Quality Leadership Summit
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Lessons Learned:
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Lesson #1

There are no templates or “toolkits” for leadership development and related performance improvements.

✓ All organizations are different, and needs are specific to situations.
✓ For that reason effective consultation begins with inquiry, never prescription.
✓ Effective consultation must result in organizational ownership of any initiatives; it must be generative.
Lesson #2

The concept of organizational “culture” is sadly misunderstood by most health care leaders and industry consultants.

- Leaders must unlearn erroneous beliefs about “culture” or their initiatives will fail.

- “Culture is a learned thing; it does not result from someone announcing it.” (Edgar Schein).

- We likely should stop using the term – it means different things to different people and often produces confusion, fear or cynicism.
Lesson #3

Most health care leaders (and consultants) do not understand change theory and consequently mismanage their initiatives.

✓ Actions intended to motivate change often result in “learning anxiety,” more commonly known as “resistance to change.”

✓ Physicians exhibit more learning anxiety than other cultural subgroups, but usually cannot admit it.

✓ Successful leadership consultation & performance improvements must reduce “learning anxiety” and create a safe environment.
Lesson #4

Performance improvement requires alignment of an organization’s cultural subgroups. That is best achieved through a focus on work outcomes, not altruism or goodwill.

✓ “A team is defined by task interdependence not by motivation or intention” (Edgar Schein).

✓ Cultural subgroups often talk about having a common purpose – providing care. That (arguable) belief may kick-start a performance improvement process, but it will not sustain it.

✓ Effective consultants ask: “What do you hope to achieve? Describe the new behaviors 5 years out.”
Lesson #5

Successful leadership development & performance improvement initiatives must find a way to slow the pace of business.

✓ The industry is conditioned to move quickly; that is the source of many of its problems.

✓ This compulsion to act limits thinking to the “single loop,” but opportunities for systemic improvement reside in the “double loop.”

✓ If health care fails to be more reflective and deliberate in decision-making, it will continue to suffer the negative effects of “practical drift.”