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360 Feedback for Leadership Development in Health Administration:

Final Report

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Executive summary

Developing leadership talent in health administration is critical to the mission of the American College of Healthcare Executives. Given the value of high-quality performance feedback to on-the-job leadership development, a one-year research project was undertaken to develop a job-relevant multisource feedback survey that will be made available to the health administration profession. With the assistance of dozens of leadership assessment and development professionals as well as incumbents at all organizational levels, a competency framework was developed and tested, containing 26 competencies arranged according to seven clusters. These competencies were then populated with behavioral descriptors to create a survey consisting of 128 total items that, when matrixed across four relationship types, create surveys ranging from 36 to 95 items in length. Results from initial field-testing suggest that the survey, included as Appendix E, is ready for broader dissemination to the health administration community, where we hope its use will help support the leadership development of a breadth of health administration professionals.

I. Introduction

Effective leadership in health administration requires the mastery of a host of complex interpersonal skills, including persuasion, negotiation, conflict management, and taking diverse perspectives. Although formal education can provide a foundation of theoretical knowledge upon which to draw, much of the necessary skill development takes place on-the-job, in response to the specific task and relationship demands of a given context.

Research indicates that effective development of these leadership skills is greatly facilitated by the availability of high-quality performance feedback from subordinates, peers, superiors and customers (Brutus, London, & Martineau, 1999; Hazucha, Hezlett, & Schneider, 1993; Walker & Smither, 1999). However, in most organizations such feedback is not available to leaders for a variety of reasons including fear of repercussion, time constraints, and ability to effectively define and communicate appropriate feedback messages.

Multisource ("360-degree") feedback assessments have grown in use among many organizations because they provide a mechanism for receiving high-quality performance feedback. Multisource feedback involves the distribution and collection of survey data regarding a specific leader to various key groups in that leader's domain of work – peers, subordinates, and sometimes superiors and clients. The surveys are typically distributed and collected by a neutral third-party – e.g. a human resource staff member, external consultant, or software application – which then aggregates the data by referent group and reports the results to the leader. The aggregation process ensures confidentiality of respondent, thus diminishing fear of repercussion. The assignment of

completing the survey itself helps to ensure that respondents take the time to provide performance information and, perhaps most importantly, provides respondents with a common performance "language" which with to frame the feedback they provide.

Several barriers currently impair widespread adoption of multisource feedback in health administration. One of these key barriers is credibility. Most feedback instruments were not developed specifically for use with health administrators, but rather with managers in other sectors of the economy (e.g. manufacturing). Although some of the challenges faced by leaders in other sectors undoubtedly overlap those of health administrators, given the unique nature of health administration it seems likely that other areas of development are not be adequately captured by existing, generic 360 instruments. Examples that come immediately to mind include the unique challenges related to physician/manager relations; the nature, frequency and gravity of ethical dilemmas; and the opportunity (and need) to marshal staff members' personal sense of mission to the greater good of the organization. Indeed, prior research has also concluded that content from 360's developed in one sector may not generalize straightforwardly other settings such as health care (Brutus, Fleenor, & London, 1998).

A second important barrier is cost efficiency. Many 360 assessments cost $200-300 per administrator rated and/or $3500 and up for initial software setup (Fried, 2001). The option of developing 360 assessment surveys in-house is not readily available to many health care organizations due to the specialized knowledge required to avoid common errors in design and delivery (Fletcher, Baldry, & Cunningham-Shell, 1998; Lepsinger & Lucia, 1997), a further resource barrier to their use.

The present study sought to develop a reliable and valid measure of leadership effectiveness that could be used to more cost-effectively deliver useful 360-feedback information to health administrators at a variety of organizational and career levels. Availability of a reliable and valid multisource feedback instrument should serve to remove one of the aforementioned barriers to adoption of this useful process in healthcare settings.

II. Survey development

Phase 1: Competency definition

Before a survey could be constructed, we needed to define the scope and domain of its content, as well as the intended audience. For our purposes the intended audience was health administrators at all organizational levels. The scope and domain were leadership behaviors, defined as actions associated with "getting things done through, and in collaboration with, others."

In pursuing competency construction, we decided to view leadership through the lens of top-level administration – in other words, we would start with a definition of top-level leadership, then build as necessary to incorporate leadership at the entry and mid levels. Our choice to start at the top reflects the philosophy that ideal developmental feedback will focus not only on current performance, but will also inform the recipient regarding the development necessary for performance at higher levels within their organization.

Thus our competency modeling began with in-depth interviews with executive search consultants specializing in top-level positions within healthcare organizations.

Twelve search consultants in total fitting this profile agreed to participate in the interview process. Consultants represented a diversity of firms, including several one-person operations as well as several publicly traded multinational firms. Participants were interviewed via telephone with a structured job analysis guide designed for this study. Interviews were then transcribed into 132 discrete competency descriptions, which were then iteratively categorized with the assistance of a semi-automated content analysis application (TextSmart version 1.1). A guided algorithm was developed with the goal of categorizing all textual responses, which fit our operational definition of leadership. This process converged the data into 25 competency categories, which were then arranged into seven competency clusters. Category and clusters were named by consensus discussion amongst the researchers and two project assistants.

To test the validity of the competency model, the competencies were structured into a second survey, to be distributed to a broader group of subject matter experts. This second survey contained the competency labels as well as definitions constructed from the original behavioral descriptions provided by the consultants interviewed. Respondents to the second survey were instructed to consider each of the competencies as they related to positions at either the entry, mid, or senior levels of health administration (or, occasionally, in some combination of the three), according to two criteria: (1) importance of the competency (five-point Likert scale) and (2) whether, in the rater's opinion, they considered the competency to be a strength or a weakness for the majority of health administrators at a given level. Raters were also given the opportunity to express whether the listing appeared complete and, if not, what elements should be added. In terms of completeness, most raters provided no additional suggestions

regarding competencies that should be added. The two exceptions both involved experts commenting on the entry and mid-level administrators. Both raters suggested expanding the competency model to more explicitly incorporate emotional self-regulation. To accommodate these comments, an additional competency, "Resilience / self-restraint," was added to the model.

Using methods described by Lawsche (1975), content validity ratios (CVR's) were calculated to determine level of agreement between raters regarding the importance of each competency to each of the managerial levels. The CVR mathematically combines elements of both item reliability and absolute rated value; CVR cutoffs are thus determined by a combination of sample size, inter-rater agreement, and actual ratings provided. Results of these analyses, as shown in Appendix A, suggest that the competencies were viewed as important at to all levels of management, with two exceptions: Strategic Vision and Oral Communications were not viewed as important to entry-level positions.

To gain a clearer sense of the competencies needed to transition from one level of leadership to the next, we then examined the absolute levels of importance ratings associated with the three levels of leadership. These distinctions were assessed using a set of decision rules as follows: for the entry level, competencies were indicated if they had an average rating of 3.5 or higher (i.e. between "important" and "very important," gravitating toward the latter). For entry-to-mid career transition, competencies were indicated if the mid-level had either an absolute importance rating above 4.0 (rounded), an average importance rating of 0.5 (rounded) or larger than for the entry level, or both. For the mid-to-senior level, competencies were indicated if they either had an absolute

importance rating above 4.0, or were within a .25 range of the mid-level rating for the same competency. Results of this analysis, provided in Appendix C, can suggest which competencies should be assessed and developed by individuals at a given level who may be interested in a specific career move.

Phase 2: Behavioral descriptions

With the competency architecture in place, the next step was to develop behavioral descriptions for each competency, which would become the survey question items. To develop these descriptions, a new set of interviews was conducted with twenty health administrators working at various levels within health care organizations. Administrators were selected via nomination by the subject-matter experts involved in the first two surveys, supplemented by individuals known to the researchers in order to augment the diversity of the group. The process for the Phase 2 survey involved describing competencies to the participants, then asking them to recall "critical incidents" in which administrators they knew demonstrated either effective or ineffective performance. They were asked to provide specific detail for each incident: relevant background information, what was happening, what the person did, and the outcome. Behavioral descriptions were transcribed from these interviews, yielding a total of 537 items. Content analyses were then conducted to reduce the item count: first, any two behavioral descriptors that were either identical or highly similar for a specific competency were collapsed together. Next, two raters familiar with the project separately rated each of the behavioral descriptors according to how (1) relevant and (2) universally descriptive they were thought to be of the competency at hand. Descriptors that were

identified by both raters as effective illustrations of the competency were used in the final set of 107 items.

Competency Descriptions

From the 25 critical competencies identified, seven distinct clusters were formed (see Appendix B): Charting the Course; Developing work relationships; Broad influence; Structuring the work environment; Inspiring Commitment; Communication; and Self-management.

The first category, "Charting the Course," describes the activities associated turning the complex and ambiguous future into a coherent vision and a specific path to actualize that vision. Of the seven clusters, Charting was most closely associated with senior-level leadership, and least associated with entry-level management. This cluster appears closely aligned with the description of Vision as described in Bass' (1985) Transformational leadership model.

The ability to execute that vision is the focus of a cluster we titled "Inspiring Commitment." This cluster reflects the extent to which a leader effectively builds the trust of his/her followership, through actions such as keeping promises, sticking to his/her guns, and serving as a role model worthy of emulation. The cluster consists of four competencies: "building trust;" "listening / feedback receiving;" "tenacity;" and "self-presentation." In terms of other leadership models, Inspiring Commitment somewhat parallels Bass' (1985) constructs of Idealized Influence and, to a lesser extent, Inspiration.

Two of the clusters, "Developing work relationships" and "Structuring the work environment," described aspects of effective leadership of direct-reports. "Structuring"

describes elements of effective organization and chain-of-command design; a person effective at structuring should have a work environment regarded as reliable and efficient. In contrast, "Developing work relationships" focuses on employees' individual experiences with work and, in particular, how this knowledge can be used in practice to build a high-involvement workplace. Leaders who are effective at Developing should be regarded as individuals who are good mentors, and their organizations as good places to learn. The "Developing" and "Structuring" These constructs together appeared closely associated with the "Consideration" and "Initiating structure" components, respectively, of the widely cited Ohio State leadership model (Stogdill & Coons, 1957).

In addition to direct reports, effective leadership involves collaboration with peers and others over whom the leader holds no formal authority. This reality was apparent in the emergence of the "Broad influence" cluster. Competencies associated with this cluster reflect skill in understanding individual agendas, and using that understanding to judiciously support and, occasionally, tactfully withhold support, in exchange for assistance on broader agendas and initiatives.

Success in influencing others is, not surprisingly, also affected by the leader's communication skills. The "Communication" cluster which emerged contained competencies reflecting oral and written communication skill as separate entities – i.e. a terrific speaker could damage their credibility through poorly written e-mails and memos; conversely, a leader talented in writing might decline in effectiveness under the pressure of a live public forum. Beyond presentation and writing skill, the "Crafting messages" competency addresses the leader's ability to tailor information to heighten its impact on a

specific audience, and "Energizing" reflects the leader's ability to convey spirit and enthusiasm in his/her communications.

Of course, leaders are only human; the "Self-management" competency reflected the importance to effective leadership of keeping all of one's affairs balanced. The "Managing limits" competency indicated the importance of self-awareness – in terms of strengths and weaknesses, as well as how to most effectively work around those weaknesses. "Resilience / self-restraint" (the late-addition) reflected self-awareness related to the leader's sources of frustration and other negative emotions, and his/her ability to work effectively with that self-awareness. Finally, the "Balance" competency suggested the essential buffering role that outside interests and relationships has in keeping one's perspectives clear.

III. Field Testing

The reliability and validity of the assessment instrument was conducted with a group of participants currently enrolled in the Master's of Health Systems Management program at a Midwestern university. Each participant identified a group of peer-colleagues and superiors to rate them using the survey. In the interest of maximizing participation in what was a voluntary process, the subgrouping of competencies most relevant to the entry level was used. The survey was provided online using the Purview 360 platform (www.purview.net), which allowed survey completion to be tracked and non-respondents to be queried. Survey respondents were provided a brief online introduction to the 360-feedback process and its purpose, as well as instruction on filling out the survey. Items were rated using a nine-point Likert scale developed according to a modified "rating augmentation" methodology (Penny, Johnson, & Gordon, 2000). The

rating process thus involved two steps: first, the rater decides which of three broad bands best describes the ratee's typical performance level ("needs development," "performing solidly," or "role-model performance"). Next, the rater decides where within that band the ratee's performance should be rated: square in the middle (i.e. typical of that band) or leaning toward the high or low side.

This project yielded a total of 125 surveys, or 92% of the 136 total participants who originally volunteered. Results of reliability and validity analyses are provided as Appendix D. Internal consistency reliability was calculated via Cronbach's alphas. These analyses revealed that each of the competencies surveyed demonstrated internal consistencies of .90+, suggesting that internal consistency was very high. Convergent validity was assessed by correlating survey results with other measures of leadership. First, two program leaders who were not involved with this study, but who were familiar with the ratees, were asked to rank-order the ratees according to leadership ability. Rankings were averaged across the two program leaders, and were then correlated with 360 feedback results provided by the superiors of the same ratees. Because of the small number of ratees in this pilot study (n = 17), a more liberal alpha of .10 was used. As shown in Appendix D, leadership rankings correlated significantly and in the expected (negative) direction with all but two of the leadership competency scores. A second convergent validity check was conducted by correlating peer 360 feedback scores with ratee's performance on the Health Administrators Leadership Assessment (HALA: Garman, Darnall, Compere, & Oleske, 2003), an empirically developed situational judgment test. Results of this analysis indicated that HALA scores correlated significantly with 8 of the 12 survey competencies.

In addition to these analyses, several additional analyses were run to assess divergent validity – i.e., we wanted to be sure that the 360 instrument was not simply picking up individual differences in raw cognitive ability. To assess this, we correlated results of the peer 360 surveys, aggregated to the ratee level, with pre-admission data provided by the students prior to enrolling in the program. To create a common metric across ratees, percentile rankings on GRE/GMAT tests (verbal and quantitative components) were used. Relationships between standardized cognitive scores and the 360 competency scores were uniformly smaller in size than those between the 360 and the other leadership measures; no significant correlations were found at the .10 level. Additional demographic analyses showed, as expected, non-significant correlations of even weaker magnitude; average correlation for gender was -.01; for age, -.07. Ethnic minority status, however, did not provide large enough groups to provide meaningful statistical analyses.

IV. Conclusions / Next Steps

The purpose of this project was to develop a reliable and valid 360-degree feedback survey to support leadership development in health administrators. As a result of the work described above, we believe we have achieved this goal to the point where this survey is now ready for broader use. That said, there is undoubtedly room for improvement on this instrument, and we hope it continues to evolve as it receives more widespread use. A number of possibilities exist for supporting this refinement. For example, additional samples of leaders, particularly at higher organizational levels and with different primary roles, would be useful in determining the extent and priority of these competencies for leadership effectiveness in those positions. Additionally, the survey is fairly lengthy; criterion-related validity studies as well as experimentation with abbreviated versions could assist users in developing shorter forms of this assessment tool. Lastly, experimentation with the protocol for training raters may be helpful. In our studies, raters were essentially "on their honor" to read the online instructions prior to completing the assessments. Some additional attention to this methodology (e.g. providing a short quiz) could help to ensure that raters have an adequate understanding of the process to avoid common rater errors (e.g. halo). Lastly, a more careful look at top executive leadership positions is needed to determine whether modifications of the 360 survey and process for this audience would be helpful. In particular, effective relationships with boards and board chairs may warrant additional consideration, and may involve skills and demands outside the scope of the current survey.

In terms of dissemination, we are interested in pursuing a efforts to make this research and its product surveys available to the health administration community. To

this end, we have established relationships with an organization (Purview: www.purview.net) who have agreed to host the survey on their automated 360 platform, with the understanding that users have free access to the survey itself and are charged only for use of their web-based platform. This web-based access can also allow independent consultants and/or professional associations (such as the ACHE) to provide a cost-efficient bundled service of web-based 360 access and expert-provided live performance feedback, if they so choose.

Additionally, we plan to write-up our results for publication in a research journal, and will also seek to publish a description of the project in at least one trade journal. A description on how to use 360 feedback effectively in leadership development programs is also being developed, and will be included in a leadership development textbook being prepared by the first author. Lastly, we will be making the survey itself available on a variety of websites, including the ACHE website if that is of interest.

As a final note, we want to again express our gratitude for the support of the American College of Healthcare Executives for this important and groundbreaking research. We believe the results of this project will yield a significant return for your research investment, and hope you feel the same.

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Appendices

Appendix A: Competency definitions

CHARTING THE COURSE		
1	Strategic vision	Demonstrates a solid feel for the organization's purpose; Keeps track of important changes in the external environment as they may affect the organization; Effectively visualizes the organization's future based on organization and environmental knowledge; Creates a clear, appealing vision that all can subscribe to; Successfully aligns employees with that vision
2	Innovativeness	Brings creative ideas to the table; challenges others' ways of thinking; explores uncharted options; thinks "outside the box;" identifies, explores and exploits all opportunities
3	Systems-thinking	Anticipates the ways changes in one department may affect other departments; Integrates all departments into planning and the "big picture;" fosters relationships across departments that overcome "siloing"
4	Flexibility / adaptability	Open to new ideas and courses of action; Willing to change positions; Skillful and creative in problem-solving

DEVELOPING WORK RELATIONSHIPS		
1	Individual understanding	Understands each employee and relates to each on a personal level; understands what motivates each employee and acts accordingly to help them attain their goals
2	Mentoring	Acts as a role model for employees; Empowers others; Nurtures employees so they are equipped to achieve goals; Teaches others important lessons in an unassuming manner
3	Physician / Clinician relations	Views clinicians as partners rather than employees; understands clinicians' professional objectives; sensitive to clinician's needs; shows mutual respect and tolerance toward clinicians

BROAD INFLUENCE		
1	Consensus-building	Understands all parties' agendas and uses that understanding to generate compromises
2	Persuasiveness	Influences others to get on-board; gets others ready and accepting of change; creates and facilitates change in ways that minimize perceived threat
3	Political skills	Political savvy / political instincts; know when to be proactive and when to "lay low" in respect to different issues and leaders
4	Collaboration / Team-building	Creates coalitions among employees around broader goals; Moves people toward team goals; Brings groups to consensus on team goals that satisfy everyone

STRUCTURING THE WORK ENVIRONMENT		
1	Work design & coordination	Delegates effectively (gives employees work without micromanaging); sets up reporting structures so that s/he has the right information at the right times; multi-tasks effectively (can pursue multiple agendas at the same time); Recruits, retains, and counsels management toward effectiveness in their positions; Clarifies roles; Sets clear and measurable objectives
2	Feedback giving / performance management	Communicates a clear and consistent message about expected results; Assesses management performance credibly, and communicates these assessments routinely; Addresses performance problems in a timely and appropriate manner
3	Use of meetings	Sets clear goals for meetings and then achieves them; meeting time is well-spent; in moving through the agenda s/he balances time pressure against the need for appropriate input from participants
4	Decision-making	Tries to obtain all important information before making a decision; can make decisions if necessary without having all info; knows when to make a decision and when to wait; can make tough decisions without hesitating; understand when the organization is and is not ready for change

INSPIRING COMMITMENT		
1	Building trust	Communicates truthfully about all things including him/herself; Follows-through on promises and decisions; "Walks the talk;" Handles sensitive information appropriately and effectively
2	Listening / feedback receiving	Knows when to listen and when to speak; actively listens to others; shows interest in others' opinions; shows openness / ability to "hear" criticisms; listens without interrupting
3	Tenacity	Shows courage is his/her convictions; sticks to his/her guns when faced with push-back
4	Self-presentation	Presents themselves in a manner that puts others at ease; professional stature; appropriate dress according to organization; acts as a host in all situations; well-prepared for all interactions; Relates well to others regardless of their position

COMMUNICATION		
1	Energizing	Communicates and acts in ways that energize others; gets people energized and excited about their work; "rallies the troops"
2	Crafting Messages	Crafts messages and style according to the specific audience at hand; delivers clear, concise, articulate messages
3	Writing	Uses correct grammar and spelling in written communications; written messages are clear and coherent; pays attention to detail
4	Speaking	Well-developed podium skills; speaks clearly, avoiding mixed messages

SELF-MANAGEMENT		
1	Managing limits	Shows awareness of limits in knowledge and abilities; Seeks input from others with those strengths; Relies on others for information and support in areas of weakness; Shows awareness of limits in personal resources (time, focus, energy)
2	Balance	Pursues interests outside of the organization; balances work and family life effectively; coordinates work and personal life to prevent one from undermining the other.
3	Resilience / Self-restraint	Shows respect for ideas and opinions s/he may personally disagree with; addresses concerns in positive and constructive ways; keeps an even temper when frustrated

Appendix B: Content validity of competencies for the entry, mid, and senior levels

Competency	Level		
	Entry	**Mid**	**Senior**
1. Charting the Course			
Strategic vision	*	1.00	1.00
Innovativeness	0.85	1.00	1.00
Systems thinking	0.85	0.85	1.00
Flexibility / adaptability	0.85	0.85	1.00
2. Developing Work Relationships			
Individual understanding	0.69	1.00	0.88
Mentoring	0.69	1.00	0.88
Physician / clinician relations	1.00	1.00	1.00
3. Broad Influence			
Consensus-building	0.69	1.00	0.88
Persuasiveness	0.69	1.00	1.00
Political skills	0.69	1.00	1.00
Collaboration / team-building	0.69	1.00	1.00
4. Structuring the Work Environment			
Work design and coordination	1.00	1.00	1.00
Feedback giving / performance management	0.69	1.00	1.00
Use of meetings	0.69	1.00	1.00
Decision-making	0.69	1.00	1.00
5. Inspiring Commitment			
Building trust	1.00	1.00	1.00
Listening / feedback receiving	1.00	1.00	0.88
Tenacity	0.69	1.00	1.00
Self-presentation	0.69	1.00	1.00
6. Communication			
Energizing	0.85	0.85	1.00
Crafting messages	1.00	1.00	1.00
Writing	1.00	0.85	1.00
Speaking	*	0.85	1.00
7. Self-Management			
Managing limits	0.85	0.85	1.00
Balance	0.69	0.67	1.00
Resilience / Self-restraint[a]			
CVI	**0.76**	**0.94**	**0.98**

N = 22, 22, and 27 for the entry, mid, and senior levels, respectively.

* Indicates that the CVR was below the Lawsche (1975) cutoff value

[a] Competency was added after the content validity survey was completed.

Appendix C: Recommended competency list based on career objectives

Objectives:	**First professional position**	**Preparation for mid-level management**	**Preparation for senior management**	*Mean ratings*		
1. Charting the Course				*E*	*M*	*S*
Strategic vision		X	X	2.77	4.23	4.61
Innovativeness		X	X	3.38	4.23	4.06
Systems thinking		X	X	3.15	4.46	4.22
Flexibility / adaptability	X	X	X	4.00	4.42	4.06
2. Developing Work Relationships						
Individual understanding	X	X		3.85	3.92	3.47
Mentoring	X	X		3.77	4.31	3.94
Physician / clinician relations	X	X	X	3.92	4.54	4.59
3. Broad Influence						
Consensus-building		X		3.15	4.00	3.89
Persuasiveness	X	X	X	3.69	4.54	4.22
Political skills		X	X	3.38	4.15	4.29
Collaboration / team-building	X	X	X	3.46	4.15	4.33
4. Structuring the Work Environment						
Work design and coordination	X	X	X	3.69	4.46	4.33
Feedback giving / performance management		X	X	4.00	4.54	4.33
Use of meetings		X		3.15	4.08	3.67
Decision-making	X	X	X	3.62	4.62	4.39
5. Inspiring Commitment						
Building trust	X	X	X	4.54	4.69	4.61
Listening / feedback receiving	X	X	X	4.31	4.62	4.35
Tenacity		X	X	3.31	4.08	4.22
Self-presentation	X	X	X	3.92	4.46	4.12
6. Communication						
Energizing	X	X	X	3.46	4.00	3.94
Crafting messages	X	X	X	3.69	4.46	4.38
Writing	X	X		4.08	4.38	3.94
Speaking	X	X	X	3.38	4.31	4.06
7. Self-Management						
Managing limits	X	X		3.92	4.31	3.72
Balance		X	X	3.85	4.00	4.12
Resilience / Self-restraint[a]	X	X	X			

[a] "Resilience" was added after the CVI survey, so no mean ratings were available. Informal inquiries regarding this competency suggest it would be relevant to all levels, thus its representation as such.

Appendix D: Results from the pilot study

Competencies		Validity tests: Convergent		Validity tests: Divergent	
	a	Leadership Rankings	HALA Score	V%	Q%
Charting the Course					
Flexibility/adaptability	.94	-.59**	.33	-.18	-.21
Broad influence					
Consensus-building	.93	-.28	.55**	-.32	-.08
Structuring the work environment		***-.59****	***.48****	***-.27***	***-.08***
Work design & coordination	.95	-.58**	--	--	--
Use of meetings	.98	-.72***	.47*	-.34	.01
Decision-making	.95	-.62***	.43*	-.29	-.05
Inspiring Commitment					
Building trust	.93	-.49**	.51**	-.23	-.09
Communication		***-.68*****	***.50****	***-.32***	***-.28***
Energizing	.92	-.53**	.46*	-.26	-.25
Crafting messages	.93	-.62***	.36	-.32	-.28
Writing	.93	-.50**	.56**	-.10	.36
Speaking	.96	-.59**	.46*	-.22	-.19
Self-management		***-.52****	***.44****	-.30	.03
Managing limits	.92	-.55**	.38	-.26	-.09
Resilience / self-restraint	.94	-.37	.23	.00	-.02

** p < .10 ** p < .05 *** p < .01*

Appendix E: Final item list

		Suggested Raters			
Charting the Course		Peer	Direct Report	Superior	Physician/ Clinician
Strategic Vision	Has a solid sense for the organization's purpose	X	X	X	
	Keeps track of important changes in the external environment	X		X	
	Visualizes the organization's future based on organization and environmental knowledge	X		X	
	Creates a clear, compelling, and challenging vision that all can subscribe to		X	X	
	Successfully aligns staff with that vision		X	X	
	Translates his/her vision into clear action plans	X	X	X	
	Regularly discusses how our work ties back to the strategic plan	X	X		
Innovativeness	Brings creative ideas to the table	X	X	X	
	Challenges others' ways of thinking	X	X	X	
	Explores uncharted options	X	X	X	
	Thinks "outside the box"	X	X	X	
	Identifies, explores and exploits all opportunities	X	X	X	
Systems Thinking	Anticipates the effects that changes in one department may have on other departments	X		X	
	Integrates all departments into planning and the "big picture"	X		X	
	Solicits input from other departments on changes that will affect them	X		X	
	Develops and pursues goals that cross departmental lines	X		X	
	Fosters relationships across departments that overcome "siloing"	X		X	
Flexibility / Adaptability	Approaches challenges with an openness to change	X	X	X	X
	Shows openness to new ideas and courses of action	X	X	X	X
	Readily generates multiple solutions to problems	X	X	X	X
	Seeks solutions outside of his/her area of expertise when appropriate	X	X	X	X
	Embraces change as an integral part of his/her work	X	X	X	X
Communication					
Crafting messages	Delivers complex messages in a simple-to-understand way	X	X	X	
	Talks at people's "level" (not too complicated or too simple)	X	X	X	
	Crafts messages and style according to the specific audience at hand	X	X	X	
	Checks appropriately to make sure messages are understood	X	X	X	

		Suggested Raters			
Communication (cont'd)		Peer	Direct Report	Superior	Physician/ Clinician
Speaking	Speaks in complete thoughts	X	X	X	
	Emphasizes the important points of his/her messages	X	X	X	
	Avoids mixed messages	X	X	X	
	Delivers consistent messages over time	X	X	X	
	Speaks clearly and unambiguously	X	X	X	
Writing	Writes concisely without sacrificing clarity	X		X	
	Written messages are clear and unambiguous	X		X	
	Writing is free of spelling errors	X		X	
	Writing is free of grammatical problems	X		X	
Energizing	Gets me energized and excited about my work with him/her	X	X	X	
	Keeps people focused on the "bright side"	X	X	X	
	Celebrates successes in our work	X	X	X	
	Encourages people to make the best of every situation	X	X	X	
Inspiring Commitment					
Building trust	Follows-through on promises	X	X	X	X
	Takes full responsibility for his/her actions	X	X	X	X
	His/her decision-making processes are clear and transparent	X	X	X	X
	Presents a balanced picture of his/her work that includes both the positives and the negatives	X	X	X	X
	Holds him/herself to the same standards s/he holds others to	X	X	X	X
Listening / feedback receiving	Knowing when to listen and when to speak	X		X	
	Showing interest in others' opinions	X		X	
	Actively listening to others	X	X	X	
	Showing openness to "hearing" criticisms	X	X	X	
	Listening without interrupting	X	X	X	

		Suggested Raters			
Inspiring Commitment (cont'd)		Peer	Direct Report	Superior	Physician/ Clinician
Tenacity	Shows courage is his/her convictions	X	X	X	
	Sticks to his/her guns when faced with push-back	X	X	X	
	Sees the things s/he starts through to the end	X	X	X	
Self-presentation	Presents him/herself in a manner that puts others at ease	X	X	X	
	Professional stature	X	X	X	
	Dresses appropriately according to the situation	X	X	X	
	Is well-prepared for all interactions	X	X	X	
	Relates to others regardless of their position	X	X	X	
Developing Work Relationships					
Individual understanding	Understands and relates to me on a personal level		X		
	Offers support when it is needed		X		
	Knows what motivates me		X		
	Knows my strengths and capitalizes on them		X		
	Helps me work effectively with my limitations		X		
Mentoring	Communicates actively with me about my future plans		X		
	Supports my independent thinking and action		X		
	Role models the behaviors s/he wants to see in us		X		
	Teaches important lessons without "belittling" anyone		X		
	Is available and open to discussing my career goals		X		
	Helps me learn what I need to be successful at my job		X		
	Finds me opportunities to build/strengthen my skills		X		

		Suggested Raters			
Developing Work Relationships (cont'd)		Peer	Direct Report	Superior	Physician/ Clinician
Physician / clinician relations	Views physicians/clinicians as partners				X
	Wants to and works to understand the clinical perspective				X
	Keeps me informed of goals and obstacles involved with resources				X
	Seeks my input and approval on decisions that will affect clinical practice				X
	Even in times of conflict, his/her ultimate focus is always the patient				X
Broad influence					
Collaboration / Team-building	Clearly defines the roles and contributions of each team member	X			
	Integrates team members' contributions based on strengths and limitations	X			
	Coordinates work effectively across team members	X			
	Helps me see how collaboration will help me achieve better results	X			
Political skill	Solicits key stakeholders' input for important decisions	X		X	
	Uses his/her network effectively to learn key stakeholders' opinions	X		X	
	Knows when to be proactive and when to "lay low" on issues	X		X	
Persuasiveness	Facilitates change in ways that minimize perceived threat	X			
	Learns my position on things before trying to get me to change	X			
	In promoting change, understands and discusses "what's in it for me" for various audiences	X			
	Able to make others see him/herself as a peer	X			
Consensus-building	Backs up his/her statements with solid evidence	X		X	X
	Discusses issues of disagreement with an open mind	X		X	X
	Addresses each person's interest and input	X		X	X

		Peer	Direct Report	Superior	Physician/ Clinician
Self-management					
Managing individual limits	Understands all parties' agendas, and uses that understanding to generate compromises	X		X	
	Knows the limits of his/her knowledge	X	X	X	X
	Seeks guidance in areas where s/he is less knowledgeable	X	X	X	X
	Utilizes other people's skills when needed	X	X	X	X
Resilience / Self restraint	Admits to the mistakes that s/he makes	X	X	X	X
	Shows respect for ideas and opinions s/he may personally disagree with	X	X	X	
	Keeps an even temper when frustrated	X	X	X	
	Addresses interpersonal concerns in positive, constructive ways	X	X	X	
Balance	Recovers readily from disappointments	X		X	
	Pursues interests outside of the organization	X		X	
	Balances work and family life effectively	X		X	
	Coordinates work and personal life to prevent one from undermining the other	X		X	
Structuring the Work Environment					
Decision-making	Gathers information from all key stakeholders to support decisions	X	X	X	X
	Is careful and methodical in making important decisions	X	X	X	X
	Makes decisions in a timely manner	X	X	X	X
	Knows when to make decisions and when to wait	X	X	X	X
	When necessary, s/he can make decisions without all desired information in hand	X	X	X	X
Use of Meetings	Communicates the agenda prior to convening meetings	X	X	X	X
	Goals of his/her meetings are clear	X	X	X	X
	Holds all participants accountable for being present	X	X	X	X
	Balances agenda timelines against meeting content	X	X	X	X
	Keeps agendas and discussion relevant to all participants	X	X	X	X
	Brings sidetracking issues back to focus on primary goals	X	X	X	X
	Facilitates in a manner that keeps all participants engaged	X	X	X	X
	Achieves the goals s/he sets for meetings	X	X	X	X
	Ends meetings on (or before) scheduled time	X	X	X	X

Structuring the Work Environment (cont'd)		Suggested Raters			
		Peer	Direct Report	Superior	Physician/ Clinician
Work design & coordination	Writes formal objectives and outcomes for specific projects		X	X	
	Holds his/her employees accountable for work performance		X	X	
	Gives me a clear understanding of my role responsibilities		X		
	Divides the work among us so that we all make a substantial contribution		X	X	
	Assigns work appropriately for each team member's skill set		X		
	Follows-up appropriately on assigned tasks		X	X	
	Hires new employees that are well-suited for the team's needs		X		
Feedback / Perf. Management	Communicates a clear and consistent message about expected results		X		
	Assesses management performance credibly, and communicates these assessments routinely			X	
	Follows-up on assigned projects to keep things on track		X	X	
	Holds employees accountable for their performance		X	X	
	Addresses performance problems in a timely and appropriate manner		X	X	
	Gives clear, specific feedback on performance		X		
	Provides performance feedback throughout the year		X		