context. Peers and colleagues collaboratively learn in cohort groups. In addition, individual learning occurs in coaching sessions.

This approach provides additional benefits in helping transform organizational culture. Though not intended to be exhaustive, these four strategies are a starting point from which to consider development and coaching interventions that support the transformation of health care leaders within a new paradigm.

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Figure 1. The Integral Intelligence® model.



Using a holistic approach in development interventions

Approaching development, coaching, and practice from a holistic frame of reference exposes leaders to new ways of thinking and envisioning themselves, those they lead, and the world in which they interact. This approach fosters a more systemic way of seeing and interacting with their internal and external world. Our Integral Intelligence® work uses a holistic approach which equally values, builds, and integrates capacity in all aspects of leadership intelligence (cognitive, somatic, relational, emotional, and spiritual).

In the *cognitive* domain, we support leaders in deepening their inquiry skills and in building the capacity to ask generative, transformational questions. These kinds of questions lead to the consideration of a wider range of possibilities. As Gervase Bushe noted in his interview with Susan Guest (2007, p. 22), “‘Generativity’ occurs when a new way of looking at things emerges that offers people new ways to act that they hadn’t considered before.” Developing the capacity to ask generative questions builds reflective capacity, yields better results, and helps unleash leadership throughout the organization.

We also work with leaders to deepen their *somatic* intelligence. As they become aware of the body’s cues that precipitate certain behaviors, leaders develop a greater repertoire of responses which they can access, particularly when under stress. Additionally, we support them in developing self-care practices to build resilience, especially in challenging times. This helps leaders create more balanced lives, avoid burnout, and maintain engagement.

In the *relational* intelligence domain we support leaders to identify and leverage the strengths of the people they lead, collaborate across boundaries and functions, build networks of support throughout the organization, and influence others effectively. In one pharmaceutical organization (where we have worked for three years with the top three tiers of leadership), research conducted by the organization’s consultant has demonstrated that graduates of our program were 41% more likely to network across boundaries within the organization than those who had not experienced the work. Building the capacity to collaborate and work effectively across functions supports the transfer of organizational knowledge in formal and informal ways.

In the *emotional* intelligence domain, we work with leaders to build self-awareness, understand and manage their moods and impact, practice active listening, and develop the capacity to read other’s body language and respond effectively. We also offer practices that help leaders stay centered in times of stress. This enhanced self-awareness supports them in being more present and engaged, both at work and at home.

In the *spiritual* domain, we support leaders in understanding and aligning their core values and commitments in life and work. We

In other words, we benefit from the dialectic that is created through engaging different viewpoints, worldviews, and practices than those with which we are accustomed.

also encourage those we work with to define the ways in which they can give back to the world and leave behind a meaningful legacy. We help them focus on how to “walk the talk” of the organization’s core values in their daily practice of leadership.

When leaders are able to bring the sum total of their intelligence to bear, they create a more expansive lens through which to view the world. They are able to avail themselves of a wider range of possibilities, and they make better decisions. As these multiple aspects of intelligence are embodied, leaders become more capable of being authentic, resilient, generative, present, appreciative, inspirational, and courageous. They are able to bring their “whole selves” to work and life without the sense of fragmentation that often accompanies a leader’s climb up the corporate ladder.

The impact of the holistic approach in developing leaders was echoed by a health care executive upon completion of our Integral Intelligence® leadership program.

I was skeptical when I started this program. I came at this feeling locked-in and like not much was going to change. This work has helped me connect to my somatic side and I feel much less anxiety. It has also led to a lot of reflection. I’ve come away with a much greater sense of inner peace and relaxation. I want to use this inner peace and self-trust I’ve found to step back from being a “doer” and be more of a mentor. I want to leave behind some of what I’ve learned in a way that will help the organization when I’m gone.

Using a frame that is appreciative and generative

As Gervase Bushe noted in his interview with Suzan Guest (2007, p. 23),

The shift from deficit consciousness to appreciative consciousness is profoundly important. After being trained to see what’s missing, what’s wrong, what’s dysfunctional... to moving to what’s working...what you want to do more of...has been very useful. It has meant moving away from doing diagnosis...finding a problem and a cure...to getting a multiplicity of voices involved (to listen and talk) rather than to diagnose.

It is my belief that this shift in orientation is critical to transforming long-held beliefs and paradigms, particularly in health care, where the deficit model with a focus on solving problems has long been the norm.

In our work with leaders, we anchor content and practices to unleashing strengths in our participants and in those they lead and influence. We devote time to building inquiry skills and to

Developing the capacity to ask generative questions builds reflective capacity, yields better results, and helps unleash leadership throughout the organization.

understanding what it means to be an appreciative leader. We also support leaders in their development of the capacity to be courageous and engage in generative conversations. When asked how he dealt with negatives that arose when using AI to work with clients, Gervase Bushe offered, “Just talking about the positive can be oppressive if it is used to avoid dealing with the hard issues, and it can become anti-developmental” (Guest, 2007, p. 27). Likewise, we approach our work from an appreciative perspective, but we encourage leaders to name the “elephants in the room” and support them in becoming skillful in engaging in tough conversations – but to engage with one another respectfully with consideration of the effects on the larger team and organization.

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Creating a “coaching-centric” development process

From Bushe’s perspective, “Coaching is primarily about two things: one is about asking really good questions; and the second is about holding people accountable to their own promises and commitments” (Guest, 2007, p. 24). Because both of those distinctions are true, the more opportunities leaders have to reflect on generative questions in the coaching relationship and the more they have access to accountability partners to help them actualize their intentions, the more accelerated their development becomes. Likewise, the more frequent opportunities leaders have to receive real-time feedback from peers, bosses, and direct reports, the faster their development proceeds.

As noted by Meyer, Donovan, and Fitzgerald (2007, p. 31),

Change at the individual level, to be lasting, must be supported by reflective pauses and coaching to investigate and support new habits of mind. This change must be embedded in the cognition, memory, and perspective of individuals and the whole, if it is to produce new behaviors at the organizational level.

For these reasons, we provide multiple opportunities for leaders to reflect on generative questions and receive regular feedback from different sources on how they show up in their leadership. Experience has demonstrated time and again that this is a powerful and effective strategy to nurture sustainable transformational change.

In our work with leaders, we provide numerous opportunities for coaching and feedback from multiple sources. In all our programs, participants are assigned an executive coach they work with for the duration of the program. Depending on program design and desired client outcomes, each participant also receives either facilitated team coaching or facilitated peer-to-peer coaching in addition to their executive coaching sessions.

Additionally, they gain coaching competency as they practice coaching one another as peer coaches within and outside the

formal coaching sessions with their Executive Coach. According to author Daniel Goleman, a leader's capacity to coach and develop others is "second only to team leadership among superior managers" (1998, p. 147). Building this capacity is a core objective of our work.

A strategy that employs multiple coaching interventions is not only more cost-effective for the organization than traditional one-on-one coaching for individual leaders, it leaves the organization with a sustainable coaching cadre after the program ends and the professional coaches are gone. It provides real-time coaching feedback. In many cases, peer coaching pairs continue to meet and support one another long after the program ends. As one of our graduates reported

The biggest value of the program was to target the areas that were my blind spots. From my past experience, I'd always been rewarded for multi-tasking, but some of the things I was doing interfered. It's hard to get feedback about those things except in this kind of program. What's made it so valuable is the immediacy of feedback from my peers who are also in the program. There is no fear factor or hesitancy to provide that feedback. The program has created a tool box and a network for me and the peer group experience has been extremely valuable because it's a group that gives feedback instantaneously in a business setting.

Creating cultural shifts by working with cohorts of leaders

When asked about his approach to executive coaching, Gervase Bushe commented that he no longer did this work in isolation. He said, "Now I never do it in isolation. I work with the leader one-on-one, but I also work with the leader and his or her team" (Guest, 2007, p. 25). Although we continue to offer stand-alone executive coaching to those who need it, the bulk of our work has shifted to working with cohorts of leaders and supporting that work with individual, peer, and/or team coaching. We believe it is more effective and sustainable, and it provides significant benefits for transforming organizational culture.

One focus of our Integral Intelligence® work that has been instrumental in shifting leadership paradigms is fostering accountability and personal agency in individuals, teams, and organizations. When offering executive coaching as part of a larger leadership cohort development process, positive changes in organizational culture occur due to an ongoing action-learning process that occurs while interacting in these cohort groups. These changes include developing common language, creating shared expectations of personal accountability, having courageous conversations, and providing in-the-moment feedback that accelerates what we call "stepping into the breach" and managing

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up more effectively. As a result, decision-making processes are more effective, engagement and knowledge-sharing are expanded, and leadership can be unleashed throughout the organization.

We hold a similar view as Meyer, Donovan and Fitzgerald (2007, p. 39) regarding what is necessary to create transformational change. These authors note that

purposeful incorporation of reflection in action as understood from TL [transformational learning] and facilitated by coaching, into the AI [appreciative inquiry] process appears to provide the potential for more consistent transformational change among participants across the entire organization or community.

They contend, and our work supports the fact, that “meaning making is enhanced by anecdotes of lived experience” (p. 35). Shared lived experience, particularly when it calls leaders to “step-up and step-in” to solve individual and organizational dilemmas, is a powerful catalyst for creating transformational change in individuals, teams, and the organizations they serve.

CONCLUSIONS

Currently, many leadership development programs in health care organizations continue to focus on way-of-doing, or on the development of functional skills such as developing strategy, budgets, running meetings, and managing performance. Although important, these skills are not enough. As facilitators, educators, and coaches, we need to support leaders to develop the capacities to broaden consciousness and develop more expansive ways-of-thinking and ways-of-being in order to keep pace with the ever-increasing complexities they face.

As Einstein said, “No problem can be solved from the same level of consciousness that created it” (Mayer & Holms, 1996). It is incumbent upon us as practitioners to work with the leaders we serve to create new models that will allow them to successfully address the myriad of changes they confront. The four foundational strategies outlined above in facilitating transformational leadership development processes are prescriptions that can help create more expansive leadership paradigms and build the competencies necessary to lead successfully in the ambiguous, complex landscape health care leaders are charged to navigate.

As facilitators, educators, and coaches, we need to support leaders to develop the capacities to broaden consciousness and develop more expansive ways-of-thinking and ways-of-being...

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