

# SingHealth Healthcare Management Congress 2014



## *“Leadership Development in Healthcare – Challenges and Perspectives”*

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**Director, Leadership and Organization Development**  
**19 August 2014**



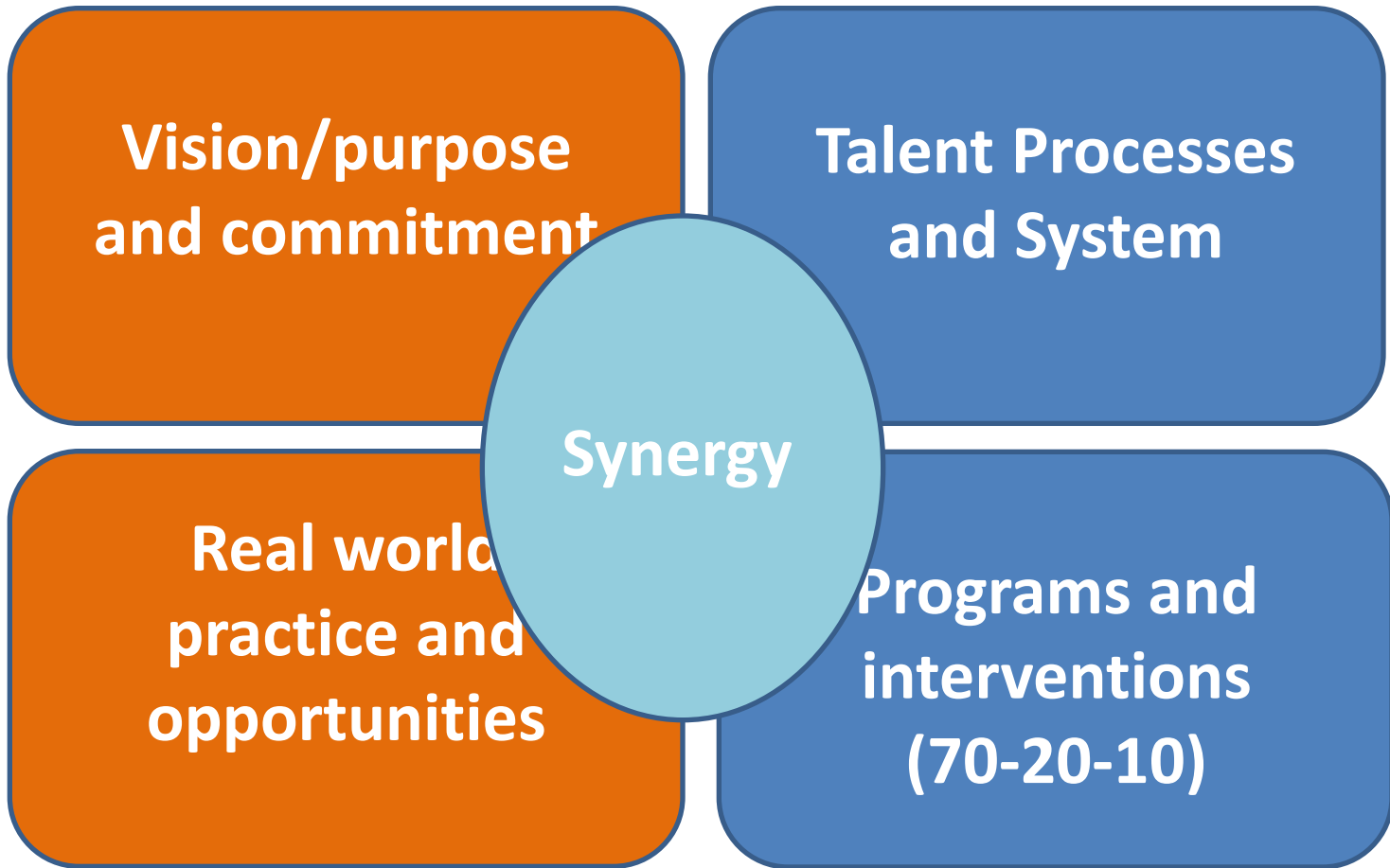
- ✓ **Leadership Development – what seems to work?**
- ✓ **SingHealth's approach to developing Leaders**
- ✓ **Key outcomes and value**
- ✓ **Is this enough? Where do we go from here?**



# Magic bullet ?



# What seems to work in Leadership Development?



Leaders champion

HR Champions

# SingHealth's Approach

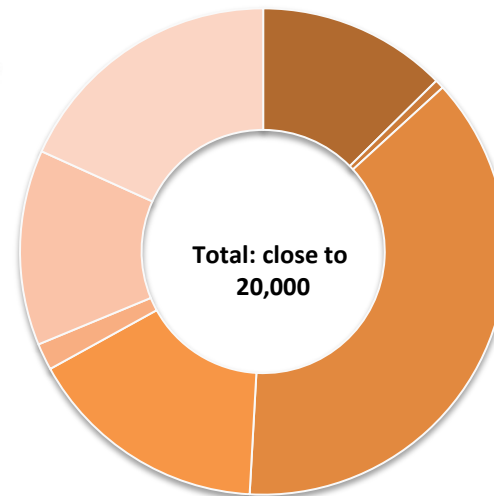


# Overview of SingHealth



**SingHealth** is the largest public healthcare group in Singapore

**2 hospitals, 5 National Specialty Centres and 9 Polyclinics.**

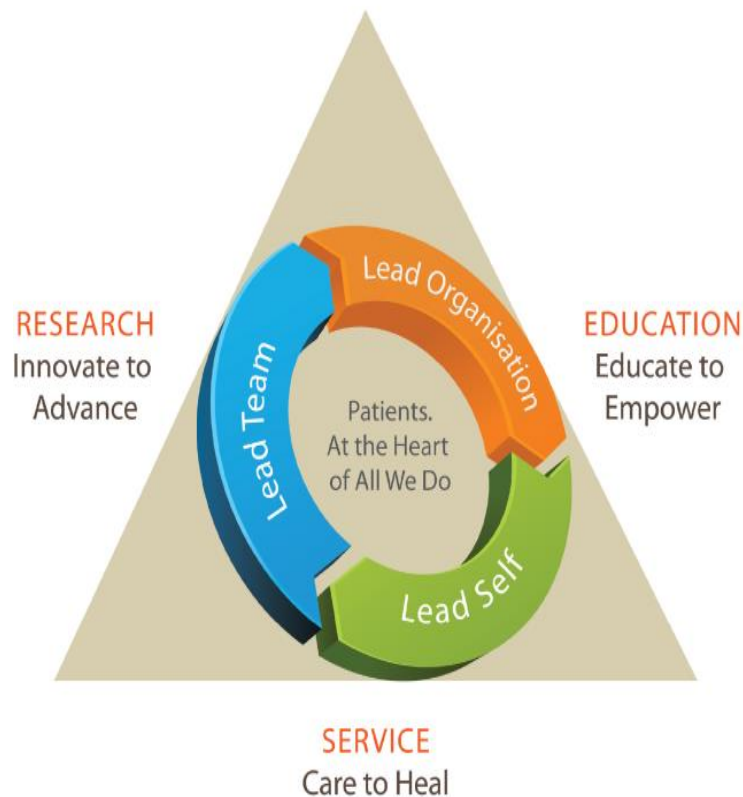


## STAFFING

- Medical 2439
- Dental 117
- Nursing 7283
- Allied Health 3112
- Pharmacists 344
- Admin 2513
- Ancillary 3527

# “Business” context - where we are going...?

## Defining Tomorrow's Medicine



- Public Healthcare challenges
- Patient centric, cross-institution, multi-disciplinary care
- Regional Health System
- Academic Medicine Center

### Need for strong leadership

- quantity and quality
- For the Nation also



# LEADERSHIP

*The leader always sets the trail for others to follow.*



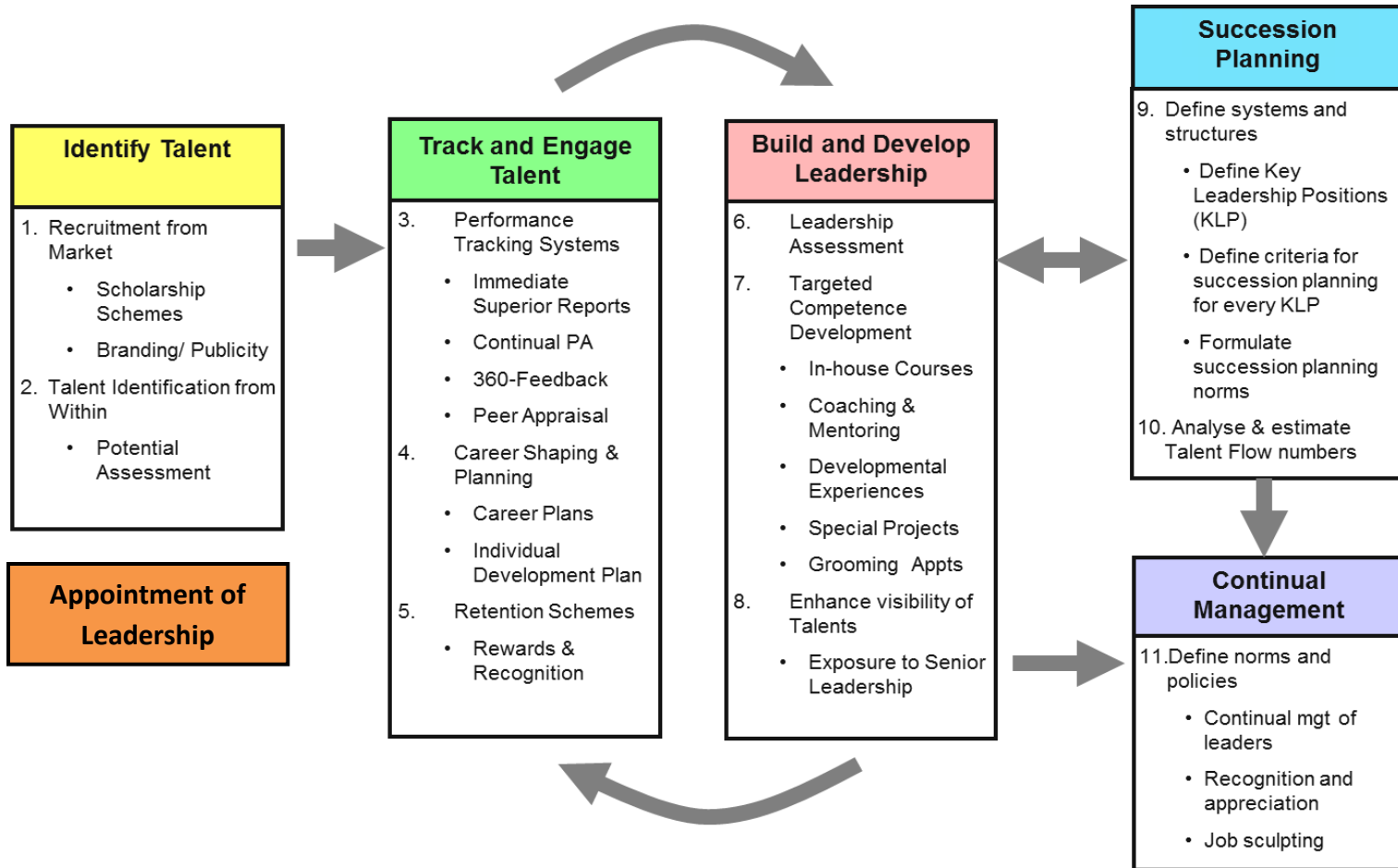
# Leadership Imperative

**“Quality leadership** is vital in supporting organisational performance and moving an organisation towards its long-term vision. At SingHealth, we believe sound leadership and strategic management are essential to the success of the organisation. SingHealth leaders must exercise effective leadership to inspire and engage their teams to improve performance and deliver superior results.”



By Prof Ivy Ng, Group  
CEO SingHealth

# End-to-end Leadership Development framework



*Identify/Select*

*Engage / Develop*

*Transition / Retain*

# Identification of Leadership potential and succession planning



# Who are our talent?

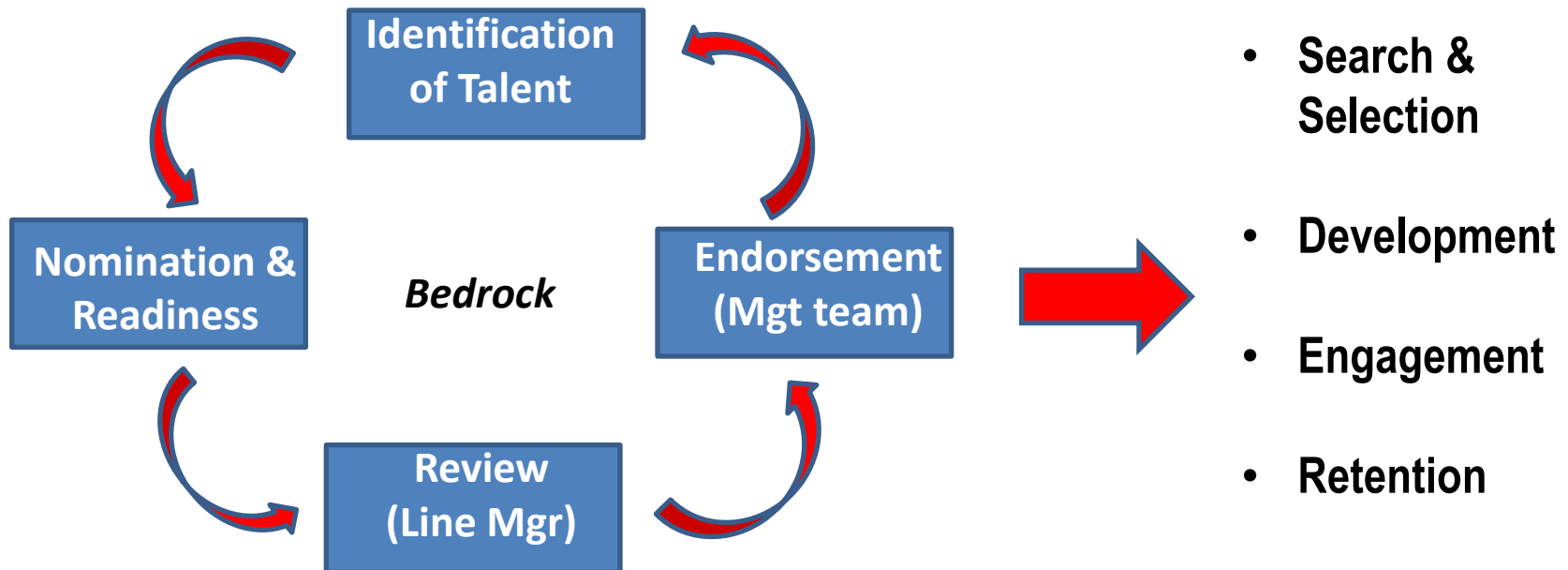


# Who are our talent?



# BEDROCK : Succession Planning for Key Leadership Roles

- HOD in Institutions → to Group CEO
- Yearly nomination and review process
- Up to SingHealth Board level



# Search and selection



# Leadership Appointment process – Selection



- **Search Committees** to select leader
  - ✓ Broad representation
  - ✓ Neutrality / objectivity
  - ✓ Review candidates
  - ✓ Robust approval process
- Key outcome : ***Right person for job & mandate to lead***

*Why is there need for a Search process if there are already successors identified?*



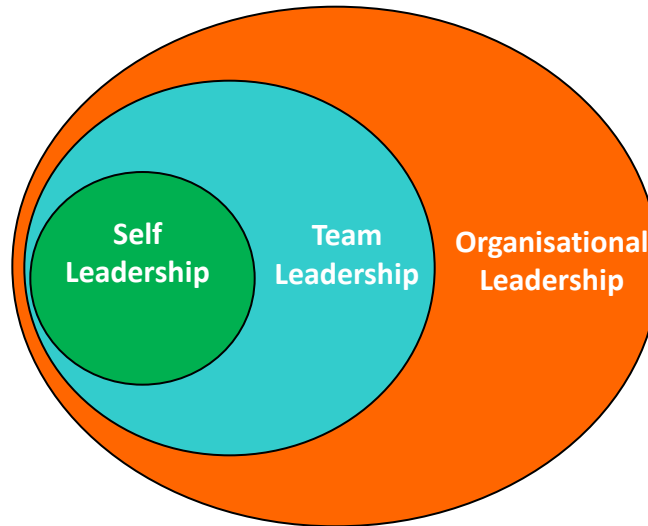
78%

% Key Leadership Roles filled by identified successors in last 2 years

# SingHealth Leadership Development Model, Core programs and Roadmap



# SingHealth Leadership Competency Model (LCM)



1. **Self-Leadership** : developing authentic, purposeful and committed professionals who are willing to lead
2. **Team Leadership** : building cohesive and committed teams of professionals to deliver high quality service and results
3. **Organisational Leadership** : sustaining current performance and ensuring long-term organizational health for future performance

# SingHealth Leadership Competencies

## Organisational Leadership

*Foster Organisational Learning*

*Lead Organisational Change*

*Master Complexity*

*Seize the Future and Provide Stewardship*

## Team Leadership

*Drive for Results*

*Foster Team Learning*

*Develop Others*

*Communicate to Influence*

*Build Positive Relationships*

## Self Leadership

*Develop Professionalism*

*Develop Personal Mastery*

*Develop Self-Awareness*

# SingHealth Leadership Development Roadmap

Graduate Diploma and EMBA

## SINGHEALTH LEADERSHIP DEVELOPMENT ROADMAP

Core Milestone Programmes	Clinicians	Nursing	Allied Health Professionals	Administrators	Portfolio Courses Optional programmes targeting at specific competencies / skills	Management Skills Courses covering Areas in:	
Organisational Leadership Programme	Div Chairs & above	Directors and above	Directors and above	Directors and above			<ul style="list-style-type: none"> <li>Financial Management</li> <li>Performance Management</li> <li>Human Resource Management</li> <li>Quality and Service Management</li> <li>Risk Management</li> <li>Information Management</li> <li>Media and PR Management</li> <li>Understanding Healthcare Systems and Organisations</li> </ul>
	HODs	Deputy Directors	Deputy Directors	Deputy Directors			
	Senior Consultants	Assistant Directors	Managers	Assistant Directors			
	Consultants	Senior Nurse Clinicians / Managers / Educators	Senior Principal AHPs	Senior Managers			
Team Leadership Programme	Associate Consultants	Nurse Clinicians / Managers / Educators (I&II)	Principal AHPs	Managers			
	Registrars / Senior Residents	Senior Staff Nurses	Senior AHPs	Assistant Managers			
Self Leadership Programme	MO / Residents	Staff Nurses	Junior AHPs	Senior Executives			
				Executives			

# Other Leadership Development initiatives



- Broader business understanding
- Sharing of experiences
- Networking
- Targeted at Senior leaders



## SMU-SINGHEALTH GRADUATE DIPLOMA IN HEALTHCARE MANAGEMENT & LEADERSHIP

- First Public Healthcare program in Singapore ~ started 2009
- Targeted at high-potential mid-management staff in SingHealth
- 120 graduates to date
- Average satisfaction of 4.2 (out of 5.0)



- More experienced person mentoring less experienced
- 160 mentoring pairs launched to date

# Development for Administrators

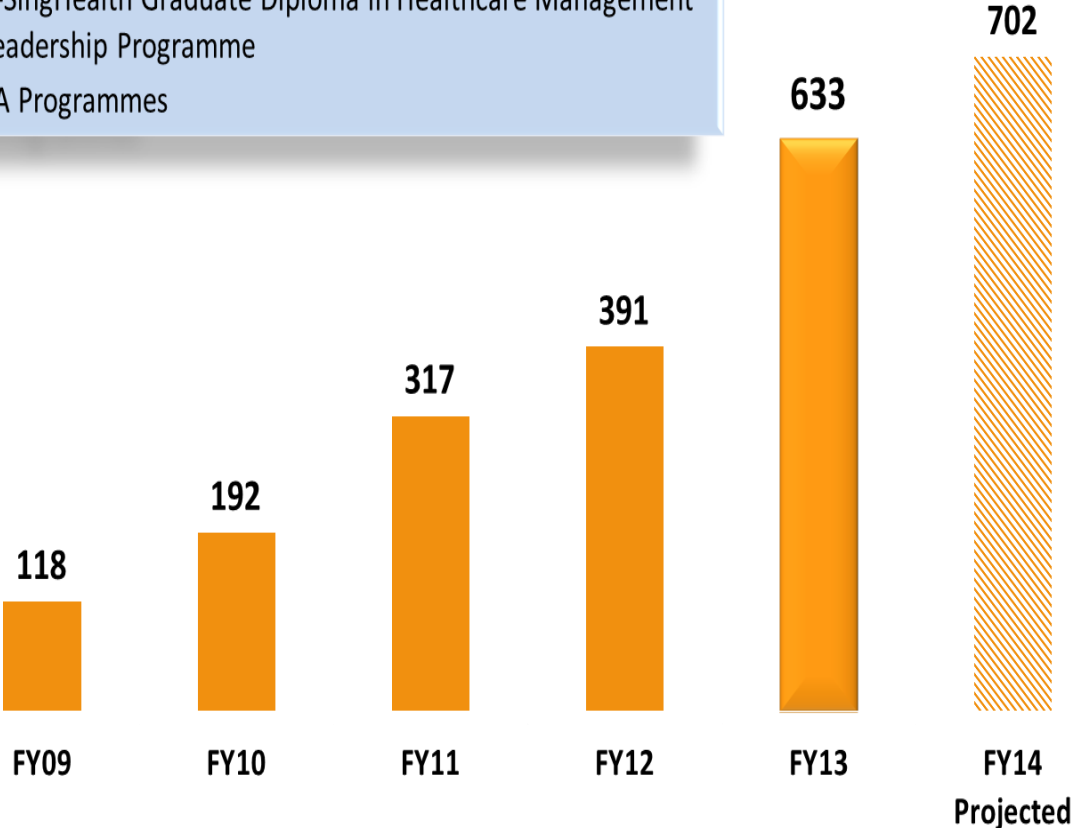
## Talent Management & Mentoring



# Participation at Core Leadership programmes

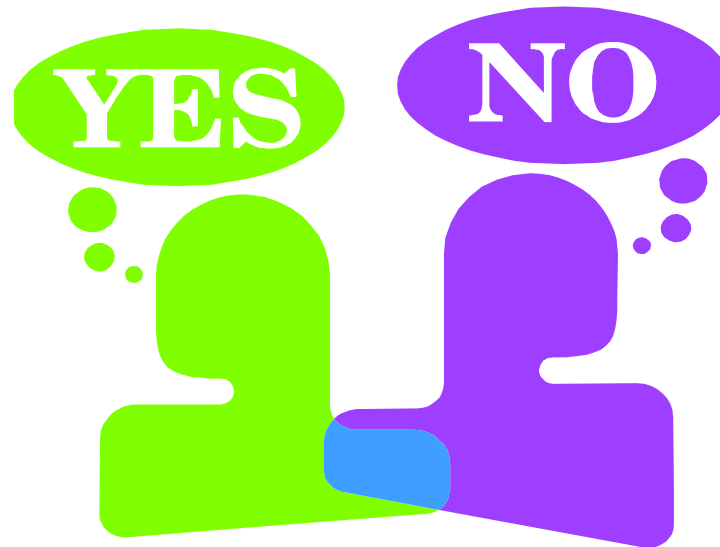
## Key Signature Leadership Programmes at SingHealth

- Self Leadership
- Team Leadership
- Organizational Leadership
- SMU-SingHealth Graduate Diploma in Healthcare Management and Leadership Programme
- EMBA Programmes





Have they been effective?



# Core Leadership Milestone Programs

## Quotes :

“It has helped me to rediscover the reasons why I joined Healthcare in the first place...” (SLP participant)

“Being with different professionals in the training, has made me realize more the importance of networking and working in teams. (TLP participant)

“Being a leader is not just about being good in my clinical skills... I learnt how important is it to think more about systems, finance, and change at the organization level” (OLP participant)

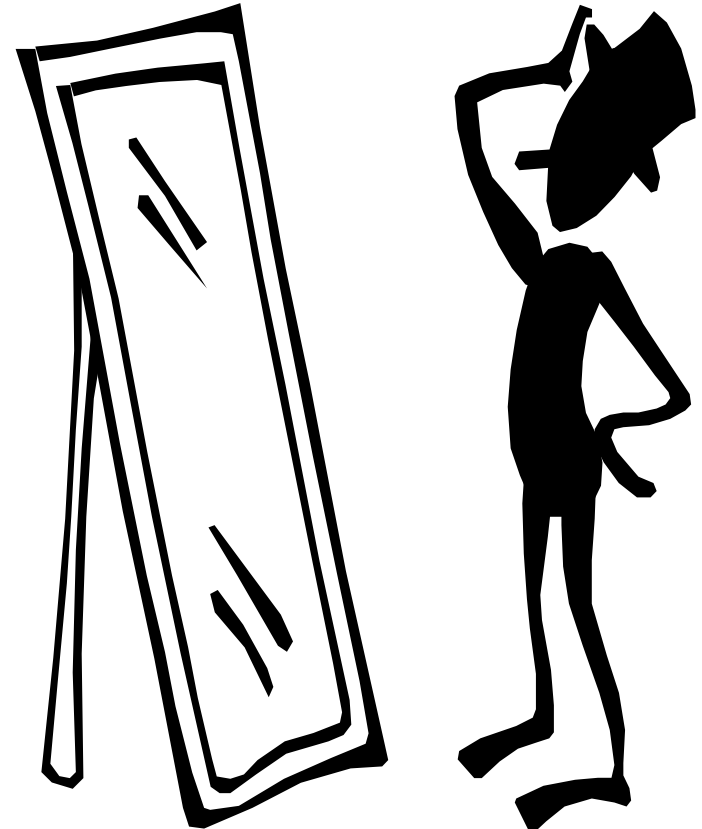


- **Very well received**  
→ **Average 4.7/5 satisfaction scores (>1000 participants)**
- **Longer term impact study completed**

# Longer-term impact of the Self Leadership Program (SLP)

## *Self-Leadership Program (SLP)*

- Pre and post program self-assessment on :
  - ✓ Personal mastery,
  - ✓ Self-awareness,
  - ✓ Professionalism
  - ✓ Outcome factors (eg, commitment)
- Significant improvements reported
- Strong link between personal mastery and outcome factors : ***organization and job commitment***



## RE-FOCUSING ON HER GOALS AND PASSION

*I am more focused in my goals and I feel better after the course. I realised that sometimes I get overwhelmed at work, especially during the difficult times. So, I try to focus on my goals in these situations...I think the SLP motivates me to continue to do what I love and be passionate in my job. My goals are aligned to my current job and what is important is to keep consistency in what I am doing at work everyday.*

**SNEC Participant, SLP 10**



“There is that constant erosion of the ideals and values that motivated doctors take up medicine in the first place - leaving them exhausted and disillusioned. So what might be needed - other than the usual strategies of personal stress reduction and resilience training - is to enable doctors to have a sense of better control. They need help to identify what they value, and connect with what is most meaningful in their work.”

Prof Chong Siow Ann, Vice-Chairman on Medical Board (Research) at Institute of Mental Health  
 “Work, Stress and Burnout”  
 The Straits Times, 16 May 2014

One way of coping with stress at work is to search for meaning. Most work is intrinsically honourable.

# Work, stress and burnout



By CHONG SIOW ANN  
 FOR THE STRAITS TIMES

**P**RESIDENT Ronald Reagan had famously said, “It’s true hard work never killed anybody, but I figure, why take the chance?” As it turned out, he was rather prescient: During the bubble economy of the late 1980s, a number of Japanese corporate executives actually died from overwork in what was subsequently termed *karoshi*. But even if overwork does not kill, it can cause wide-ranging problems.

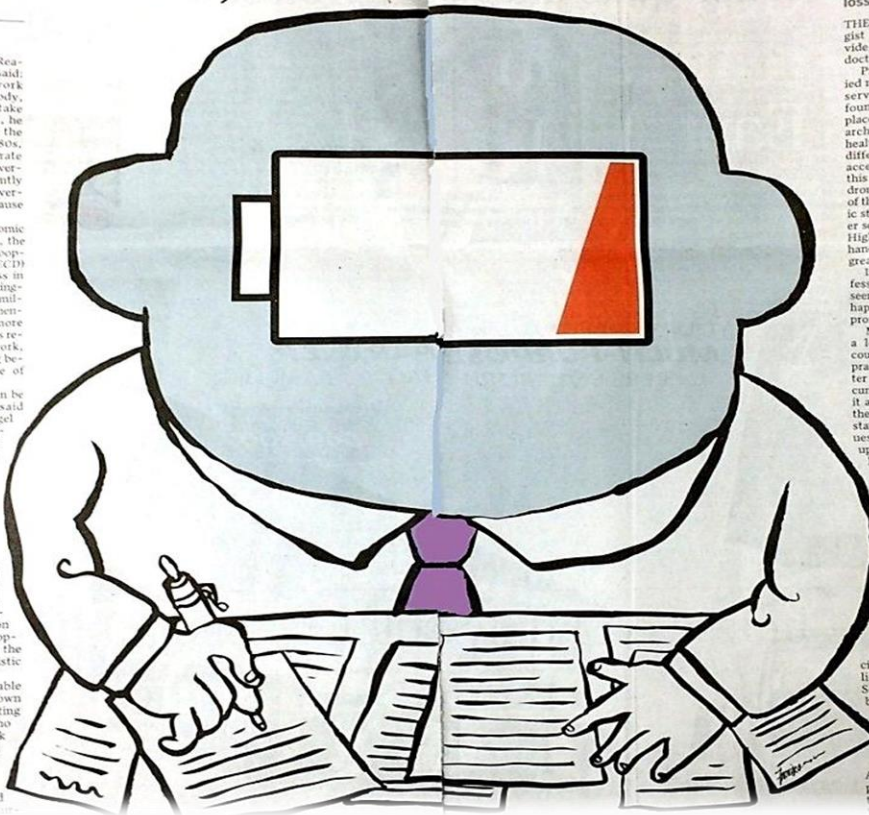
At this year’s World Economic Forum in Davos, Switzerland, the Organisation for Economic Co-operation and Development (OECD) highlighted the issue of stress in the workplace. In the United Kingdom last year, nearly half a million people were off work for mental health reasons, while more than 8 in 10 working Americans reported being stressed at work, with more than half reporting being less productive because of stress.

“This is something that can be addressed and treated,” said OECD Secretary-General Angel Gurría while noting regretfully that this is “not yet embedded in the awareness of managers”.

The Straits Times last week carried the findings of a study by the Health Promotion Board (HPB) on more than 8,000 Singaporeans. It reported that one in four workers admitted to being “highly stressed”. Rather surprisingly, 94 per cent said they are coping “reasonably well”. This is presumably based on self-reporting. Without any objective assessment on how well they are actually coping, it is difficult to establish the veracity of this rather optimistic claim.

There is certainly a sizeable body of studies that have shown the heavy toll on health resulting from work stress: Workers who are unhappy are at higher risk of heart attacks, other heart diseases, depression and other ailments.

What would have been interesting, but was not revealed



ally connected and available almost all the time, with no respite from work and from one another.

## Status and the loss of control

THE work of British epidemiologist Michael Marmot might provide some insight into why some doctors suffer burnout.

Professor Marmot, who studied more than 10,000 British civil servants in Whitehall in 1981, found that the lower a person is placed in the socioeconomic hierarchy, the worse is the person’s health – after taking into account differences in smoking, diet and access to health care. He calls this phenomenon the “status syndrome”. Those at the lower end of the hierarchy suffer from chronic stress because they have a lesser sense of control over their fate.

High status work, on the other hand, tends to be associated with greater control and better health.

In the case of the medical profession though, status does not seem to matter. Instead, burnout happens across a swathe of the profession.

More important is the sense of a loss of control. During the course of training and the actual practice of medicine, one thing after another happens, producing a cumulative effect. At some point it all spins out of control. And at the same time, there is that constant erosion of the ideals and values that motivated doctors to take up medicine in the first place – leaving them exhausted and disillusioned.

So what might be needed – other than the usual strategies of personal stress reduction and resilience training – is to enable doctors to have a sense of better control. They need help to identify what they value and connect with what is most meaningful in their work.

## Search for meaning

WORK, for most of us, is a crucial and indispensable part of life, whether we like it or not. Some might see it as a drudge to be endured, while others are trapped and stymied in an organisation or system that seems oppressive and destroying.

In these situations, economist Albert O. Hirschman says people would do one of two things. In his book entitled

# Longer-term impact of the Team Leadership Program (TLP)

## *Team-Leadership Program (TLP)*

- Pre and post program evaluation by **participants' team members**
  - ✓ 10 team success factors
  - ✓ Outcome factors
- Significant improvements seen in [8 of 10](#) team success factors
- Strong link between trust and outcome factors : ***happiness and organization commitment***



# Team Climate Improved and Sustained Over Time

- Participant's team members reported significant improvements in 8 out of 10 team success factors over a 6-month period. **Trust and Communication** emerged as the top two team success factors.

Team Success Factors <sup>R</sup>	Pre-Test (Mean)	Post-Test (6mths after) (Mean)	Difference
1. Trust	3.9	**4.4	**0.5
2. Communication	3.8	**4.2	**0.4
3. Learning and Development	3.9	*4.2	*0.3
4. Results Oriented	3.8	*4.1	*0.3
5. Collaboration	3.9	*4.2	*0.3
6. Building a Shared Vision	3.9	*4.2	*0.3
7. Empathy	4.0	*4.3	*0.3
8. Integrity	3.9	*4.2	*0.3
9. Empowerment	3.8	4.0	0.2
10. Innovation	3.8	4.0	0.2

**Table 2.** Team members matched Pre (2 weeks before)-and-Post (6 months later) TSQ ratings. Significant correlations at \*p < .05 and \*\*p < .01. Team Success Factors<sup>R</sup>- all factors are found to be reliable ( $\alpha > 0.7$ ).

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# Building Trust and Engagement in Teams

*I have “kopi” time with my staff as mentioned during the course. At first, they were a bit apprehensive. They wanted to know what I was doing. I speak to them to understand them. We talk about work issues that they were facing...Through this “kopi” time, I was able to build rapport and trust with my staff. I also show how I work by being there with them when we are short of staff. They appreciate my presence when I was down the ward assisting them.*

**KKH participant, TLP 7**





# Coaching Others

*As illustrated by one of our trainers during TLP, we should not absorb all the problems until the water overflows the glass of water. One of my staff told me that there are some problems between her and another colleague... Instead of jumping in to solve the problem, I got the staff in question to communicate with her colleague. I ask her questions like “have you spoken to her?” “Is there any reason for her responses?” In this way, the staff managed to approach her colleagues and cleared the misunderstanding. I found this out after checking with the staff a few days later.*

**SGH participant, TLP 9**



# Talent Engagement & Retention



# Engaging and retaining our talent

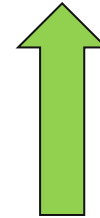
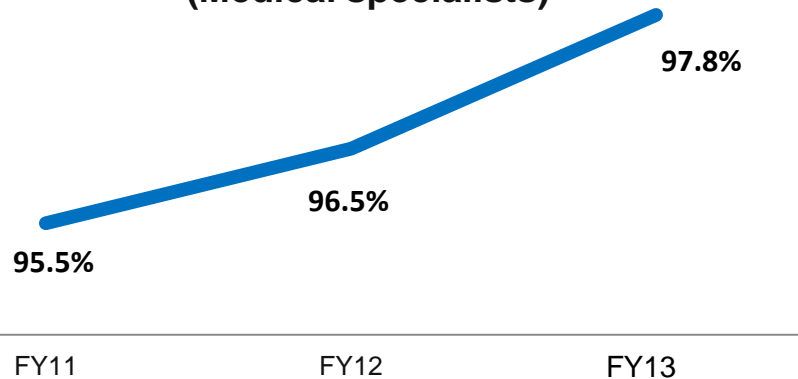
- Talent Engagement Sessions
  - Regular sessions with Board and Senior management
  - More than 250 Talents have been met
- Other engagement & retention strategies



***Are we “satisficing” their EVP?***

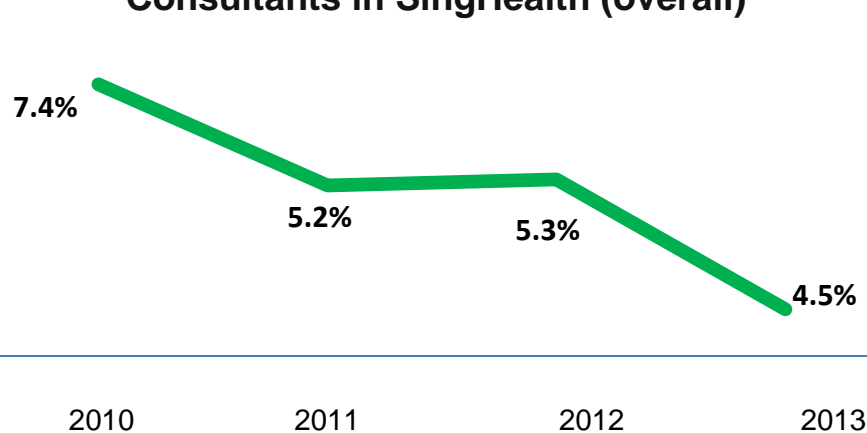
# Retention and Resignation rates – targeted groups

**Retention Rate of High Performers  
(Medical specialists)**



Approximately 3%  
Increase in  
Retention Rate

**Resignation Rate of Senior Consultants /  
Consultants in SingHealth (overall)**



Approximately 3 %  
Decrease in  
Resignation Rate

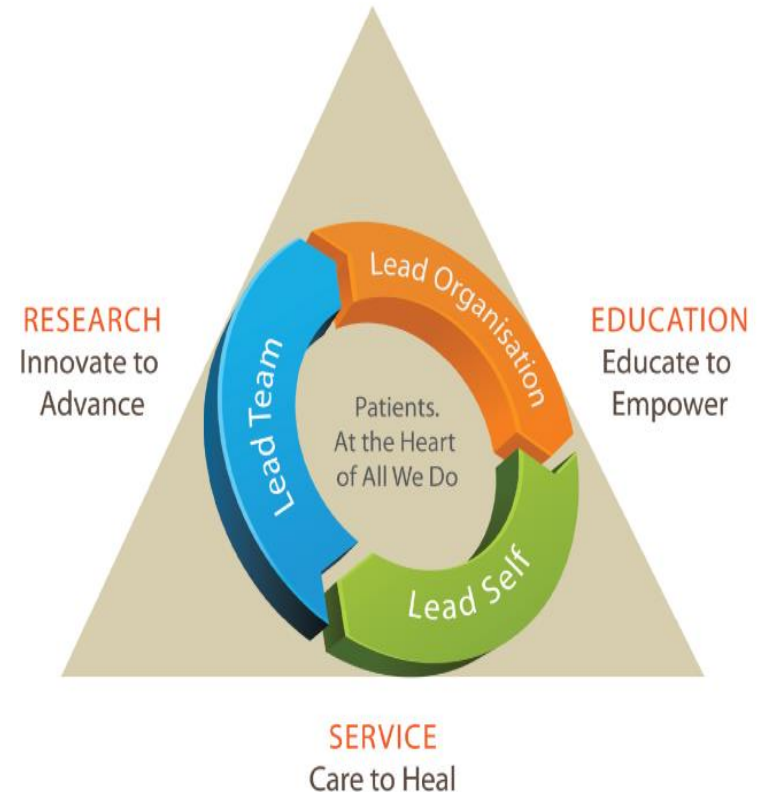
# Key Value Propositions - Summary



# Key Value Propositions

- ✓ Cluster level framework
- ✓ End-to-end process - synergy
- ✓ Demonstration of value in development, engagement, and retention
- ✓ Forefront of Public Sector Healthcare Talent Management

## Defining Tomorrow's Medicine



# Is this enough?

Challenges in retention remain

Increasing manpower resources needed in Singapore

Healthcare getting more complex, uncertain, and fast moving

Leadership requirements are also shifting – “bar” is being raised daily

Burn-out is continual risk

Are our Leadership Development Best Practices enough?



*Where do we go from here?*

# What's next?

Do we have enough "raw materials"?

How can we continuously re-purpose our talent? Cope?

Is Training enough?

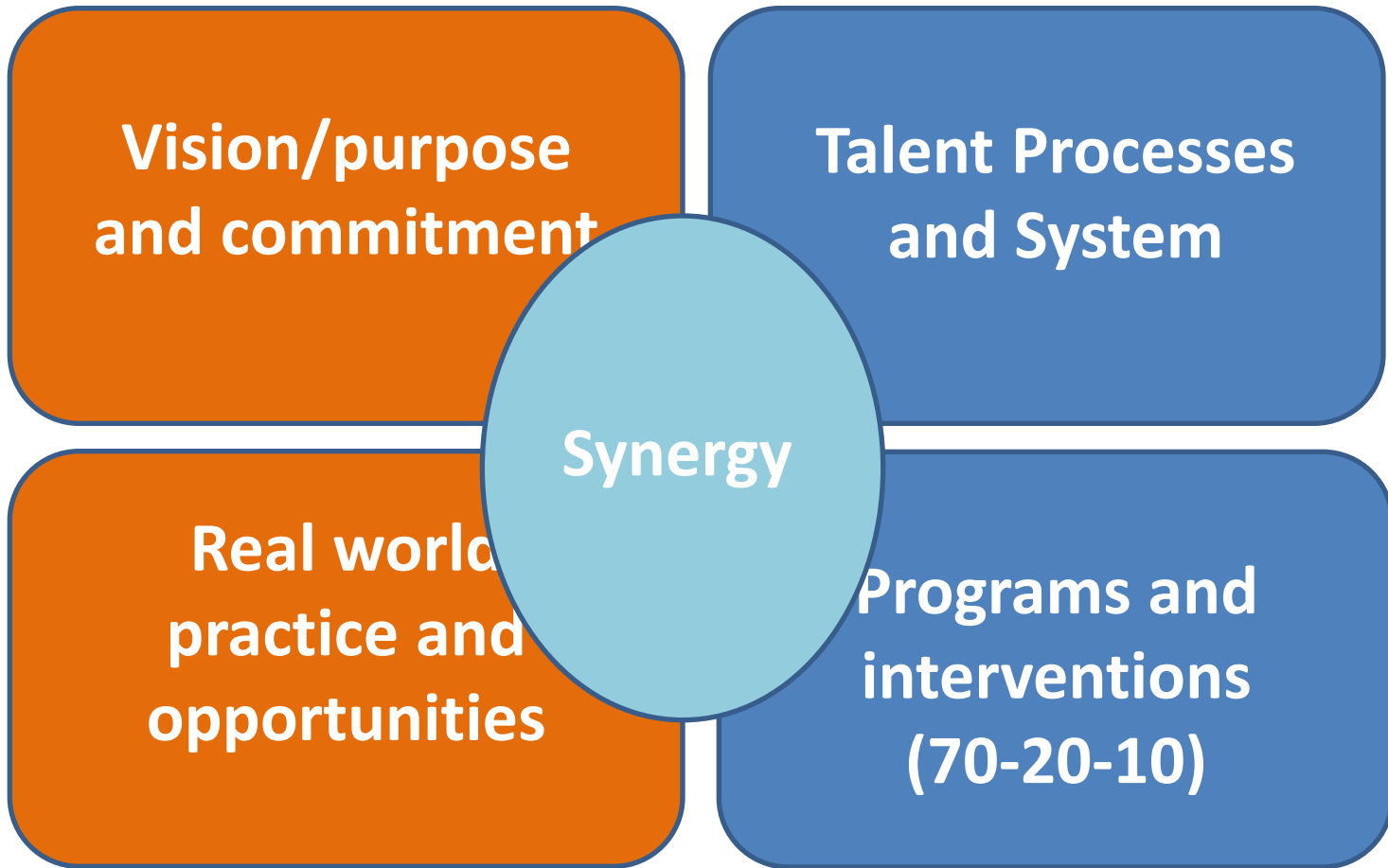
What are changing requirements for leadership?

Can we build fast enough?  
How?

What is role of mentoring in building leaders?



# Best practices in Leadership Development?



Leaders champion

HR Champions

# Looking Ahead



# Thank you

