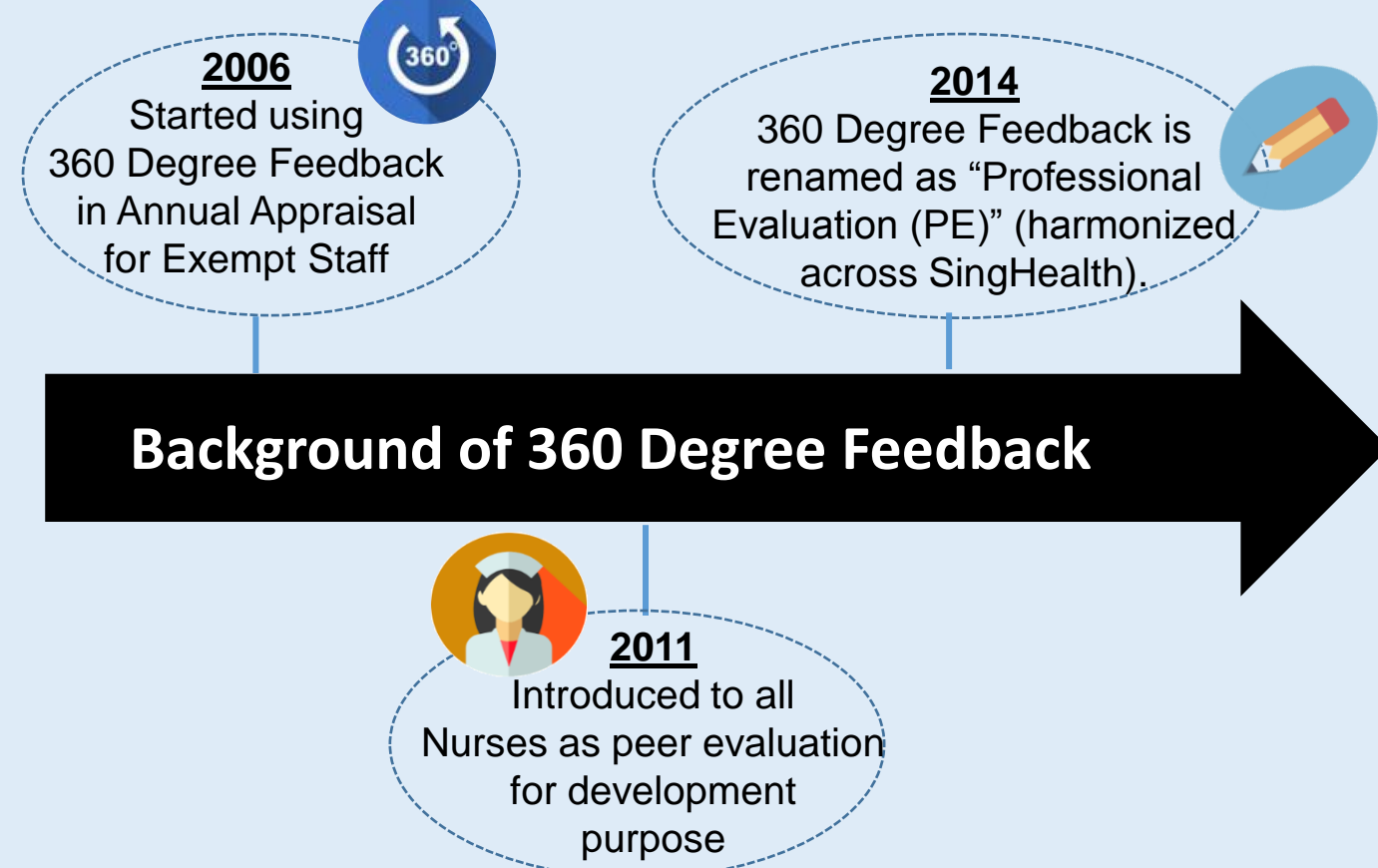


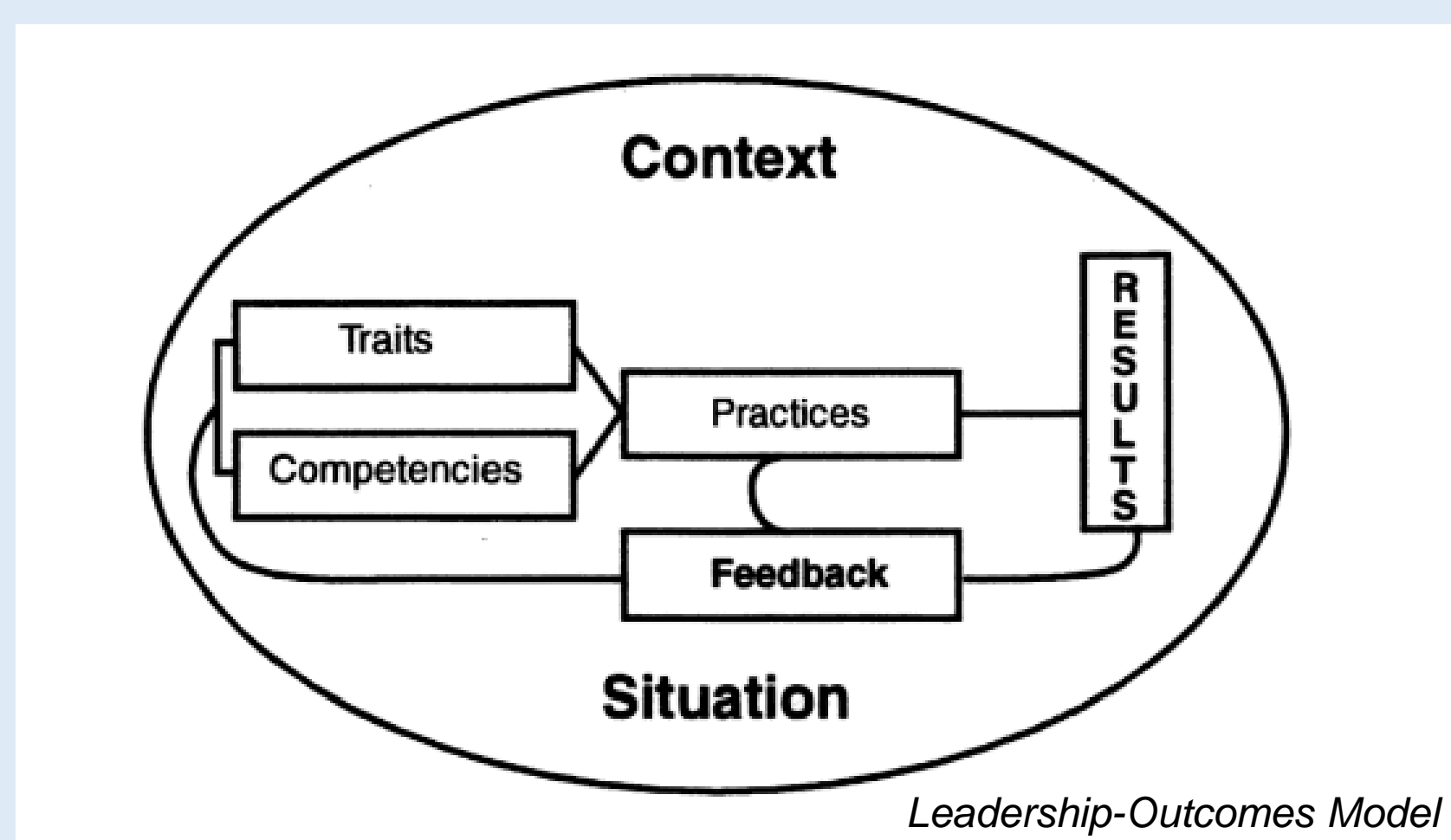
Introduction

KKH has implemented 360 Degree Feedback since 2006:



Using the Leadership-Outcomes Model¹, we believe that 360 Degree Feedback helps leaders to:

1. Improve self-awareness of their personality traits (strengths vs. weaknesses);
2. Highlight attributes such as competencies that require development;
3. Guide their leadership practices optimally to maximize the desired leadership outcomes



Objectives

Recognising that we have a rich pool of PE (360 Degree) data that can be used to gain insights for leadership development, we embarked on a study with two objectives:

- To identify gaps and development needs of our leaders to improve their self-awareness
- To facilitate targeted intervention programmes or specific groups with low scores in leadership attributes.

Methodology

Scope of study

- KKH staff in leadership positions across job categories, classified into ten "norm groups" as follows:

Job Category	Norm Group
Admin	Assistant Director & above
	Manager & Senior Manager
Allied Health	Head of Department/ Service
Nursing	Assistant Director & above
	Snr Nurse Manager/Clinician/Educator (SNM/SNC/SNE)
	Nurse Manager/ Clinician/ Educator (NM/NC/NE)
Medical	Clinical Heads (Div of Medicine)
	Clinical Heads (Div of O&G)
	Clinical Heads (Div of Surgery)
	Clinical Heads (Div of Clinical Support Services)

- 13 common harmonized PE attributes across job categories, i.e. Core Values, SPREE and Leadership Attributes.

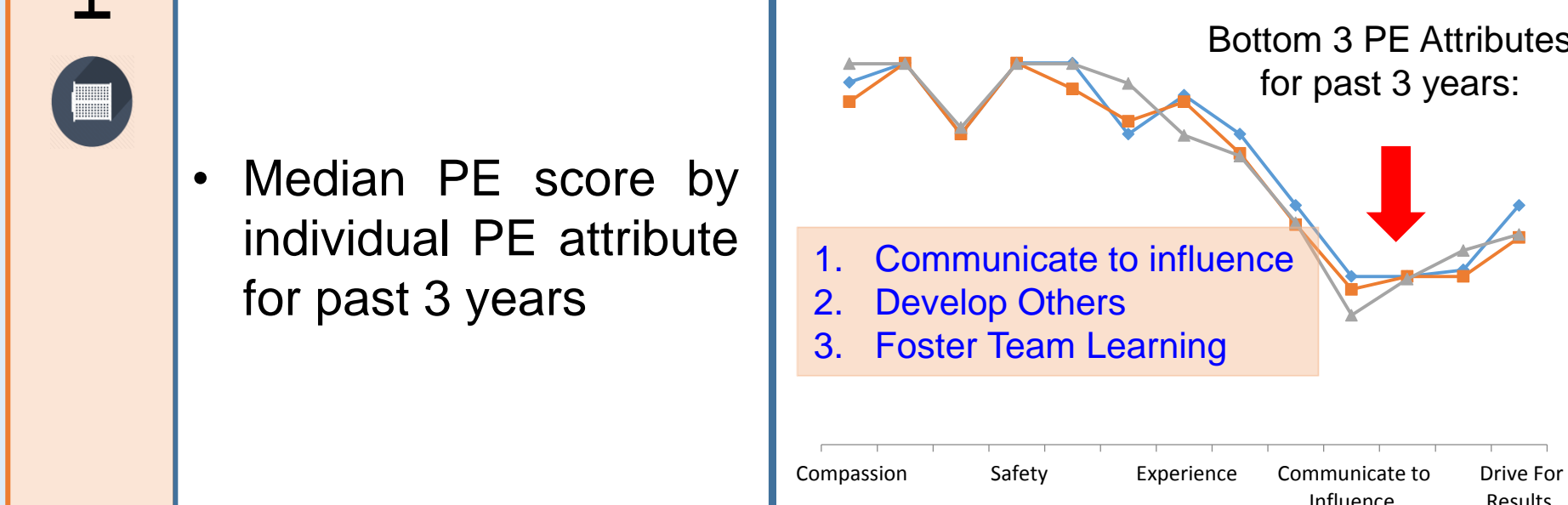
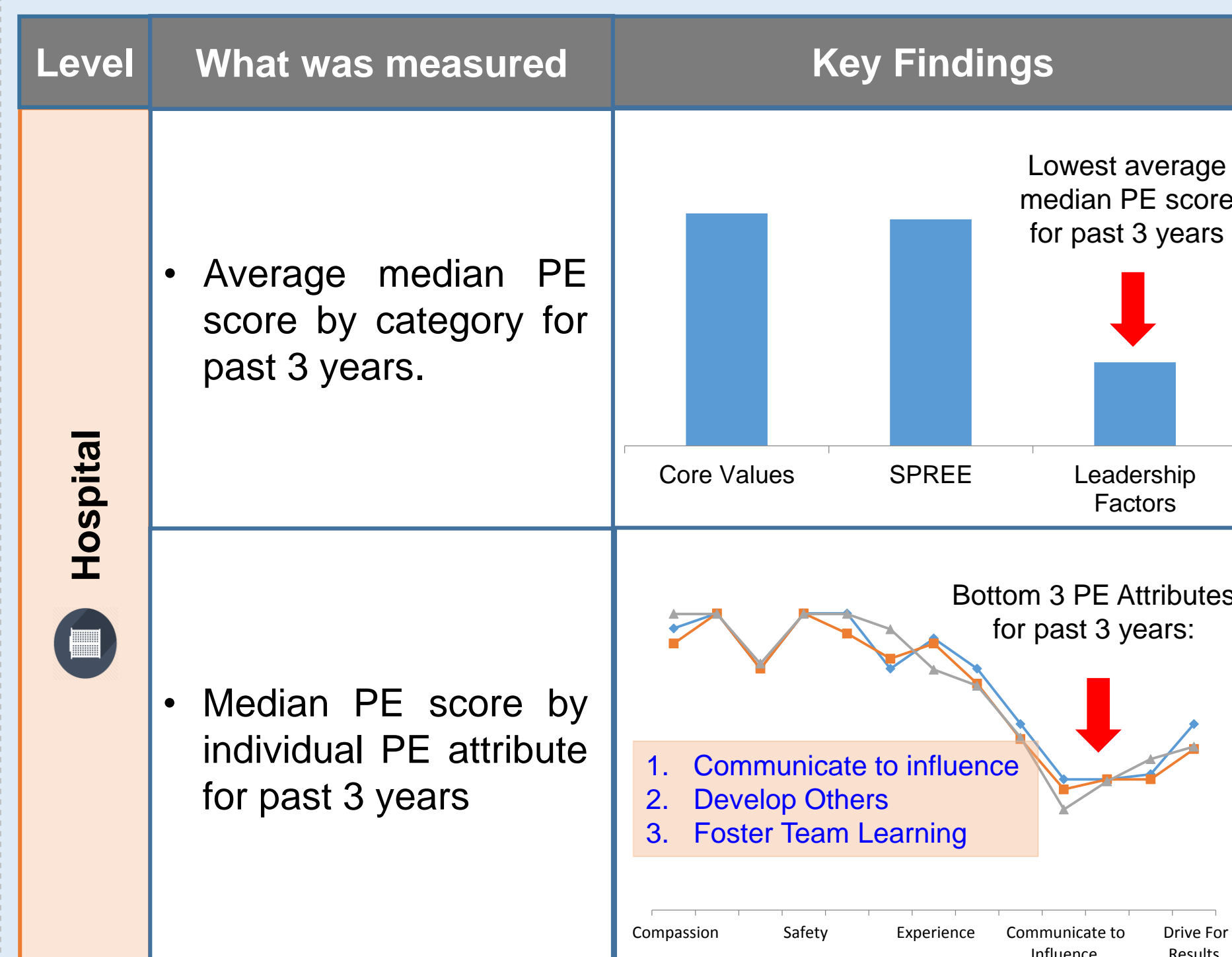
Period and Data Source

Past 3 years (FY13, FY14 and FY15) of PE data extracted from the Electronic Performance Appraisal system .

Analysis and Key Findings

We analysed the PE scores at two levels:

- a) Hospital level i.e. all the KKH staff in leadership positions



- b) Norm Group level i.e. staff in similar job category and level

Level	What was measured	Key Findings
Norm Group	• Median PE score by Norm Group for past 3 years.	• Median PE scores for the junior leaders i.e. Admin Manager & Senior Manager and NM/NC/NE are lowest among all norm groups for past 3 years.
	• FY15 Median PE score by individual PE attribute for each norm group	• Communicate to Influence and Develop Others were identified as leadership attributes with lowest scores across all the norm groups in FY15 (refer to Table 1).

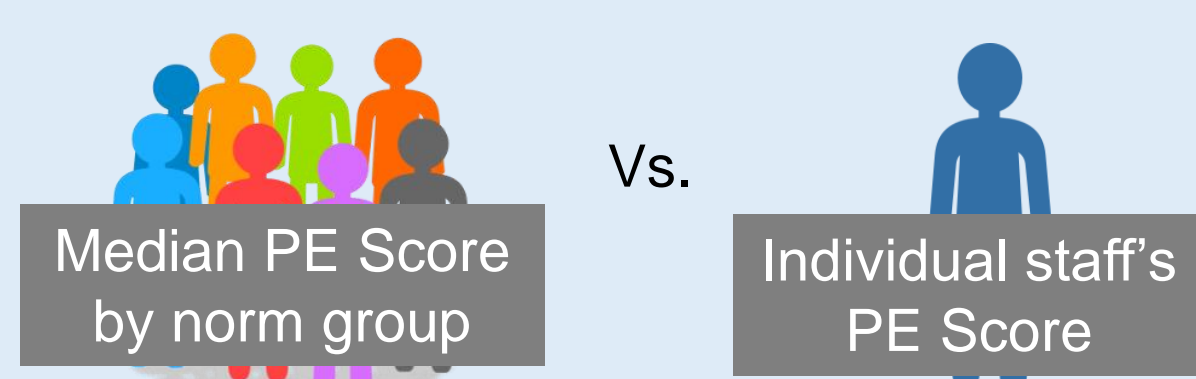
	Admin	Nursing	Allied Health	Clinical Heads			
				Div of CSS	Div of O&G	Div of Surgery	Div of Medicine
Lowest	Communicate to Influence	Develop Others	Develop Others	Foster Team Learning	Building Positive Relationships	Develop Others	Develop Others
2nd lowest	Develop Others	Communicate to Influence	Foster Team Learning	Communicate to Influence	Communicate to Influence	Communicate to Influence	Building Positive Relationships

Table 1: Leadership attributes with lowest scores in FY15 by job category/ norm group

Outcomes

There are 2 key outcomes from this study:

- Identification of **leadership attributes that are commonly low in scores** across norm groups as well as specific norm group
- Establish the **Median PE score by norm group** as the benchmark for comparison of individual staff's PE score



Research supports that using norms as a benchmark help an individuals understand how they perform compared to others in similar roles², thus increasing the likelihood to stimulate positive behavioral change.

Applications to Leadership Development:

- Review of Hospital-level leadership development framework and programmes with focus on leadership attributes with low PE scores across norm groups e.g. Communicate to Influence and Develop Others.
- The list of individual staff with PE score below the median PE score of the respective norm group (refer to illustration* below) is sent to Division Heads who may nominate them for leadership development programmes.

Employee Name	Department	Designation	Division	FY15 PE Average Score
NM A	Ward X	Nurse Manager	Div of Nursing	2.98
NC B	Ward Y	Nurse Clinician	Div of Nursing	3.10
NM C	Ward Z	Nurse Manager	Div of Nursing	3.30
FY15 median PE average score of NM/NC/NE				3.52

*Data in table is for illustration purpose only



- Use of **Median PE score by norm group** for:
 - Evaluation of staff promotion to leadership positions
 - Evaluation of candidates by Search Committee for leadership appointments.

Based on below illustration*, individual's PE scores are compared against median scores of the respective norm group.

Employee Name	Designation	Division	FY15 PE Average Score	Communicate to influence	Develop Others	Foster Team Learning
Doctor E	Snr Consultant	Div of O&G	3.80	3.75	3.78	3.95
Doctor F	Snr Consultant	Div of O&G	4.15	4.10	4.00	4.20
Doctor G	Consultant	Div of O&G	4.33	4.25	4.35	4.50
FY15 median PE score of Clinical Heads (Div of O&G)			4.10	4.00	4.05	4.25

*Data in table is for illustration purpose and only some attributes are extracted in this sample.

Conclusion

Benefits:

- The study provided invaluable insights into the Hospital's culture and identified both our strengths and opportunities for leadership development.
- The use of median PE score also provided a useful benchmark to measure the effectiveness of our leadership development programmes.

Future Applications:

- Going forward, we may expand the study of median PE scores to other staff groups, i.e. Nurses, Allied Health, Admin and Ancillary (refer to Diagram 1) and identify the PE attributes that are commonly low in scores.

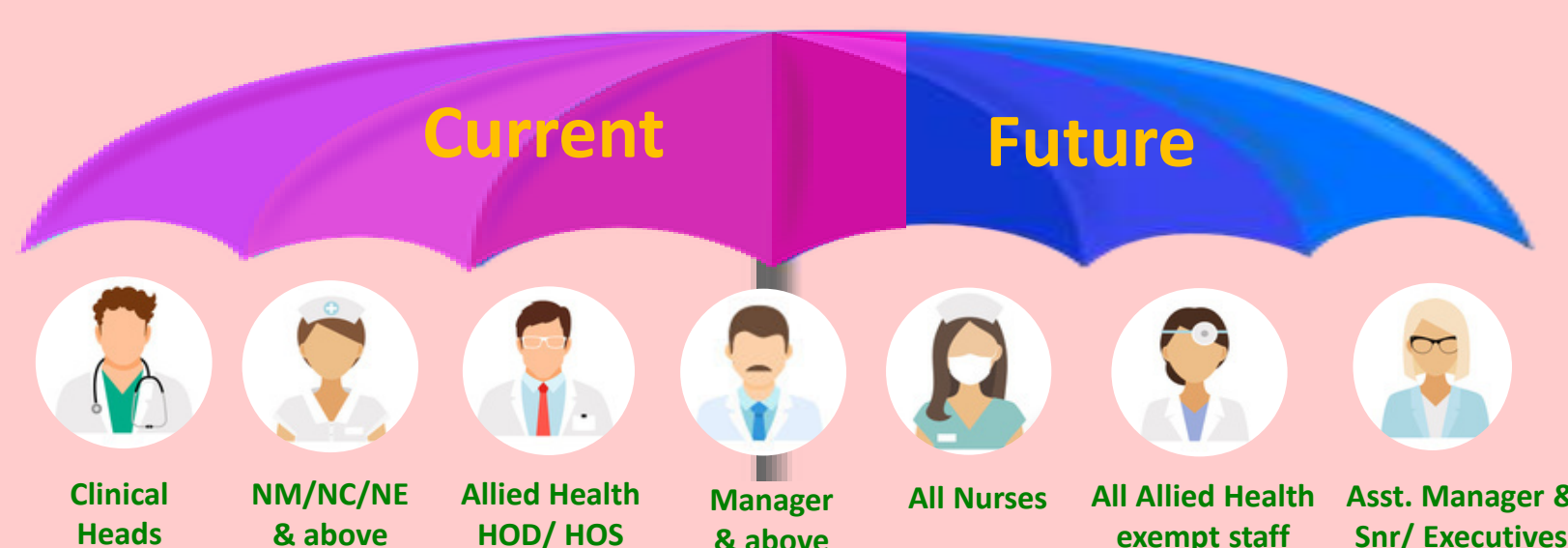
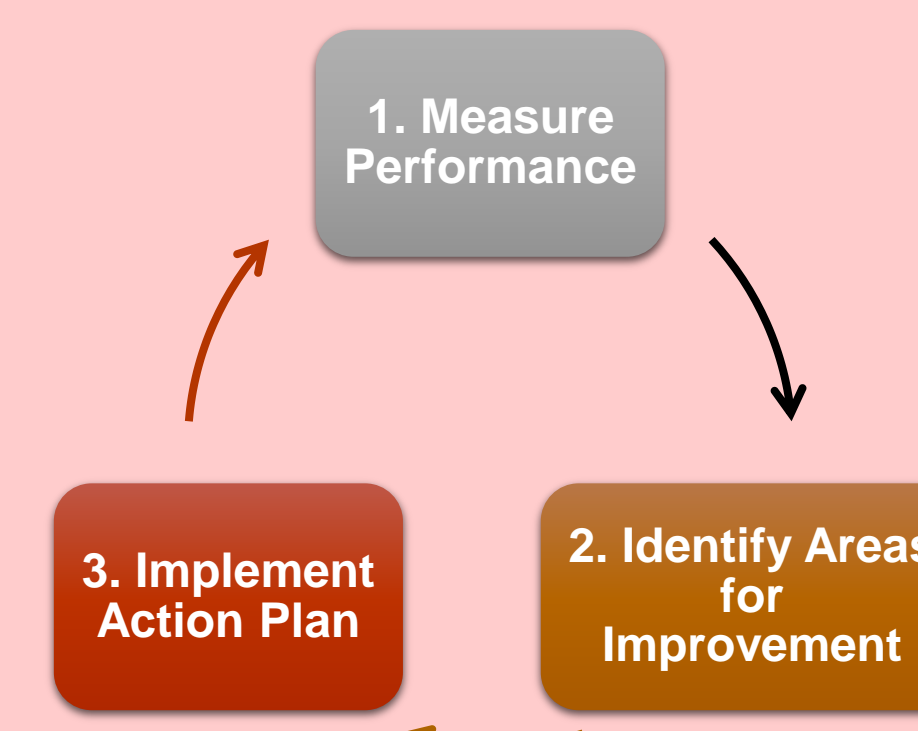


Diagram 1: Current and future coverage of PE score study

- In future, we hope to explore the provision of median PE scores by specific norm group to encourage self-empowerment in staff to compare their own PE scores against the median, thus supporting a climate of continuous improvement and learning in the organization.



References:
1 John E. Jones, Ph.D., William L. Bearley, Ed.D (1996). 360° Feedback Strategies, Tactics, and Techniques for Developing Leaders.
2 Russell Lobenz, Ph.D., Karen Caruso, Ph.D., and Amanda Seidler, MA (Nov 2004). Best Practices in Reporting 360-Degree Feedback.