

Tomorrow's boss does more listening, less talking

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When Tammy O'Rourke went away on spring vacation, she knew something was amiss at work, but she was completely unprepared for what she saw when she came back.

Dr. O'Rourke, a nurse practitioner with a doctorate in nursing, thought she had built a strong team at the Belleville Nurse Practitioner-Led Clinic in Belleville, Ont., but she could never quite get its members to come together. "We had a lot of skilled, educated people with great credentials," she says, "but things never really worked." The atmosphere at the clinic was one of constant tension. Staff members rarely smiled – at patients or at each other. Trivial slights and oversights would trigger arguments, and Dr. O'Rourke spent an inordinate amount of time resolving disputes.

"When I came back from vacation, things had just exploded," she says. Animosities that were once veiled were suddenly out in the open. She found herself inundated with complaints, both from staff members and from patients. "The sheer number of complaints was overwhelming. It was the last straw," she says. "I realized how far we had drifted from our initial vision. We weren't a team any more. I wanted a team that could function without falling apart, even when I wasn't there."

She didn't know how to build that team. All she knew was that she'd have to try something different.

According to Christie Andrus, chief executive officer of The Human Factor, a Kingston-based consultancy specializing in leadership development and team building, Dr. O'Rourke's commitment to resolving the crisis makes her typical of a new generation of leader. "Leaders who succeed in changing their cultures tend to have two things in common," Ms. Andrus says. "They're no longer content with the status quo, and they're ready to assume responsibility for changing it."

They also share a common approach. Where in the past it may have been acceptable for leaders to adopt a "command and control" mentality, today, Ms. Andrus says, successful leaders need to start from a humbler position. "It's less about being in charge and more about being open," she says. "Good leaders are good listeners. Instead of thinking they have to have all the answers,

they acknowledge that other people have expertise that they may not have, and they let them do their jobs.”

Although this approach has been popular in the consultant world for decades, Ms. Andrus says it took until the financial crisis of 2008 for it to gain traction in the workplace. “When the bottom fell out of the market, there was a place to say, ‘Maybe what we’ve been doing isn’t working any more,’” she says.

The instability of the market, coupled with an influx of younger workers who arrive on the job expecting a more fulfilling work experience, has created a new climate where blind acceptance of the way things have always been is no longer tolerable. But if the status quo isn’t cutting it any more, what takes its place? “There’s a wisdom associated with being the one to ask that question,” Ms. Andrus says.

It was Dr. O’Rourke’s willingness to ask the question that ultimately led her to make changes at the clinic. And the chaos she endured before asking it was a critical part of her success. “The edge of innovation is when things aren’t working and we don’t have the answers,” Ms. Andrus says. “We don’t change when things are comfortable.”

If recognizing that things are no longer working is the first step, what is the second? How do we use that moment of recognition as a springboard to change? The answer, according to Ms. Andrus, lies in adopting an attitude of openness. “Leaders are the ones who shape and condone the culture,” she says. “If the leader is closed, the culture will be closed. If the leader is open, the culture will be open.”

An open leader, Ms. Andrus says, is one who is always learning. “Great leaders are lifelong learners,” she says. “It doesn’t mean that they’re so malleable that they don’t choose a position, but it does mean that they’re willing to trust the people around them.” That trust can pay almost immediate dividends. “When people feel trusted, they feel validated,” Ms. Andrus says. “They feel that what they’re doing counts and they take more risks and give more discretionary effort.”

For Dr. O’Rourke, openness took her back to her nurse practitioner training. “In nursing school, we learn to listen to our patients, to be accountable to them and to involve them in their plans of care,” she says. “I realized that I can apply those same principles to other relationships.”

Today Dr. O’Rourke applies those principles regularly. Instead of dictating policy to her team members, she asks for input. Then she acts on it. “It works because they see that they have a voice,” she says. “They see their ideas being implemented, and they feel that they’re making a difference.”

That difference is apparent to anyone who visits the clinic. Once sullen staff members are now smiling and gregarious. They socialize with each other voluntarily and disagree respectfully. With their patients, they’re warmer and more empathetic. “It’s a much better atmosphere now,” Dr. O’Rourke says. “It’s more collegial and also more productive.”

Ms. Andrus says Dr. O'Rourke's willingness to put people ahead of policy is the secret of her success. "It matters to pay attention to people," Ms. Andrus says. "That's how you create an environment where people come to work wanting to contribute. These aren't new ideas, but we tend to forget them when we're busy."

Dr. O'Rourke agrees. "I've known about these principles for years," she says, "but I didn't understand the importance of taking the time to implement them. What I've come to realize is that by investing in these strategies, I'm actually saving time because the problems I was spending so much time dealing with just aren't happening any more."