

Background

MASTERPIECES IN HEALTHCARE LEADERSHIP

We refer to this book as a masterpiece project—not because we have created a masterpiece per se, but because we present a collection of masterpieces created by others. We posit that the differentiating factor in creating a masterpiece is passion. The organizations featured in this book (we call them the Masterpiece organizations) have attained measurable success in leading their organizations. Their success is driven by a similar passion.

EXEMPLARS

When we initially started talking about masterpieces, we considered “case studies” as a method for studying success. Many successful organizations had already been identified. Publications describing successful leadership had been published. We challenged ourselves to answer the following questions: What was the correlation between the two? How could we present that correlation in a new way that would be easy for others to understand? We quickly realized that a pure case study would be investigative but not interpretive. Cases would certainly describe the road to success but they would not illustrate the correlation between leadership and success at a practical level. We needed to present *examples* of the precise behaviors that translated into success. At this point we knew our chapters needed to be exemplars rather than case studies. In a dictionary, we stumbled on a definition of exemplar that really excited us: “Worthy

of imitation.” If we uncovered a collection of exemplars that were worthy of imitation, then perhaps others would be able to imitate those.

We decided the exemplars should be presented in the participants’ own words. We did not want to add expertise. We did not want to “doctor-up” the examples to make the sentences sound better; we wanted to present them so that others would hear it like it was spoken. We wanted the true picture that Karsh sought (as described in the preface to this book). If people were to understand the underpinnings of success, then they needed to understand the true person and intent of their actions.

We asked ourselves further, “How can we make these examples usable and practical without interpretation and explanation?” That was when we realized that we needed to create a book of stories. If we looked at the hopes and the dreams of successful leaders and examined the thought–action sequencing behind their behaviors we would uncover explicit examples worthy of imitation. These examples, or stories, would be a wonderful blend of art and science and their impact would potentially be great.

Our journey became more solidified in terms of the stories after we interviewed folks in the pilot organization. When we heard the stories from the voices of the leaders and also the stories from the staff, the patients, and the stakeholders, we knew that we needed to share those examples. Their stories said it all. When we first heard them, we could not wait to share them with each other! When we did share, the impact was incredible. We felt their passion and it was contagious for them and us.

The passion came across on three levels: how they led their staff and cared for patients, how they were excited about sharing, and the way they shared. They did not simply report what they did; instead, they shared their feelings. They shared things that even they were not aware of, and the masterpiece became brilliant. The way they described it through their stories truly set them apart. The storytelling allowed their passion and true intent to be framed.

As we moved forward, this fervor continued to amaze us. These successful behaviors were modeled throughout each organization. The exemplars had no demographic boundaries. Whether we interviewed a midlevel manager or senior leader, a large conglomerate, or small department, the stories, the behaviors, and the passion were pervasive.

IDENTIFYING MASTERPIECE ORGANIZATIONS

We decided our masterpiece book would consist of a collection of stories from organizations that had already demonstrated success in the areas of patient satisfaction, employee engagement, and innovation in leadership. As you read these chapters, these topics will become apparent. Fortunately, as researchers, archeologists, and anthropologists, we were able to enlist nine exemplar organizations who were willing to share their thoughts, values, hopes, and dreams with us. Within our masterpiece organizations, we reveal those qualities through different perspectives and cross-sections of healthcare: some big and some small, some with a lot of capital and resources, and some with minimal resources. These organizations and the units and departments we interviewed, represent a diverse geography and unique vertical cross-sections of healthcare.

INVITING CONTRIBUTORS

In order to stay within our goal approach of presenting leadership behaviors that transcended all boundaries and in an effort to reach a broad audience, we did not want to present these remarkable stories strictly from our own perspective. We explored ways to interpret and present our research with the mindset: explore widely in order to reach many. We decided that we would enlist qualified individuals from different walks of life to assist in conducting our research and help us extract those pieces of research that they determined relevant.

When we were looking at selecting contributors, we wanted those who had zeal for their work. We wanted professionals from a variety of backgrounds—not just healthcare—who would use different lenses to focus on those stories that revealed success. We evaluated each candidate to see whether he or she was excited about going on this masterpiece journey. As a result, we enlisted contributors with backgrounds in healthcare, organizational development, academia, change leadership, appreciative inquiry, management consulting, and manufacturing.

DETERMINING PARTICIPANTS AND INTERVIEW SUBJECTS

When we realized that the same successful behaviors were apparent at all levels of the organizations, we decided that this book might appeal to all levels of leaders including CEOs and shift supervisors. Although job titles and roles differed, all could benefit from these exemplars.

We immediately started to develop an eclectic picture of where the stories would be collected from. In order to reach a diverse audience, we needed to direct our focus in different directions in each organization.

As we developed questions for the interviews, we tested all of these concepts with a pilot organization. We asked ourselves these questions: What did we want to know? Would the questions we created uncover what we hoped they would? Were we interviewing the right mix of people? We needed a vertical slice of the organization that could get at one focus area within the organization. In our pilot, it was the emergency department. We needed to find out whether the vertical slice was going to give us helpful information. How do we get a good representative sample? We knew we would look at the senior leadership and the emergency department leadership and patients from that area. We knew we needed to interview staff—but who within the staff? We knew we needed nurses; however, should we include other staff who interact within the department, such as, physicians, radiology technicians, and lab technicians? We knew also that there were stakeholders to interview. We asked the organization to help us identify them—in this case the referring physicians and the EMTs.

We sought to hear candidly what was going on from each of their perspectives. We wanted to hear responses to these questions: What did it feel like to work there if you're an EMT? What did it feel like to be a new employee? What did it feel like to be a patient? We wanted to know in its purest form: What were the hopes and dreams of the leaders and employees and what was the thought–action sequencing behind the behaviors? Thus, the pilot organization helped us uncover the right mix of participants that gave us a representative sample to uncover the essence of the organization.

We used the pilot organization to guide us through the remainder of the masterpiece project: using the assessment and climate tools, conduct-

ing the interviews, writing the exemplar chapters, and coaching our contributors through that process.

DESIGNING THE RESEARCH METHODS

We selected a variety of research methods to collect our data. Our approach would yield both qualitative and quantitative data—some self-reported and some empirical. We selected the healthcare climate survey, leadership self-assessment, social motive self-assessment, appreciative inquiry interviews, and behavioral event interviews. The leadership assessment consisted of two parts: leadership competency behaviors and leadership style.

We made adjustments to the open-ended questions in the second section of the climate survey tool. We changed the open-ended questions and framed them carefully to ensure positive responses. We did the same for the appreciative inquiry and behavioral event interview questions. We had to test those questions to be sure that they got at the positive, successful examples. We did not want to ask leading questions that would bias the responses. We wanted the responses to be as truthful as possible.

Crafting the interview questions was difficult because most individuals are comfortable with the expert model. For example some interviewees wanted to say what they *thought* leadership should be. They wanted to report what expert leaders do. We had to reframe the questions to elicit the telling of *actual* behaviors and the thoughts that led to them. Also, we had to explain our behavioral model to our contributors. We had to say, “Look, we are not looking for examples of what you believe leadership should be. Just report the stories you heard in the interviews.” Those who were telling the stories and those conveying them to the reader, had to remain true to that approach.

Each set of interviews yielded hundreds of pages of transcripts, and from those pages, we needed to decide what stories were exemplars and therefore worthy of imitation. They were all great stories. Which ones should we use in the book? That is where the assessment tools and the data gathered from the behavioral event interviews came into play. We looked at the results of the assessments and identified trends and patterns. Those trends and patterns painted the picture of which stories we would pull out. Stories that supported the assessments would be the construct that drove the chapter.

The behavioral event interviews were coded. We used thematic coding to help get at the competencies. After we had the case examples, we then came up with a cluster of themes that represented the essence of the organization. We then recoded all of the stories by those organizational themes. It was a five-, six-, seven-, eight-step process of actually writing the chapter.

We grouped the stories within those themes. Some of the stories represent cross-cutting themes for all organizations, and some were very unique to each masterpiece organization. These themes became the topic headings that appear in the organizational case study chapters. These headings are not meant to be prescriptive in nature; they are simply a way to organize the stories. In fact, some of the best stories fit in more than one category.

It was interesting to watch this process emerge within the masterpiece organizations. Although the contributors were collecting stories through appreciative inquiry, they did not know the results of the assessments, nor did they know the content of the behavioral event interviews and the competencies uncovered in those interviews. Likewise, as we coded the Behavioral Event Interviews and scored the assessments, we had no idea what stories the contributors were collecting. It was amazing to later see how the stories supported the data and vice versa.

As we went through this process, we were doing our own exploration around storytelling. In particular, we gravitated toward Stephen Denning's (2000) works around the "springboard" story. We knew that the stories uncovered were great exemplars, but how would we select from so many? How would we decide what part of each story was relevant for our masterpiece book? The theory behind the springboard story helped us to identify each particular story we captured. Now we knew just what pieces of the story needed to be told to make it a valuable tool. That became part of the training and knowledge sharing we conducted with our contributors.

MASTERPIECE SUMMIT

About nine months after we began the pilot, our contributors had completed their appreciative inquiry interviews, and we were writing our first drafts. We held a summit that brought all of the contributors and the leaders of the organizations together for a day and a half of sharing, cele-

brating, and exploring next steps. This gathering provided a testing ground to evaluate the impact of the stories we uncovered.

As we organized the summit event we selected stories that had been uncovered at each organization to share with all of the participants. The night before and the morning of the summit, we were very anxious about sharing these stories. How would they come across? What impact, if any, would they have?

As soon as we shared the first story, we knew that the entire project would be well received. The stories were no longer just poignant and thought provoking: They were exemplars that moved even the successful leaders who inspired them. When we posed the question “what is the difference between a great work of art and a masterpiece,” there was dead silence in the room. Everybody was listening, suddenly more alert and anxious to hear the answer. When we revealed the answer—“passion”—everybody became fully engaged and started taking notes. At that point, we knew we were going to have an impact for the rest of the day.

One participant summarized, “All of us in healthcare are doing great works of art. We all provide the same services. It is those of us who have *passion* about our work who are the ones who are actually creating masterpieces in healthcare.” It was a profound statement!

The stories we shared at the summit came alive and brought these already successful leaders to a higher level of passion, excitement, and drive to perpetuate their success. It stimulated their table discussions about challenges, successes, and sustainability around their hopes and dreams for the future. It was quite powerful and also validated the value of the stories that we had uncovered. We knew that we could then solidify our process and work with the contributors to complete their chapters.

Reference

- Denning, S. (2000). *The springboard: How storytelling ignites action in knowledge-era organizations*. Boston: Butterworth-Heinemann.

