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Leading a Team in Times of Change: The Impact of Different Personalities on Outcomes

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Each of us has a different risk profile for adoption of change. Some of us are native risk takers, happy to adopt change without clarity of detail or definite outcomes or specific plans. Others are risk averse, require all of the above and do not want to gamble. In this article, I will focus on the impact of individuality within the team, on overall leadership, and outcomes.

In an ideal world, leadership vision would readily convert to management agenda and engagement of the team would not be an issue. Exploring this a little, intransigence is the least likely reason for lack of cohesion in a team. Different experience, beliefs and values influence individual perception and action. We all wish to influence our future positively and that of our work environment.

Yet we all hold the cherished card of the patient dear in terms of their safety and best possible outcomes. An open mind to different approaches is helpful. The leader must be a good listener to hear and understand the disquiet of others and convert that by allaying concerns and channelling energy.

Individual Perceptions Influence Outcomes

Individual perception of situations is varied and unpredictable. One should never assume that all team members are seeing a situation as one sees it. This is the result of different value systems, beliefs and experience but also personality. Some have a very person-focused approach to life and will natively consider impacts on people (i.e. the patient or staff groups). Others have a task focus and, at all costs, may want their outcome and to win the day, regardless of collateral impact.

By acknowledging these natural differences, we can step around the potential conflict that could arise. Prioritisation is another extremely individual influence on outcomes. Individuals lead busy lives and assuming that your agenda is their agenda, can lead to misunderstanding.

The Role of Stakeholders

In undertaking a change in healthcare services or practice, it is essential to pinpoint the individual stakeholders. Patients are an obvious group, but the staff who provide the service and their referrers are legitimate additions. Less obvious stakeholders are those who ultimately pay for the service and alternative service providers or linked services. Those who are likely to be involved in any required training or retraining of staff to provide the new service should also be given a voice.

Once the stakeholders are identified, it is useful to consider what their concerns about the new service might be. Often these will fall into positive and negative aspects, benefits and drawbacks or unintended and unhelpful consequences. Leading a team involves a certain effort to predict and document potential pros and cons of any new service. This allows the team leader to arrive at a vision of the future that acknowledges the impact and individual concerns that might arise and allows encouragement of joint working through of these issues to mutual benefit. It is always

better to have joint working through of issues and development of plans than for a group or individual to feel that it is 'being done to them'.

Ensuring Team Compliance

When announcing a necessary change in service or practice, there is a certain approach that aims to ensure team engagement and increased likelihood of compliance, as follows:

• Assemble all identified stakeholders, as outlined above;

• Present them with the issue to be addressed or the service to be developed;

• Seek ideas giving an outline of the overall intended vision, and

• Be in listening mode - active listening is a skill that can be employed here.

In active listening, one reflects back the information that a stakeholder has given to confirm understanding but also to encourage clarification in a very supportive, positive way. This may be in the words of the reflector and a useful dialogue may ensue achieving understanding and exploring approach and process.

A shared vision may be developed and even detail of the 'hows' in terms of the planning process. It is worth remembering that nobody un derstands a service as well as the stakeholders. Fundamentally the users of the service are critical to that understanding. They may even have astute observations in terms of service improvement.

Practical Considerations

At a practical level it is helpful for team-building to put the service development on a poster or board on the wall at one end of the room and for everybody to sit facing the poster.

In that way all staff have an opportunity to be seen as part of the solution and it recognises that everybody's contribution is valid. Practical suggestions can be noted on post-its and stuck on the wall by a neutral facilitator of the discussion. Following this session, the clinical leader and facilitator will have a wealth of information upon which to develop a sound plan. This approach sends out the message of the future being a jointly developed one.

It is also important that all parties are kept up to speed with the evolving and developing service change. Adverse impacts on individuals are less likely to arouse obstructive behaviour if there is awareness and preparation for them.

Acceptance of adverse impacts is always easier if the consequence is acknowledged and worked through involving those affected rather than ignoring them. Individual response may be quite emotional if the status quo is under threat. This approach negates any initial 'fight or flight' response.

Strength comes from mutual respect and an inclusive approach to team working. Valuing the diversity of different approaches and perceptions is the strength of a good leader and the basis of a strong and mutually supportive team. Leaders and team members should not feel threatened by different perception but rather actively seek them. The difficulty is sometimes that different perception may feel like a challenge to the 'authority' of the leader.

In summary, team leaders need to be good listeners. They need to hear the problems and concerns of all parties. They should be slow to take offence but value the strength of diverse contributions.

It is too easy to appoint in your own image or select candidates with similar or consonant points of view to your own. The result is "group-think" of a like-minded group. This may feel very comfortable but is exclusion of diversity and a lost opportunity.

Further Reading

• Gladwell, M (2000) The Tipping Point: How Little Changes Can Make a Big Difference, Little, Brown and Co 2000

• Rogers, Everett M (2003) Diffusion of Innovations, Fifth Edition, New York, NY Free Press Gifts Differing;

• Understanding Personality Type, Ishbel Briggs Myers with Peter B Myers (1980) Consulting Psychologists Press,Inc.

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