



Leadership Development Program Outcome Report

Leadership for Success! at Queensland Transport
Evidence Based Leadership Development in the Public Sector:
6 Month Intensive Program & Outcomes

Dr Peter Stebbins, Fiona Loughlan, Dr Danielle Lees

Correspondence: Dr Peter Stebbins, PsyCare Pty Ltd, Suite 1, Level 1, Alexandra House, 201 Wickham Terrace, Spring Hill QLD 4000. Phone 07 3839 4400 Email. manager@psycare.com.au web. www.psycare.com.au

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Abstract

This outcome report provides the results of a customized, evidenced based supportive leadership program developed and delivered with a regional zone of a state government department among all employees identified as having supervisory and management roles ($N=54$). The program was designed to address hazards identified in an organizational health review and implemented intensively and systematically over a 6 month period using 2 x 2day intensive workshops, interim 360 peer review assessment and 1 x day follow-up and outcome, planning/program maintenance session. The program placed significant emphasis on behavioral learning and individual and group feedback using professional peer and self review across a range of people management issues identified in the initial review including, supportive leadership, strategy, mission and change, industrial, rehabilitation and discrimination issues, executive communication skills, defusing, motivation and stress management. The results showed major improvement in Organisational Health over the six month interval with significant changes in risk status across the domains of Relationship, Manager and Peer Support. Pre- and post-measures in leadership also showed an upward trend in improved support leadership practice within the group. Industrial issues requiring regional management intervention were nonexistent among teams whose leaders were present – a significant reduction compared to prior years. Qualitative feedback also showed a greater level of engagement and openness among the leadership group and an ability to feedback and constructively engage and problem solve.

Introduction

Current Australian workplace environments, in both the private and public sector, are being increasingly characterised by lowered staff numbers, greater work pressures, longer hours, changing employment patterns, new demands and expectations on work/life issues and employer empowerment (Caulfield, Chang, Dollard & Elshaug, 2004; Dollard, 2006; Dollard & Knott, 2004; Polanyi & Tompa, 2004; Stebbins, 2003). All of these factors have been identified as contributing to the creation of a stressful work environment, now recognized in health and safety legislation as a workplace hazard, namely a 'psychosocial hazard'(Dollard 2006; Dollard & Walsh, 1999; Rydstedt, Ferrie & Head, 2006). From an Organisational Health perspective psychosocial hazards are more immediately identified as low morale/high distress workplaces which can be evaluated through the areas job content (Demands, Control, Support) and job context (Role, Relationships, Change) (MacKay et al., 2004; HSE, 2004b).

Examination of the predictors of low morale and psychological distress among employees within the public sector (Cotton, 2003; MacKay et al., 2004) highlights the importance of 'support' and 'relationships', particularly manager support in the form of supportive leadership (SL), as a key mitigating factor of such psychosocial hazards. Despite the ability to identify key variables such as

manager support, relationship and role as predictors of organizational health, little is known about the effectiveness of interventions to change workplace culture where such hazards exist. Furthermore, there is a paucity of published research into management interventions to address workplace stress in public sector Australia which makes it difficult to verify the presence of, and the effectiveness of any such interventions. However the rising number of Workers' Compensation claims suggests that current management intervention programs, if implemented at all, are inadequate (Caulfield, Chang, Dollard & Elshaug, 2004).

The Current Intervention: Leadership for Success

In order to improve intervention relevance and efficiency is the identification of risks or stressors at a local workplace level and development of targeted organisational health interventions based on identified risks. Previous research (i.e., Dolan & Arsenault, 1979, 1980; Arsenault & Dolan, 1983, Mackay et al., 2004) indicates that stressor profiles are unique to each organisation and that workplace factors only become stressors if individual employees perceive them as a threat. This highlights the importance of examining worker perceptions in assessing stress within specific organisations and customizing interventions to be both organisation and psychosocial hazard specific. Combining the aforementioned findings from the literature, the obvious questions are: (1) Can supportive leadership be developed in a sub-culture, through a specific training and development program among managers, or is it a wider whole of organisation issue?; (2) Can such supportive leadership training have any measurable impact on risks, costs, morale and retention within a 6-12 month period or are the effects unable to be detected in such a short time?

Method/ Results

Pre-Measure Organisational Health Review

An initial organisational health review consisting of qualitative interviews and questionnaire analysis was conducted in 2 month timeframe (Mar-May 07) with all managers who were participating in the supportive leadership program. The goals of this initial phase was to collect data on the current leadership issues within the management group as well as identify any specific hazards or risks and assess the level of organisational health at the manager level.

The results of the quantitative pre-intervention data (see Figure 1) using the HSE Indicator Tool, shows that Role Clarity was below the 20th percentile requiring urgent action, whilst Demands, Manager Support, Peer support, Relationships and Change were all needing improvement and below the 50th percentile with Control the only factor above the 50th percentile.

Time 1	Pre Intervention
Demands	3.31
Control	3.60
Managers Support	3.79
Peer Support	3.96
Relationships	4.14
Role	4.28
Change	3.49

Key





-  Doing very well - need to maintain performance
Represents those at or above the 80th percentile[†]
-  Good, but need for improvement
Better than average but not at the 80th percentile[†]
-  Clear need for improvement
Below average but not below the 20th percentile[†]
-  Urgent action needed
Represents those below the 20th percentile[†]

Figure 1. Time 1 Pre Intervention HSE Organisational Health Climate Data

The results of the brief supportive leadership questionnaire at pre-intervention showed a mean score of 3.03 suggesting that the level of perceived supportive leadership among the manager group was in the 'average' to 'below average' range at Time 1.

Regarding qualitative data, the major themes merging from the pre-interviews among the managers were:

1. *Match of Skills and Abilities to Job* - Generally these employees felt that their skills and abilities were matched. Six employees felt that their skills and abilities were developed on the job, and two suggested that their skills and abilities were not matched.
2. *Rewarding and Frustrating Experiences* - Lack of communication and consultation from top down due to organizational structure and/or lack of time. Also managers acknowledged their own lack of time to communicate with their staff and reported a level of job satisfaction as a result of imparting knowledge and training staff. Staff, manager and customer complaints were also a common frustration.
3. *Example of Staff Issues Successfully Managed* - It seemed that some managers found this question a challenge to answer. Those who were able to illustrate a problem that was managed well relied on negotiation as their primary skill. Some managers found the expectations of younger generations problematic.
4. *Example of a Staff Issue not Managed Well* - There were indications of a lack of training and lack of support. Many managers felt that they needed to learn to deal with managing situations on the job and did not refer to particular strategies for dealing with issues. Although some managers mentioned that they gained some insight into their staff and their performance.
5. *Description of Your Leadership Style* - Many of those surveyed seemed to think that this was a trick question and responded more often with words that described an 'ideal' leadership style. Alternatively it could be that they were unable to express their leadership style succinctly. Those who did express a style were often influenced by their focus on 'getting the job done'.
6. *Your own Managers Leadership Style* - Although those surveyed did express positive attributes, these were tempered by conditions such as "freedom to operate as long as the job is done".

Many expressed there were times when they felt isolated and felt that management was focused on self-protection.

7. *Further Organisational Support That May Assist* - Besides the issues surrounding organisational structure, managers appeared to feel uninformed and felt there was a lack of communication from the top down. There was a strong sense of feeling devalued and they expressed a need for recognition. No suggestions were made regarding how the organization could support them.

Supportive Leadership Program Development

Based on the findings from the initial review and in line with the research recommending customization to the organisational risk profile, the leadership development program was developed and tailored using existing evidence based content and learning techniques to address the specific hazards in the areas of Role, Relationships, Support, & Change. As such the program consisted of 8 modules covering a diverse range of operational management, strategic management, human resources and people leadership topics with the goal of providing both knowledge and practical training to address the identified hazards and leadership issues.

1. Introduction: QT Why Us Why Now?
2. 7 Signs of Supportive Leadership at QT
3. Content over Process
4. Empathy Bank
5. Win/Win in the Public Sector
6. Performance, Rehabilitation, Personality
7. Your 360 Results and Development Plan
8. Level 5 Leadership – Taking The Next Step

Program Delivery

The Leadership for Success Program was delivered over a six month period from May 07 to November 07.

Workshop Series 1

Delivery Timeframe Late May/ Early June 07 2 Day Intensive Format Key Modules:

Module 1, Introduction: Leadership for Success

- So Why Are We Here? Change and Adaptation
- Organisational Health at the Supervisor/ Manager Level
- Current Challenges and Issues
- Our Organisation - Mission and Vision
- Key Values - Our Role as Managers & Supervisors

Module 2 Supportive Leadership: Introduction and Self Awareness

- The Organisational Health Model: A Window into Management Successes and Failures
- Stress, Morale and Performance : The Importance of Supportive Leadership
- Different Types of Management and Leadership Styles
- Supportive Leaders – 7 Signs & Self Assessment – Supportive Leadership
- Supportive Leadership – A Strategic Framework - Feedback Model

Module 3 Supportive Leadership: Process over Content

- Interpersonal Conflict – Key Interpersonal Skills For Effectiveness
- Communication Microskills and Practical Exercises - Giving Feedback
- “Know The Other” - Effective Listening
- Active Questioning and Active Listening
- “Content vs Process” (topic vs relationship)

Module 4 Supportive Leadership: The Empathy Bank

- Empathy & Supportive Leadership In Queensland Transport
- Signs And Symptoms Of Staff Distress
- Defusing Difficult Situations
- Staying In Control And Knowing When To Stop - Practical Exercises - Defusing
- Managing Performance Issues In A Supportive Framework
- Managing Distress In A Supportive Framework - Looking After Yourself As Well

Overall Feedback Rating Workshop 1

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall I found workshop 1 to be very worthwhile	0	1	9	28	8

A whole of region Leadership Mission was also developed and endorsed by all participants and the Regional Management Team. The Leadership Mission statement was:

“To provide a supportive environment for our team to deliver QT services to the community”

360 Supportive Leadership Assessment & Interim Homework

At the conclusion of Workshop 1, all Managers and Supervisors were given the Supportive Leadership Checklist (SLC) 360 Degree Assessment Tool with 1 self and 3 peer forms which were completed and returned for analysis and report preparation prior to the second workshop series in late July/early August 2007. Participants were also given several factsheets, articles and an audio CD on executive communication strategies and leadership as follow up homework.

Workshop Series 2

Delivery Timeframe Late July/ Early August 07 2 Day Intensive Format Key Modules:

Module 5: Win-Win & Adding Value

- Influential Communication Skills & Selling Solutions
- *Team based tutorials. Application to current QT issues.*
- Application of Supportive Leadership Principles on recent and real QT scenarios.
- Key leadership priorities and challenges in QT Southern Zone.
- *Team based tutorials.*

Module 6: Performance, Rehabilitation, Personality

Illness & Injury (Case 1: Pacenka)

- Key organisational, industrial & personal wellbeing considerations
- Stakeholder needs, strategies and common problems in rehabilitation
- Workers compensation versus non workers compensation
- Rehabilitation and early intervention: Policy and practice at QT
- *Team based exercise: Having the conversations using real examples and real strategies*

Conduct & Performance (Case 2: Moi; Case 3: Naidoo)

- Key organisational, industrial & personal wellbeing considerations
- Stakeholder needs, strategies and common problems in rehabilitation
- Workers compensation versus non workers compensation
- Performance management and code of conduct: Policy and practice at QT
- *Team based exercise: Having the conversations using real examples and real strategies*

Module 7 Supportive Leadership & You – Getting Introspective

- Skills Development in 360 Feedback
- Development Planning
- Sample Case
- Your 360 Results – Supportive Leadership 360
- Your Development Plan and Mentoring/ Peer Support Arrangements

Overall Feedback Rating Workshop 2

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall I found Workshop 2 to be very worthwhile	0	0	2	23	12

Feedback and 2008 Planning Session

Delivery Timeframe Late Oct / Early Nov 07 1xDay Intensive Format/ Key Modules:

Supportive Leadership – Outcomes in 2007 and Group Discussions

- Recap Adaption and Change
- Mission at Leadership Level
- Outcome Data Pre and Post Comparisons
- Personal Journey – Changes and Improvements

QT Southern Real Case Discussions –

- Case Analysis, Use of Scripts and Win/ Win Negation
- Tag Team Role Play - Return to Work/ Performance
- Policy Compliance, Support & Win-Win
- Debrief, File Notes and Follow-up

Module 8 Level 5 Leadership

- From Good to Great – Level 5 Leadership – the Next Steps...
- Level 5 Leadership Self Assessment & Discussion
- How to implement a Level 5 approach at QT Southern Zone in 2008

Leadership in 2008

- Keeping supportive leadership alive!
- Developing an Action Plan to Ensure Success

Program Feedback/ Outcome Data

Outcome Data Collection: Outcome data on leadership and organisational health was collected in late September/early October 2007 to be presented at the feedback and planning day.

Organisational Health Outcome Data: Follow-Up Outcome Data at post-intervention is shown in Figure 2:

	Time 1 Pre Intervention	Time 2 Post Intervention
Demands	3.31	3.41
Control	3.60	3.69
Managers Support	3.79	3.92
Peer Support	3.96	4.04
Relationships	4.14	4.30
Role	4.28	4.36
Change	3.49	3.64

Figure 2. Time 1 and Time 2 (Pre/Post) Organizational Health Climate Data (HSE)

As can be seen in Figure 2, there were significant improvements in the organizational health of the management and leadership group over the six month period. All sub scales in both Job Content (Demands, Control, Support) and Job Context (Role, Relationships, Change) had improved with the Support and Relationship subscales now between the 50th and 80th percentile showing a significant reduction in hazards in this area. Control remained in the 50-80th percentile range whilst Demand, Change and Role stayed within existing percentile bands. However, there were noticeable increases in health ratings in these areas between the two time points.

Supportive Leadership Outcome Data: Regarding change in supportive leadership among participants, as can be seen from these results, QT employees have indicated greater leadership capabilities and workplace wellness post-intervention ($M = 3.17$) compared with pre-intervention ($M = 3.04$), $t(54.39) = 0.37$, $p < .05$. This shows some direct evidence of substantive positive change in perceived supportive leadership among the management group however it is expected that such directional change would become more significant as further behaviour change consolidates over a further 6-12 month period.

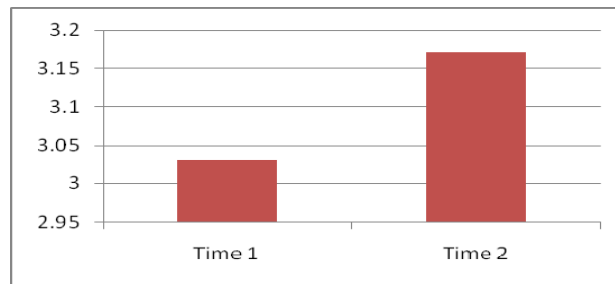


Figure 3. Supportive Leadership Brief Assessment Measure Time1 and Time 2 results

Qualitative Feedback on Program

At the conclusion of the program an analysis of the qualitative feedback showed a number of key areas reported by participations as beneficial. These included:

- Focus on Mission / Purpose – “Supportive Environment”
- Inclusion of all levels of management – communication and networking
- Real Case Examples – HR in Action
- Time to discuss the 7 signs and “Item 6 – Hope and Dreams”
- 360, peer feedback and planning
- Adapt and change – able to meet several times to share the journey

In reviewing feedback it was interesting to note that the initial criticisms around the role plays, high amount of group interaction and disclosure, groups mixing both junior and senior managers (AO3-AO8), and anxiety around the 360 supportive leadership assessment were no longer sources of concern or criticism but now endorsed as positive features of the Leadership For Success program suggesting major changes had occurred over time with the openness, flexibility and team unity within the wider leadership group.

Discussion/ Conclusions

The present study has implemented a customized, evidence based supportive leadership development program using a best practice approach as identified in previous research. Given the previous research findings in organisational health and the lack of research in evaluating supportive leadership intervention to manage psychosocial hazards in the workplace, questions of interest in the present research were: (1) Can Supportive Leadership be developed in a sub-culture through a specific training and development program among managers, or is it a wider whole of organisation issue?; and (2) Can such Supportive Leadership training have any measurable impact on risks, costs, morale and retention within a 6-12 month period or are the effects unable to be detected in such a short time?

The results showed major improvement in Organisational Health over the six month interval with significant changes in risk status across the domains of Relationship, Manager and Peer Support. Pre- and post-measures in leadership also showed an upward trend in improved supportive leadership practices within the group. Industrial issues requiring regional management intervention were nonexistent among teams whose leaders were present – a significant reduction compared to prior years. Qualitative feedback also showed a greater level of engagement and openness among the leadership group and an ability to feedback and constructively engage and problem solve on issues beyond the scope of the region and buffer and support each other. Furthermore the openness and debate among participants improved despite the differing levels of managers within the group and the line manager relationships which were initially cited as sources of concern by some participants.

The results clearly highlight that supportive leadership is a high value area of organisational health and moreover this can be developed through evidence based training with an emphasis on feedback and behavioral learning. Also, supportive leadership can be developed within a regional management sub-culture and maintained over time despite broader organisational dynamics and change. Moreover the value of such supportive leadership training can be seen within 6 months in both culture change and in IR outcomes as well as individual management self efficacy and performance. As such whilst existing programs such as early intervention and employee assistance are vital to reactively address workplace problems, supportive leadership programs are a vital cost effective frontline management preventive strategy to manage workplace stress and a powerful tool to maintain performance, productivity and wellness within the public sector.

References

- Arsenault, A., & Dolan, S. (1983). The role of personality, occupation and organization in understanding the relationship between job stress, performance and absenteeism. *Journal of Occupational Psychology*, 56, 227-240.
- Caulfield, N., Chang, D., Dollard, M. F., & Elshaug, C. (2004). A review of occupational stress interventions in Australia. *International Journal of Stress Management*, 11(2), 149-166.
- Cotton, P. (2003). Special issue on occupational stress and wellbeing: Guest editorial. *Australian Psychologist*, 38(2), 79-80.
- Dolan, S., & Arsenault, A. (1979). The organizational and individual consequences of stress at work: A new frontier to human resources administration. In V. V. Vesey & G. Hall, Jr. (Eds.), *The new world of managing human resources* (pp. 4-22). Pasadena: California Institute of Technology.
- Dollard, M. F. (2006). Throwaway workers. *InPsych*, 28(3), 8-12.
- Dollard, M. F., & Knott, V. (2004). Incorporating psychosocial issues into our conceptual models of OHS. *Journal of Occupational Health and Safety Australia and New Zealand*, 20(4), 345-358.
- Dollard, M. F., & Walsh, C. (1999). Illusory correlation: Is work stress really worse in the public sector? *Journal of Occupational Health and Safety Australia and New Zealand*, 15(3), 219-229.
- Health and Safety Executive. (2004a). HSE Indicator Tool User Manual. Sudbury, England: Author.
- Health and Safety Executive (2004b). Psychosocial working conditions in Great Britain in 2004. Sudbury, England: Author.
- MacKay, C. J., Cousins, R., Kelly, P. J., Lee, S., & McCaig, R. H. (2004). 'Management standards' and work-related stress in the UK: Policy background and science. *Work & Stress*, 18(2), 91-112.
- Rydstedt, L. W., Ferrie, J., & Head, J. (2006). Is there support for curvilinear relationships between psychosocial work characteristics and mental well-being? Cross-sectional and long-term data from the Whitehall II study. *Work & Stress*, 20(1), 6-20.
- Stebbins, P. (2003). *Work-related stress injury: Psychological assessment, treatment and rehabilitation*. New South Wales: Pearson Education Australia.
- Viswesvaran, C., Sanchez, J. I., & Fisher, J. (1999). The role of social support in the process of work stress: A meta-analysis. *Journal of Vocational Behavior*, 54(2), 314-334.