

THE INTERNATIONAL  
**JOURNAL**  
*Of* Knowledge, Culture, & Change  
**MANAGEMENT**

Volume 11, Issue 1

The Systematic Deployment of a Leadership Inventory  
to an Employee Population

Rick Muller and Margo Karsten

THE INTERNATIONAL JOURNAL OF KNOWLEDGE, CULTURE AND CHANGE  
MANAGEMENT

<http://www.Management-Journal.com>

First published in 2011 in Champaign, Illinois, USA  
by Common Ground Publishing LLC  
[www.CommonGroundPublishing.com](http://www.CommonGroundPublishing.com)

ISSN: 1447-9524

© 2011 (individual papers), the author(s)

© 2011 (selection and editorial matter) Common Ground

All rights reserved. Apart from fair dealing for the purposes of study, research, criticism or review as permitted under the applicable copyright legislation, no part of this work may be reproduced by any process without written permission from the publisher. For permissions and other inquiries, please contact [<cg-support@commongroundpublishing.com>](mailto:cg-support@commongroundpublishing.com).

THE INTERNATIONAL JOURNAL OF KNOWLEDGE, CULTURE AND CHANGE MANAGEMENT is peer-reviewed, supported by rigorous processes of criterion-referenced article ranking and qualitative commentary, ensuring that only intellectual work of the greatest substance and highest significance is published.

Typeset in Common Ground Markup Language using CGPublisher multichannel typesetting system

<http://www.commongroundpublishing.com/software/>

# The Systematic Deployment of a Leadership Inventory to an Employee Population

Rick Muller, Regis University, Colorado, USA

Margo Karsten, Regis University, Colorado, USA

*Abstract: Leadership inventories, personality indicators, management testing, and other evaluative instruments are ubiquitous in the executive and middle manager circles of health care. It is rare that these tools make their way to a general departmental population. What is virtually nonexistent is the conscious systematic deployment of a leadership development inventory to a general employee population in order to influence cultural behavior. This retrospective case study explores the results of a decade long systematically deployed leadership inventory to the employee population of a health system in the Rocky Mountain region of the United States. Behavioral changes coupled with shifts in qualitative and quantitative results show the deployed model (inventory) positively impacted practical “real-time” issues of employee satisfaction, employee turnover, conflict resolution, and inter and intradepartmental communication. Real-time awareness coupled with existing longitudinal studies provides a fuller and broader understanding of employee satisfaction and the ongoing shifts in the dynamics of internal organizational culture. This case study suggests the use of a leadership inventory focusing on human difference and individual self-awareness can have beneficial effects on organizational behavior. Primary benefits included, addressing the practicalities of real-time conflict resolution, inter and intradepartmental communication, employee satisfaction, employee turnover, and the overall organizational culture.*

Keywords: Culture, Leadership, Conflict, Behavior, Assessment, Psychology, Teams, Health, Real-time

## Introduction

**H** EALTH CARE, MUCH like other sectors of the economy, is undergoing a dismantling of the mechanistic attitude prevalent in many boardrooms and executive suites. Anderson (2009) suggests there is a move from traditional paternal bureaucratic forms of organizations to high-involvement, empowered-partnership, and collaborative learning organizations. This organizational change requires a different set of leadership skills, attitudes, infrastructure and approach to managing the cultural process. External healthcare processes are beginning to reflect a change in traditional bureaucratic approaches to external market dynamics. However, these organizations are much slower at “unfreezing” as described by Kurt Lewin’s change theory (Robbins & Judge, 2010) in internal operations especially in the areas of human resources, engagement of employees and managing organizational culture.

## **Relevant Health Care Literature**

There is a strong movement toward healthcare transformation in the United States (Mason & Wesorick, 2011). Multiple sources cite a growing interest in addressing quality, safety, financial and human resource challenges (Kenney, 2008; Eden, Wheatley, McNeil, Sox, 2008; Institute of Medicine, 2004). Anderson (2009) and others suggest that health executives are realizing that increasing self-awareness and communication are key to enhancing leadership skills at all levels of an organization (Thomas, 2005). Psychological and leadership inventories have shown to be successful at increasing self-awareness and communication among executives and managers (Goldman & Kahnweiler, 2003). Leaders who understand how their actions affect interpersonal and group relationships are more effective at fostering a higher level of teamwork and a more productive organizational culture (Krause & Weekley, 2005). While leadership inventories in health care traditionally focus on senior leaders and middle managers, research exploring the benefits of systematically deploying such an inventory throughout an organization is virtually nonexistent. That is slowly changing; in health care the Myers-Briggs Type Indicator has been used to profile emergency department senior medical staff in Australasia (Boyd & Brown 2005) and to explore registered nurses personality type and preferred conflict-handling styles in southern Mississippi (Whitworth, 2008). Leadership inventory application is also finding use across health organizations in multiple departments and work teams (St. Luke's Hospital & Health Network, 2006). Although hospitals use leadership inventories for sporadic individual and departmental needs, measuring overall organizational culture dynamics is in its infancy.

The traditional means of quantifying organization culture in a complex health care setting is often to combine a series of longitudinal assessments (Scott, Mannion, Davies & Marshall, 2003). While quantitative analysis can provide aggregated snapshots of the overall culture, it is not able to address the real-time cultural dynamics present in daily operations. Longitudinal instruments such as yearly surveys are not able to capture "real time" culture dynamics. The analysis of data can take several weeks to generate a useful product. Recognition of a problem long after it occurs makes it difficult for management or staff to respond in a timely manner. By systematically deploying a leadership instrument (and aggregating the data), an organization can complement existing longitudinal analysis with more dynamic "real-time" skill development that employees can use in their daily work environment. By implementing such a process, this case study organization found it could positively affect individual working relationships and overall culture results.

## **Qualitative Review: Health System Case Study**

The following overview is a longitudinal qualitative and quantitative evaluation of a regional tertiary health system with an employee base of more than 3,900 full time equivalents. They have more than 6,900 existing positions. The health system is located in the central Rocky Mountain region of the United States and includes two hospitals, a family practice residency, and behavioral health facility among several other entities. The health system provides tertiary medical services to patients within a three state region. Their desire for a more collaborative approach to organizational development includes systematically deploying a leadership inventory to align and integrate the internal efforts of their employees. Their belief is to affect change on key management indicators they need to provide the knowledge and skills that

employees can use in “real time,” with one another. By better understanding internal culture, leaders have more data on the dynamics of everyday life from which to measure the effectiveness of internal decisions from global, departmental, and individual perspectives. Specifically, the data captured from this deployment of a leadership inventory helped affect quantitative outcomes in the areas of satisfaction, communication, turnover, and team building.

Like many other organizations, this health system had previously attempted to educate and build better working relationships using a variety of instruments and inventories. They tried using MBTI (Myers-Briggs), DiSC, the Stephen Covey Leadership program, and Managing Personal Growth. Each program had limited success because their deployment was compartmentalized or restricted to certain groups or departments. In those instances, there was little to no organized quantitative or qualitative measuring of benefits.

The majority of these tools target formal leaders. A senior leader or educator’s attendance at a recent conference drove the selection and implementation of most internal leadership tools. Individuals would return with a “good idea” championing its implementation—for a while. Invariably these programs were not sustainable, functional or financially aligned with the organizational strategic plan. Each program as implemented lacked a comprehensive evaluation mechanism in which to measure the qualitative or quantitative impact on key organizational culture issues. The “revolving door” of constantly changing programs made it impossible to achieve a critical mass of participants. The multiple changing programs created confusion at every level of the organization.

The senior leaders, through their involvement with the national Baldrige Performance Excellence process recognized that improvement of organizational culture was dependent on linking employee engagement and satisfaction factors to the strategic plan. The fundamental cultural concerns identified were “listening to one another” and “resolving conflict.” Employee performance evaluations as well as employee satisfaction surveys were how the health system measured these concerns.

A senior team member, in partnership with a cross-section of directors and line staff, sought to create an integrated, sustainable and effective approach to define and understand the system’s organizational behavior. The group’s findings were:

- Existing cultural approaches were disjointed;
- Too many attempts to implement multiple sporadic self-contained skill and activity assessments simultaneously;
- Time and money was spent on ineffective “top-down” programs;
- Implemented activities and programs lacked adequate evaluation;
- Long term support by senior and middle management to see a program to full implementation including evaluation was missing;
- Lack of resolve manifested in inadequate resources and staff to implement programs;
- More interest on latest industry educational “fads” highlighted at health conferences;
- Lack of a systematic, integrated approach for providing skill development opportunities to a majority of employees; need one addressing the real-time dynamics of daily life.

The group’s key recommendation was to create a common language by deploying one leadership inventory to the greater majority of full-time equivalents. The decision criteria for the choice of a leadership inventory were ease of use, internal familiarity with the inventory, cost, and ability to deploy the model throughout the organization. The goal was to focus

on a long-term sustainable approach one that integrated internal culture with existing values and objectives. The group recommended the Opposite Strengths leadership inventory (also called Thomas Concept). The selection was the result of this inventory's recent introduction and broad approval at the managerial level. The inventory was easy to understand and the focus on strengths was of great value to leadership. To address the issues of scaling the implementation, resource support and implementing the program across the system, additional approved recommendations included:

- A three-year resources commitment to fund a pilot study;
- Within that three years achieve a critical mass of individuals, twenty-five percent before evaluating effectiveness (450 participants based on the 1,800 FTEs in 1999);
- All senior management, directors, supervisors were processed first to assure ongoing use when the program was rolled out to staff;
- Participants from diverse departments and positions became internal experts and assisted in extending the learning and message throughout the organization;
- The two-day training for a diverse group of fifty people four times a year (expanded to eight times per year in 2002).

The established goals were:

- Create a strength-based common language at the aggregate and departmental levels simultaneously;
- Increase individual, group, departmental and organizational self-awareness;
- Develop an infrastructure to track and trend participant strengths;
- Aggregate the data to gain a fuller awareness of organizational and departmental strengths in real-time;
- Align the work with overall strategic objectives and operational finances;
- Use existing quantitative instruments to measure the program effectiveness in real-time for predefined issues of group conflict resolution, employee turnover, employee satisfaction and inter and intradepartmental communication.

## **Inventory Fundamentals**

The origins of this strength based inventory developed organically by observing successful leaders. Jay Thomas (1998) found that the attributes of successful leaders vary. His research findings were refined and tested over many years. The inventory, based on his qualitative research, suggested there is a clear mechanism for identifying strengths. It suggests flexibility is created by recognizing how other strengths can complement a person's core natural tendencies (Thomas & Thomas, 2005, pp.14-18). Employees quickly capture this understanding. In addition, they grasp the metaphorical shift to a strength only model from the traditional strength/weakness polarity. This model suggests there are no "wrong or negative" strengths, only misapplications of strengths.

This leadership inventory consists of six basic strengths aligned in three pairs of opposite, complementary strengths. The six strengths in their paired opposite relationships are thinking/risking, practical/theoretical thinking, and dependent/independent risking. Each individual

has all six strengths. The opposite strength complements are in constant movement, (Figure 4. Thomas & Thomas, 2006a, pp. 39-53).

The leadership inventory system assumes (and was verified in the organizational results) that most individuals are unaware of their natural tendencies. Those natural tendencies are in constant flux depending on the situation and personal stress levels. Conflict and difficulty in relationships are “hot spot” indicators of where growth and creativity are necessary. The assumption underlying the program’s deployment was that a focus on greater self-awareness would result in more choices, greater understanding and thus assist with human relationship interactions in real-time—ultimately benefit the overall culture.

## **Survey Process**

The Opposite Strength leadership inventory consists of a forty-five question scientifically validated instrument (Thomas, 1982). A person’s overall strength pattern results are the combination of a personal inventory in addition to ten “other” scientifically validated inventories completed by friends, family, or other people who have worked closely with the participant.

The self-evaluation accounts for fifty percent of the score. The average of the remaining inventories generates the “other” score. Combining the two sets of data identifies a person’s natural or preferred strength preferences in relation to the three pairs of opposite strengths—thinking and risking, practical thinking and theoretical thinking; and dependent risking and independent risking (Figures 1-4). The “other” inventories allow participants to see how those they trust perceive them in a non-threatening way. The pattern preference number is the result of aggregating the information. The pattern number represents a preferred set of strength preferences; however, at any given time a person can exhibit other tendencies that make it impossible to categorize an individual by the resulting number (Thomas & Thomas, 2006, pp. 26-35).

Internal seminars reinforce the principle that personal self-recognition, leads to self-understanding and personal growth that can affect individual personal and group interactions. The seminar training covers three general areas, relationship with self; relationship with others; and relationship between strengths (Thomas and Thomas, 2005, pp. 6-11). Situational dynamics, stress, and additional factors determine which strengths a person relies on. While the number identification is a starting point, a recognized preference, it is not a categorization and the seminar rapidly deconstructs the numerical categorization marker.

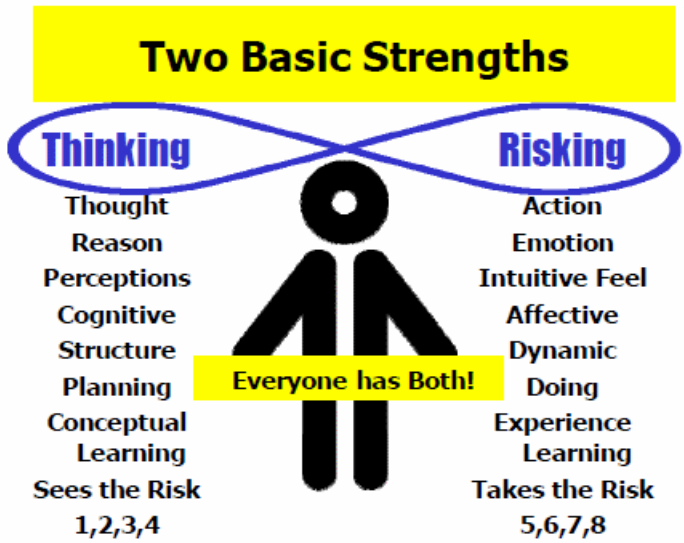


Figure 1: Two Basic Strengths. This Figure Identifies the Three Pairs of Opposite Strengths. The Initial Pair is Thinking and Risking. Identifiable Attributes Help Participants Differentiate the Preferences Tendencies in Figures 1-3 (Thomas and Thomas, 2006b, p. 10). Copyright 1966, 2010 by Opposite Strengths, Inc. Reprinted with Permission.

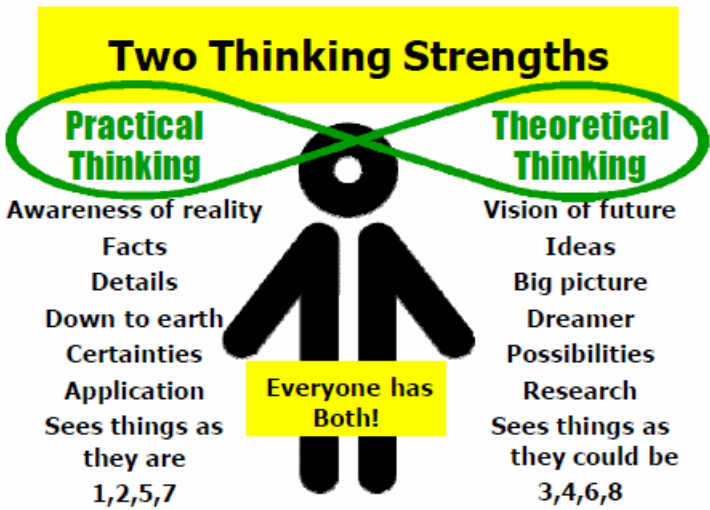


Figure 2: Two Thinking Strengths. This Figure Describes the Second Pair of Strengths as Thinking, Practical Thinking and Theoretical Thinking (Thomas & Thomas, 2006b, p. 15). Copyright 1966, 2010 by Opposite Strengths, Inc. Reprinted with Permission.



Figure 3: Two Risking Strengths. This Figure Illustrates the Final Pair of Strengths as Dependent Risking and Independent Risking (Thomas & Thomas, 2006b, p. 20). Copyright 1966, 2010 by Opposite Strengths, Inc. Reprinted with Permission.

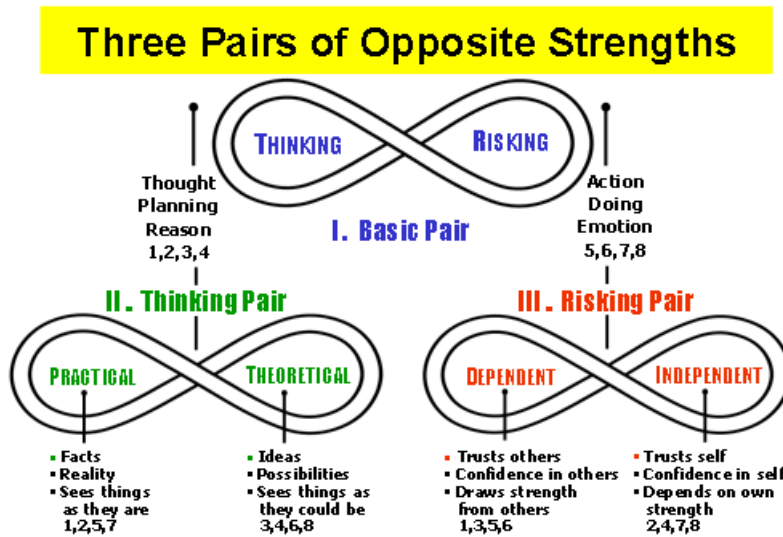


Figure 4: Three Pairs of Opposite Strengths. This Figure is a Summary of the Three Previous Pairs of Opposite Strengths (Thomas & Thomas 2010, p. 13). Copyright 1966, 2010 by Opposite Strengths, Inc. Reprinted with Permission.

## **Seminar Results**

The seminar format allows employees the opportunity to focus on their results and the impressions of those close to them. The shared environment with participants from other medical and non-medical work areas in the organization helps to reinforce and provide a safe place for exploring natural strength tendencies—while additionally extending community across departmental lines. In this space, employees are able to recognize actions, conscious and unconscious behaviors, and attitudes based on these basic strengths, for themselves and others.

Recognition of the strength patterns and working with them over time helps employee participants gain greater confidence and ability to respond appropriately to a myriad of personal, social and family situations. Their anecdotal comments suggest that they have greater skill in assessing, recognizing, and evaluating their personal patterns of response in interactions with others—and have a better understanding why others are different from them. The self-recognition has led most participants to feel a greater sense of openness that has enhanced their awareness of the different expectations of others. The engaged communication among participants and follow-up comments suggest this approach is helping to break down the “silo” mentality in certain areas of the health system.

Manager comments imply an increase in open communication and that the number of conflict episodes requiring third party intervention is decreasing. Because relationship interactions are an organic process of change and renewal, the focus and value seen by participants has been on their real-time interactions, where constant vigilance and incremental change over time has led to greater flexibility in responding to others in the moment.

Regular longitudinal studies are verifying quantitatively the anecdotal comments mentioned above. Individuals and departments are becoming less protective and more confident in working with each other.

## **Critical Mass**

The achievement of the twenty-five percent critical mass threshold in 2002 reflected a significant penetration of the language across the organizational community. It is at this point when the overall quantitative breakdown for the organization’s global cultural preferences began to stabilize. The program and the language became consciously visible to the greater majority of the employee population. Those employees who participated in the program understand and communicate with each other more effectively because of the language and their shared experience with the inventory. The seminar in conjunction with refresher classes and departmental retreats reinforce the individual and group learning. The program language (used in the inventory, seminars) helps individuals recognize how their strengths manifest appropriately or inappropriately in differing situations.

# Eight Patterns of Strength

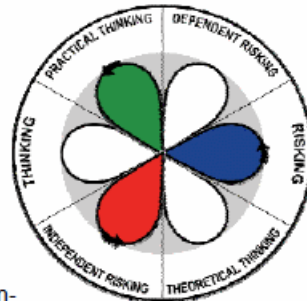
## Pattern VII

**Lead Strengths:**  
**Risking**  
**Practical Thinking**  
**Independent Risking**

**Tends to produce these personality characteristics:**  
 Self-assertive, decisive, resourceful, active, action-oriented, enterprising, self-confident, talkative, energetic, forceful, ambitious, vigorous, adventurous, self-starting, doer, competitive, outspoken, takes initiative

**Energetic leader:**  
**drives hard to achieve goals**

Workbook pg. 25



**Growth challenge:**  
 Moderation,  
 more awareness  
 of others  
**How do I convince  
 you, you need me?**

Figure 5: Eight Patterns of Strength. This Figure Identifies the Characteristics of the most Prominent Pattern of the Case Study Organization (Thomas & Thomas, 2006b, p. 25). Copyright 1966, 2010 by Opposite Strengths, Inc. Reprinted with Permission.

Figure 5 is an example of an individual’s tendency pattern for a person leading from a Pattern seven (7)—risking, practical thinking, and independent risking. Risking in this system is not the desire to risk life and limb in extreme sports but rather a desire to move quickly to action. Because the interest is in practical thinking, the action relates to identifying, implementing, and completing specific practical, concrete initiatives quickly. The independent nature suggests a preference to take action immediately either alone or by involving a few individuals. This preference pattern generally considers success the completing of a specific number of initiatives. The greatest concentration of this pattern preference resides in the surgery, emergency department and other nursing units of this health system. Globally this pattern is the largest overall group in the organization accounting for twenty-eight percent of the employee population.

### Real-Time Preference Patterns: Data Capture

A database aggregates each individual preference pattern, participant name, department, pattern type, and gender for each seminar. Participation in the database is voluntary. The database design provides “on demand” generic reports and pie charts of sorted data by organization, hospital, leadership group, and department. The aggregated profile provides management “as needed” access to real-time organizational preference strength tendencies at various levels of the organization. The data from the system has been used to check internal bias in several organizational initiatives including “employee of year” selections. Other reports

track turnover patterns. By combining this data with longitudinal survey data, additional culture patterns become evident. At the departmental level, the data use is mostly to assure adequate communication and appreciation of all in the work unit.

The focus on individual and group self-awareness in daily interactions helps with ongoing qualitative evaluation of stress and tension levels. Executives, managers and staff have access to refined breakdowns of the inventory results for their areas of responsibility. Generally, the use of the data helps determine dominant decision making and communication tendencies. Aggregated data help identify areas where change is necessary whether that relates to an educational need or understanding why a large number of “independent risking” individuals prefer self-contained activity. That self-contained activity may result in a duplication of services, conflict with another department, or create a specific communication issue.

Departments use the data and the general tendencies of the pattern breakdowns in their retreats where they discuss conflict resolution, communication, staff camaraderie and inter-departmental and intradepartmental team dynamics.

Retreats explore how strength tendencies (not pattern numbers) manifest in specific environments, under a specific set of circumstances. This approach frames group discussions around what actions are necessary for solving existing conflict or communication concerns. The strength-based common language offers a framework for more productive discussions about stressful, frustrating, and conflict situations. Employees anecdotally comment that the intensity of emotions and judgments are less severe in instances where the common language is used. They also notice a greater appreciation for different perspectives within the work environment.

The health system’s longitudinal quantitative health-specific organizational satisfaction survey compares results with approximately 200 hospitals nationwide. They specifically ask employees on the survey to rate the following statement based on a Likert scale where one was “strongly agree” and six was “strongly disagree.” “I use what I learned from the Opposite Strength seminar in my daily work activities.” The response to this statement has been a consistently positive 2.2. This rating is a significant improvement over previous educational program offerings evaluated in the same manner. Additional quantitative analysis helps also to verify the anecdotal comments about ‘better working relationships’ (Figures 6 and 7).

## **Monitoring Attributes in Real-time**

The health system also conducts a bi-yearly culturally specific survey of employees administered by a local university professor. While these cultural surveys have been positive overall, two issues consistently score lowest on the quarterly culture survey, “resolving issues directly with co-workers” and “listening to one another.” Past attempts to address these issues included developing sporadic educational offerings focusing specifically on listening and assertiveness skills. While good programs, they did not address the underlying recognition behind what causes the lower scores—attitudes and assumptions. While the overall pattern of the organization leads from a pattern 7, knowing the other pattern preferences by work unit assists management in developing flexible approaches to resolving overall organizational issues by taking into consideration the specific differences of work units. For example, the family practice residency leadership style is a more evaluative and contemplative (thinking) approach focusing on ideas and process integration (theoretical thinking) with a desire to satisfy all parties (dependent risking). Dependent risking in this model reflects the strength

to engage and trust others. Work unit line staff wants their leadership to make quicker and more concrete decisions with less concern for addressing all disparate inputs.

Figures 6 and 7 present the specific internal culture survey results of the lowest scoring questions. Since achieving critical mass participation with the leadership inventory in 2002, these two key cultural attributes have shown improvement.

## Resolve Issues Directly with Coworkers

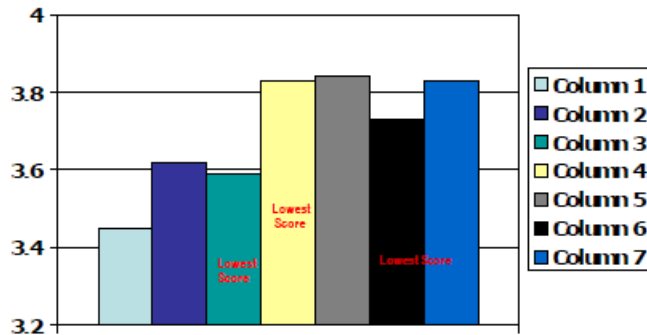


Figure 6: Resolve Issues Directly with Coworkers. This Figure Illustrates One of the Case Study Organization’s Internal Culture Issues, Source: Internal Data, 2002-2008.

## Listen to Others

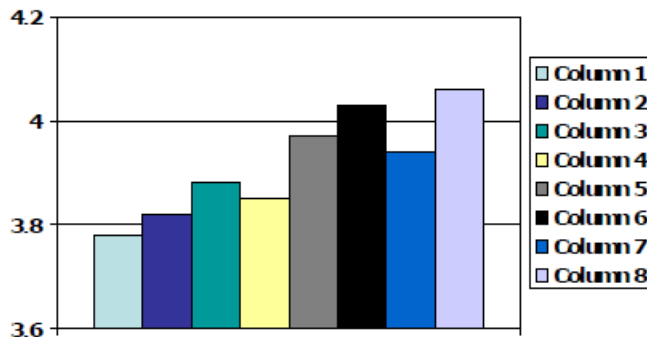


Figure 7: Listen to Others. This Figure Illustrates Another of the Case Study Organization’s Internal Culture Issues, Source: Internal Data, 2002-2009.

### Defining Organizational Tendencies

The pie chart (Figure 8) visually represents the case study organization’s tendencies overall and by department. It outlines the natural tendency breakdown by pattern number (key strength attributes) within the system. The total number of participants presently represents approximately a fifty percent penetration of the full-time equivalents (FTEs) in the organization. This number has remained constant even though the health system continues to expand. Real-time summary charts have been available after every seminar since 2002. The real-time data structure and the ability of departments, managers and executives to have “on demand” cultural tendency results has helped to increase understanding of the overall organizational attitudes, tendencies, and assumptions. Human resources use the information as a starting point when individual conflict arises between employees within or across departments. The information helps clarify the dynamics and perspectives underlying specific disagreements by focusing on the perceived attitudinal assumptions that may have led to the conflict, tension or difference of opinion.

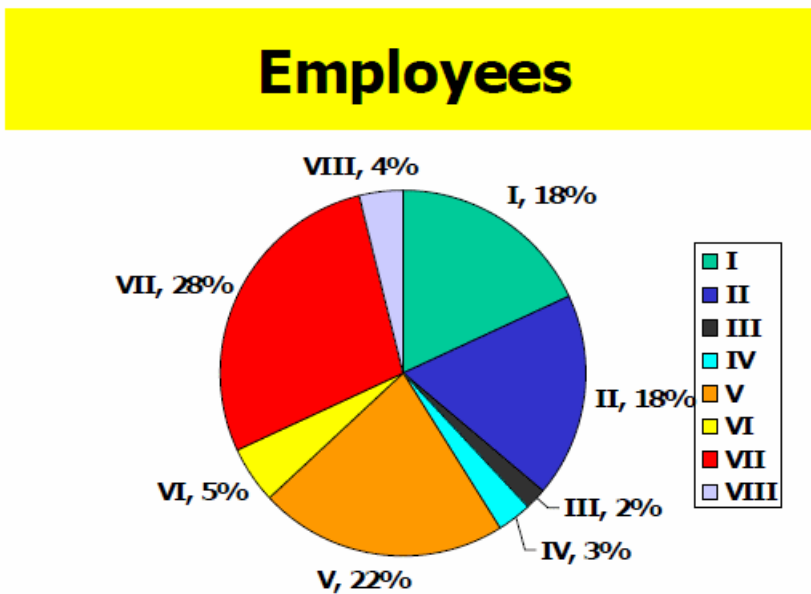


Figure 8: Employees. This Figure Provides an Aggregated Snapshot of the Organization’s Culture Distribution Based on the Opposite Strength Inventory. The Breakdown has Changed Little Since 2003, Source: Internal Data, 2010.

The health system also monitors turnover by pattern preference, by department, compared to the overall general employee population. This granular level of detail helps departments and human resources identify and target specific “hot spots” that may need additional educational assistance or intervention.

Table 1 provides a summary of the natural tendencies and expectations of three key cultural groups within the organization. This table summarizes the basic expectations and preferences for the overall employee group (Table 1) as wanting action (risking), with a prime focus on

specific concrete things they can do now (practical) and a preference to do it themselves (independent). There are multiple insights one can draw from the data depending on the situation or issue; however, that is beyond the scope of the current discussion.

**Table 1: Employee Group Distribution. This Table Identifies the Stratified Preference Tendencies of Key Organizational Employee Groups**

<b>Group</b>	<b>Thinking Strength</b>	<b>Risking Strength</b>
Senior Management	48%	54%
Directors	41%	59%
Employees	41%	59%
	<b>Practical Thinking</b>	<b>Theoretical Thinking</b>
Senior Management	62%	38%
Directors	81%	19%
Employees	86%	14%
	<b>Dependent Risking</b>	<b>Independent Risking</b>
Senior Management	31%	69%
Directors	48%	62%
Employees	47%	53%
Source: Internal Data, 2010.		

Awareness of natural tendencies gives managers and staff a framework from which to address disagreements, peer evaluations, expectations, and conflicts. While each situation is different, access to individual and group data provides senior and middle managers a better understanding of the overall organizational culture in real-time while also monitoring the preferences tendencies of the group and individuals they manage. Staff self-awareness has resulted in individuals better able to resolve communication and conflict issues among themselves.

### **Summary of Key Success Factors**

This retrospective qualitative review explored the long-term results of a decade long sustained, ongoing, systematically deployed leadership inventory to the employee population of one health system. The deployment of the Opposite Strength leadership inventory resulted in a critical mass of participants that established a strength-based common language. The systematic deployment of this inventory provides practical and useful “real-time” tools to staff that impact employee satisfaction, employee turnover, conflict, and inter and intradepartmental communication while incorporating human differences and individual self-awareness. Leadership credits the leadership inventory as being one factor in helping to decrease their voluntary turnover rate from approximately thirteen percent in 2002 to five percent in 2010.

Financially, besides the reduction in turnover, the organization is seeing direct and indirect cost benefits related to the amount of time spent with problem employees and a reduction

in the time navigating differences between departments. The combined benefits help to offset a portion of the cost associated with the program.

## General Structural Factors

A fundamental insight discovered by this health system was the link between a common language and organizational culture and how that language can influence internal organizational behavior. They state other key success factors are having a strong, consistent and focused commitment by senior and middle management; adequate resources; integrating “real-time” data with existing quantitative culture and organizational survey results; creating a data capture mechanism that was scalable (database) and providing multilevel system analysis which links with identifiable strategic and organizational objectives.

## Conclusions

Incorporating a more integrated global solution to the dynamics of organizational culture can help health entities struggling with ongoing conflict resolution, turnover, and other culture and communications concerns. Considering the totality of cultural dynamics, rather than just addressing each issue discretely can begin to shift the types of solutions health organizations select. Providing more integrated and complementary structures that include all employee populations can help build a ground up self-awareness that positively affects the practical working relationships and satisfaction of individuals throughout the health system.

This case study reflects one health system’s creative approach to addressing the dynamics and issues within their internal environment. While some of the “structural factors” are replicable, the long-term sustainable results are dependent on the on-going, ever-changing navigation of the daily interactions and relationship between executives, middle managers and staff within a specific culture.

## References

- Anderson J. (2009) The leadership circle. Retrieved from <http://www.theleadershipcircle.com/site/optin/index.htm>.
- Boyd, R. and Brown, T. (2005). Pilot study of Myers Briggs Type Indicator personality profiling in emergency department senior medical staff. *Emergency Medicine Australasia*. 17(3). 200-203.
- Eden, S., Wheatley, B., McNeil, B., Sox, H. (2008). *Knowing what works in healthcare: A road map for the nation*. Washington, DC: National Academic Press.
- Flin, R., Yule S. (2004). Leadership for safety: industrial experience. *Quality and Safety in Health Care*. (13) i45-i51.
- Goldman, S. and Kahnweiler, W. (2003, 2000). A collaborator profile for executives of nonprofit organizations. *Nonprofit Management and Leadership*. 10 (4). 435-450. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/nml.10406/abstract>.
- Institute of Medicine. (2004). Keeping patients safe: transforming the work environment of nurses. Washington, DC: National Academies Press.
- Kenney, C. (2008). *The best practice: How the new quality movement is transforming medicine*. New York, NY: Public Affairs.
- Krause, T., Weekley, T. (2005). Safety leadership. *Professional Safety*. 11. 10
- Mason, J., Wesorick, B. 2011. Successful transformation of a nursing culture. *Nurse Leader*. 31-36.

- Robbins, S. & Judge, T. (2010). *Essentials of organizational behavior (10th edition)*. New Jersey: Prentice-Hall.
- Saint Luke's Hospital and Health Network. (2006). Assessment tool helps hospital conquer challenges. *Training and Development Journal*. 60(6). 68-69.
- Scott T., Mannion R., Davies H., and Marshall M. (2003). The quantitative measurement of organizational culture in health care: a review of the available instruments. *Health Services Resources Journal*. 38(3). 923-945. Retrieved from <http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1360923>.
- Thomas, T. J. (1982). Self-other agreement as manifested by differential responses on self-report and other-report forms of personality inventories. (Doctoral dissertation, University of Texas, Austin). Retrieved from <http://www.oppositestrengths.com>.
- Thomas, J., Thomas T. (2005). *The thomas concept*. Austin, TX: Thomas Concept.
- Thomas, J., Thomas, T. (2006a). *The power of opposite strengths*. Austin, TX: Thomas Concept.
- Thomas, J., Thomas, T. (2006b). *The opposite strength coach manual*. Austin, TX: Thomas Concept.
- Thomas, J., Thomas, T. (2010). *Opposite strengths executive coach kit*. Austin, TX: Opposite Strengths.
- Whitworth, B. S., (2008). Is there a relationship between personality type and preferred conflict-handling styles? *Journal of Nursing Management*. 16(8). 921-932.

## About the Authors

*Rick Muller*

Regis University, USA

*Margo Karsten*

Regis University, USA



## **Editors**

**Bill Cope**, University of Illinois, Urbana-Champaign, USA.

## **Editorial Advisory Board**

**Angel Algarra**, Universidad CEU San Pablo, Madrid, Spain.

**Verna Allee**, Verna Allee Associates, Martinez, USA.

**Zainal Ariffin**, Universiti Sains Malaysia, Penang, Malaysia.

**David P. Boyd**, Northeastern University, Boston, USA.

**Robert Brooks**, Monash University, Melbourne, Australia.

**Bill Cope**, University of Illinois, Urbana-Champaign, USA.

**Bruce Cronin, University of Greenwich, London, UK.**

**Rod Dilnutt**, William Bethway and Associates, Melbourne, Australia.

**Judith Ellis**, Enterprise Knowledge, Melbourne, Australia.

**Cristina Elorza**, Universidad CEU San Pablo, Madrid, Spain.

**Andrea Fried**, Technology University Chemnitz, Chemnitz, Germany.

**David Gurteen**, Gurteen Knowledge, Fleet, UK.

**David Hakken**, University of Indiana, Bloomington, USA.

**Sabine Hoffmann**, American University of the Middle East, Kuwait.

**Stavros Ioannides**, Pantion University, Athens, Athens, Greece.

**Margaret Jackson**, RMIT University, Melbourne, Australia.

**Paul James**, RMIT University, Melbourne, Australia.

**Leslie Johnson**, University of Greenwich, London, UK.

**Mary Kalantzis**, University of Illinois, Urbana-Champaign, USA.

**Eleni Karantzola**, University of the Aegean, Rhodes, Greece.

**Gerasimos Kouzelis**, University of Athens, Athens, Greece.

**Krishan Kumar**, University of Virginia, Charlottesville, USA.

**Martyn Laycock**, University of Greenwich; [managingtransitions.net](http://managingtransitions.net), London, UK.

**David Lyon**, Queens University, Ontario, Canada.

**Bill Martin**, RMIT University, Melbourne, Australia.

**Pumela Msweli-Mbanga**, University of Kwazulu-Natal, South Africa.

**Alexandra Roth**, Northeastern University, Boston, USA.

**Claudia Schmitz**, Cenandu Learning Agency, Cologne, Germany.

**Kirpal Singh**, Singapore Management University, Singapore.

**Dave Snowden**, Cynefin Centre for Organizational Complexity, UK.

**Voicu Sucal**, Technical University of Cluj-Napoca, Napoca, Romania.

**Chryssi Vitsilakis-Soroniatis**, University of the Aegean, Rhodes, Greece.

**JoAnn Wiggins**, Walla Walla University, Walla Walla, USA.

**Alan Zaremba**, Northeastern University, Boston, USA.

Please visit the Journal website at <http://www.Management-Journal.com>  
for further information about the Journal or to subscribe.

## The Management Community

This knowledge community is brought together around a common concern for, and a shared interest to explore, new possibilities in knowledge, culture and change management. The community interacts through an innovative, annual face-to-face conference, as well as year-round virtual relationships in a weblog, peer reviewed journal and book imprint – exploring the affordances of the new digital media. Members of this community include academics, knowledge managers, consultants, practitioners, educators and research students.

## Conference

Members of the Management Community meet at [The International Conference on Knowledge, Culture and Change in Organizations](#), held annually in different locations around the world. The Conference was held at Universidad San Pablo CEU, Madrid, Spain in [2011](#); HEC Montréal, Montréal, Canada in [2010](#); Northeastern University, Boston, USA in [2009](#); Cambridge University, United Kingdom in [2008](#); Singapore Management University, Singapore in [2007](#); Monash University Centre, Prato, Italy in [2006](#); University of the Aegean, on the Island of Rhodes, Greece in [2005](#); Maritime Campus of the University of Greenwich, London, United Kingdom in [2004](#); and Bayview Beach Resort, Batu Ferringhi Beach, Penang, Malaysia in [2003](#). In [2012](#) the Conference will be held at University Center, Chicago, USA.

Our community members and first time attendees come from all corners of the globe. Intellectually, our interests span the breadth of the fields of knowledge, culture and change management. The Conference is a site of critical reflection, both by leaders in the fields and emerging scholars. Those unable to attend the Conference may opt for virtual participation in which community members can submit a video and/or slide presentation with voice-over, or simply submit a paper for peer review and possible publication in the Journal.

Online presentations can be viewed on [YouTube](#).

## Publishing

The Management Community enables members to publish through three media. First, by participating in the Management Conference, community members can enter a world of journal publication unlike the traditional academic publishing forums – a result of the responsive, non-hierarchical and constructive nature of the peer review process. [The International Journal of Knowledge, Culture and Change Management](#) provides a framework for double-blind peer review, enabling authors to publish into an academic journal of the highest standard.

The second publication medium is through the book series [The Organization](#), publishing cutting edge books in print and electronic formats. Publication proposals and manuscript submissions are welcome.

The third major publishing medium is our [news blog](#), constantly publishing short news updates from the Management Community, as well as major developments in the fields of knowledge, culture and change management. You can also join this conversation at [Facebook](#) and [Twitter](#) or subscribe to our email [Newsletter](#).

## Common Ground Publishing Journals

<b>AGING</b> Aging and Society: An Interdisciplinary Journal Website: <a href="http://AgingAndSociety.com/journal/">http://AgingAndSociety.com/journal/</a>	<b>ARTS</b> The International Journal of the Arts in Society. Website: <a href="http://www.Arts-Journal.com">www.Arts-Journal.com</a>
<b>BOOK</b> The International Journal of the Book Website: <a href="http://www.Book-Journal.com">www.Book-Journal.com</a>	<b>CLIMATE CHANGE</b> The International Journal of Climate Change: Impacts and Responses Website: <a href="http://www.Climate-Journal.com">www.Climate-Journal.com</a>
<b>CONSTRUCTED ENVIRONMENT</b> The International Journal of the Constructed Environment Website: <a href="http://www.ConstructedEnvironment.com/journal">www.ConstructedEnvironment.com/journal</a>	<b>DESIGN</b> Design Principles and Practices: An International Journal Website: <a href="http://www.Design-Journal.com">www.Design-Journal.com</a>
<b>DIVERSITY</b> The International Journal of Diversity in Organizations, Communities and Nations Website: <a href="http://www.Diversity-Journal.com">www.Diversity-Journal.com</a>	<b>FOOD</b> Food Studies: An Interdisciplinary Journal Website: <a href="http://Food-Studies.com/journal/">http://Food-Studies.com/journal/</a>
<b>GLOBAL STUDIES</b> The Global Studies Journal Website: <a href="http://www.GlobalStudiesJournal.com">www.GlobalStudiesJournal.com</a>	<b>HEALTH</b> The International Journal of Health, Wellness and Society Website: <a href="http://www.HealthandSociety.com/journal">www.HealthandSociety.com/journal</a>
<b>HUMANITIES</b> The International Journal of the Humanities Website: <a href="http://www.Humanities-Journal.com">www.Humanities-Journal.com</a>	<b>IMAGE</b> The International Journal of the Image Website: <a href="http://www.OntheImage.com/journal">www.OntheImage.com/journal</a>
<b>LEARNING</b> The International Journal of Learning. Website: <a href="http://www.Learning-Journal.com">www.Learning-Journal.com</a>	<b>MANAGEMENT</b> The International Journal of Knowledge, Culture and Change Management. Website: <a href="http://www.Management-Journal.com">www.Management-Journal.com</a>
<b>MUSEUM</b> The International Journal of the Inclusive Museum Website: <a href="http://www.Museum-Journal.com">www.Museum-Journal.com</a>	<b>RELIGION AND SPIRITUALITY</b> The International Journal of Religion and Spirituality in Society Website: <a href="http://www.Religion-Journal.com">www.Religion-Journal.com</a>
<b>SCIENCE IN SOCIETY</b> The International Journal of Science in Society Website: <a href="http://www.ScienceinSocietyJournal.com">www.ScienceinSocietyJournal.com</a>	<b>SOCIAL SCIENCES</b> The International Journal of Interdisciplinary Social Sciences Website: <a href="http://www.SocialSciences-Journal.com">www.SocialSciences-Journal.com</a>
<b>SPACES AND FLOWS</b> Spaces and Flows: An International Journal of Urban and ExtraUrban Studies Website: <a href="http://www.SpacesJournal.com">www.SpacesJournal.com</a>	<b>SPORT AND SOCIETY</b> The International Journal of Sport and Society Website: <a href="http://www.sportandsociety.com/journal">www.sportandsociety.com/journal</a>
<b>SUSTAINABILITY</b> The International Journal of Environmental, Cultural, Economic and Social Sustainability Website: <a href="http://www.Sustainability-Journal.com">www.Sustainability-Journal.com</a>	<b>TECHNOLOGY</b> The International Journal of Technology, Knowledge and Society Website: <a href="http://www.Technology-Journal.com">www.Technology-Journal.com</a>
<b>UBIQUITOUS LEARNING</b> Ubiquitous Learning: An International Journal Website: <a href="http://www.ubi-learn.com/journal/">www.ubi-learn.com/journal/</a>	<b>UNIVERSITIES</b> Journal of the World Universities Forum Website: <a href="http://www.Universities-Journal.com">www.Universities-Journal.com</a>

For subscription information please contact  
[subscriptions@commongroundpublishing.com](mailto:subscriptions@commongroundpublishing.com)