

Social Work Collective Leadership in a Large Urban Hospital during an Era of Unprecedented Transformational Change

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Session: W-2



SSWLHC
Society for Social Work
Leadership in Health Care



**Mount
Sinai**

Learning Objectives

1. Define & understand the relationship between Organizational Systems theory & Collective Leadership model & its practice in health care
2. Understand how the Collective Leadership model is operationalized in a large social work department within a large hospital/health system setting
3. Identify strengths & limitations of the Collective Leadership model
4. Obtain necessary tools to consider whether a Collective Leadership model (or certain components of it) should be considered in your own departments/organizations



Session Agenda

I. Introduction

Background & Structure: Organization & Department

COVID-19: Department Response & Sequelae

Collective Leadership Model: History, Definition & Application to Department

II. Collective Leadership Model in Action

Development & Approval of Model

Dual Reporting & Strategic Planning

Division of Work/Collaboration/Use of Self

Model's Evolvment: Communication, Advocacy & Buy-In

Successes & Challenges

III. Collective Leadership Enhancing Adaptive Leadership: Case Examples

IV. Conclusion

Lessons Learned

Application of Collective Leadership Model to Other Settings

V. Questions/Answers

Mount Sinai Health System



Mount Sinai Beth Israel



Mount Sinai Brooklyn



The Mount Sinai Hospital



Mount Sinai Queens



Mount Sinai Morningside



Mount Sinai West



New York Eye and Ear
Infirmary of Mount Sinai



Mount Sinai South
Nassau



Department of Social Work Services

Main Service Areas

Ambulatory
Care

Inpatient

Psychiatry

Medical
Education

Care
Management

Emergency
Department





Mount Sinai Facts: An Overview

Mount Sinai Health System (New York)

- Founded in 2013
- 8 hospitals, 1 school of medicine, extensive ambulatory network
- Diverse workforce of >40,000 employees

Mount Sinai Hospital (Manhattan)

- Founded in 1852 and largest hospital in health system
- Straddles Manhattan's Upper East Side and East Harlem
- 1,134 inpatient beds across all medicine and surgery specialty areas including oncology and transplant
- Extensive primary and specialty care network
- One of the nation's largest and most respected hospitals
- Located on the same campus as the Icahn School of Medicine
- 2022-23 "Best Hospitals" issue of *U.S. News & World Report* - ranked in fourteen specialties nationally
- Mount Sinai Kravis Children's Hospital recognized among the country's top children's hospitals by *U.S. News & World Report* 2022-23 "Best Children's Hospital"



MSH Department of Social Work Services

Department Founded in 1907

- 425+ licensed social workers
- 65+ different program/service areas
- One of largest hospital SW departments in the USA

Employment & Career Development

- Extensive onboarding and orientation program
- Strong commitment to diversity and hiring of BIPOC staff
- Pathway to LCSW licensure (experience and supervision)
- Accredited NYS Continuing Education (CE) provider (onsite courses)
- Monthly Social Work Grand Rounds lectures
- In-depth didactic and experiential learning in program/service area(s), including simulation learning groups
- 2 paid Professional Development Days annually for external use
- Clinical Career Ladder Advancement and related salary increases
- Social workers as valued members of interprofessional teams
- Variety of professional development and extra-curricular opportunities outside of one's core role/job



NYC Health Care Environment: 2020-Present



Tracking the
Coronavirus in
New York City



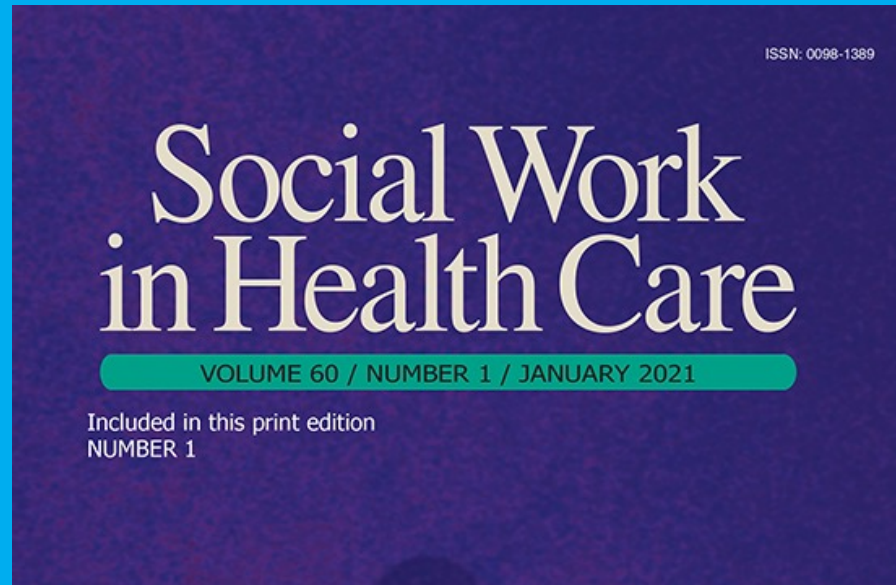
**BLACK
LIVES
MATTER**

Social
workers
are
essential
workers





MSH SWS Covid-19 Response & Sequelae



In the Global Epicenter: Social Work Leadership in a New York City Hospital

Nancy Xenakis , Mary M. Brosnan , Laudy Burgos , Jocelyn Childs , Julia Deschamps , Judith Dobrof , Diane Weg Farquhar , Maya L. Genovesi , Kaitlin R. Goldgraben , Elisa Gordon , Christine Hamilton , Sarah R. Koppel , Murray N. Lipp , Rachel Potter , Ann Rauch , Victoria Rodriguez , Elizabeth Schubert , Emma D. Sollars & Felice Zilberfein

VUCA

VOLATILITY

Equity, bond and currency market volatility; the lack of stability and predictability.

UNCERTAINTY

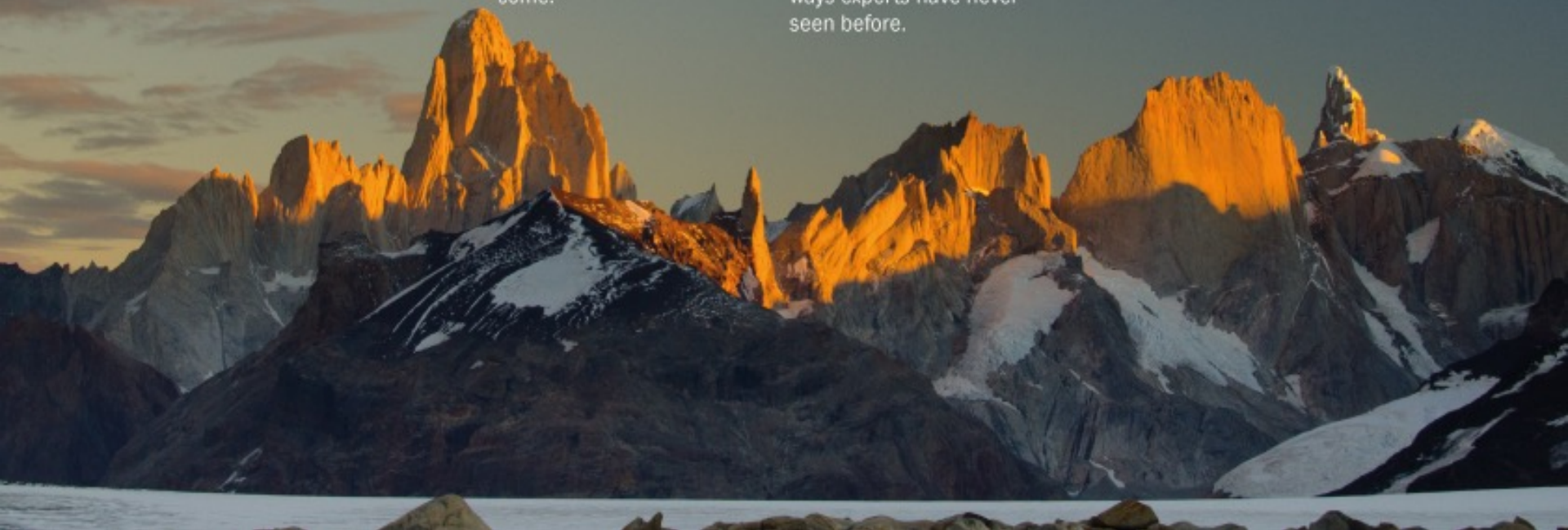
The potential change in the inflation index calculation, the potential switch to "smoothing" for pension funds calculating their recovery plan; the lack of ability to foresee what major changes might come.

COMPLEXITY

In understanding these financial markets in the era of the "new normal". The proliferation and increasing complexity of new financial instruments and regulation to deal with increasingly complex markets, moving in ways experts have never seen before.

AMBIGUITY

The resulting feeling. Is this the great rotation from bonds to equities? Or will bond yields stay low for longer? What is the best course of action?



Collective Leadership: Its History & Definition

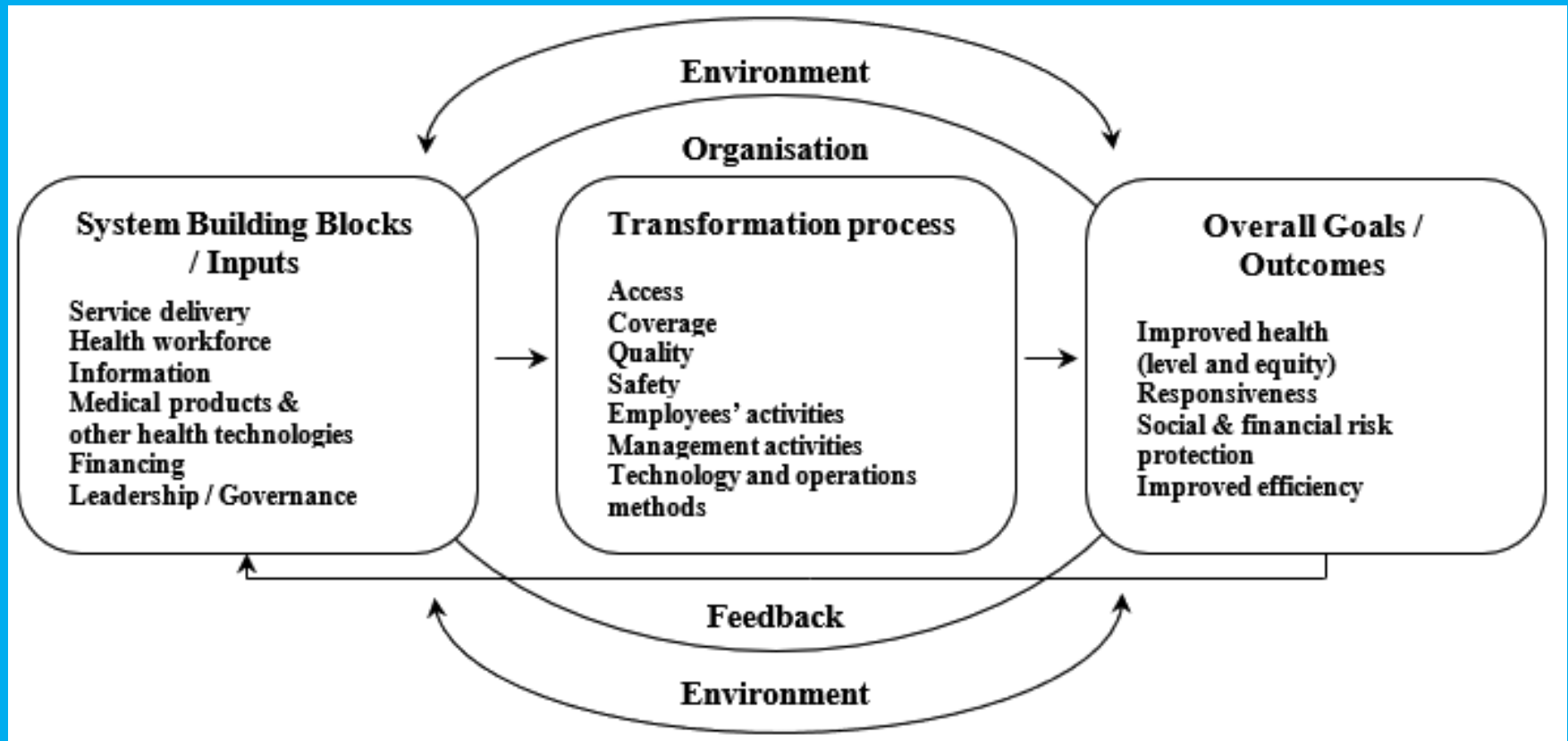
- Original concept: Mary Parker Follett (1924): “Power with others rather than power over others”
 - Everyone *can* & *should* lead; success depends on the leadership within entire group rather than the skills of one person
 - People are internally & externally motivated—working together toward a shared vision within a group & using their unique talents & skills to contribute to the success. Lasting success is not possible without diverse perspectives & contributions
- Next 70 years: many contributions to leadership & management theory helped lay the groundwork for collective leadership; late 1990s scholars returned to the idea of collective leadership in organizations, researched & published
- Based on tenets of Organizational Systems Theory (Bertalanffy, 1973)
- Collective leadership used in a variety of fields:
health care, community development,
educational leadership, environmental science,
non-profit management & the military



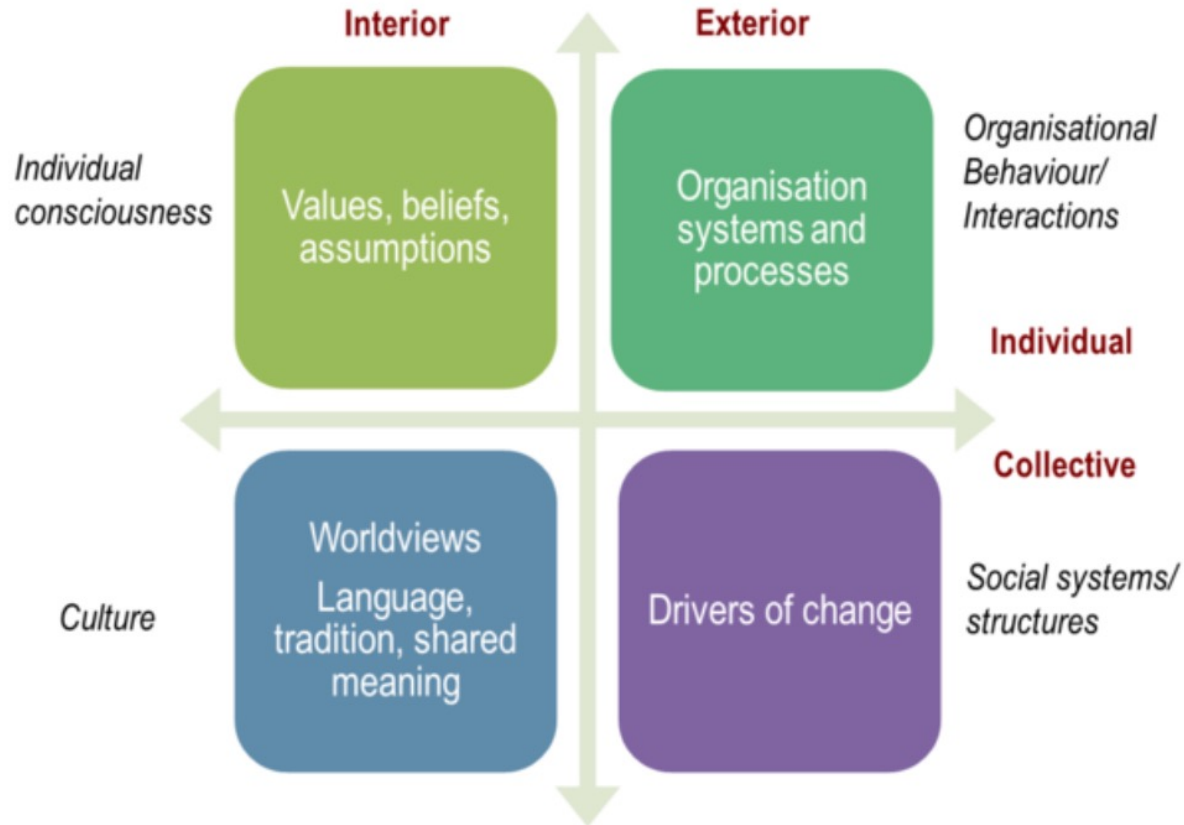
Key Differences Between Traditional And Collective Leadership

	Traditional Leadership Approach	Collective Leadership Approach
View of Organisations	Organisations as machines	Organisations as communities
Structure	Hierarchical, pyramid	Connected networks, flattened structure
Who leads?	Individual managers	A team
Who makes decisions?	Top management	Distributed and aligned with areas of responsibility
Basis for authority	Positional power – based on title	Personal power – based on knowledge and strengths
Communications	Top down, holding on to information, exclusive	Multi-directional, more transparent, inclusive
Diversity and Inclusion	Less likely for multiple cultural influences	More likely for multiple cultural influences
Processes	Directive – people need to be told what to do	Collective – people are capable and trustworthy to do the right thing
Accountability	Buck stops at the top	Shared
Beliefs about success	A few individuals have the skill or talent to create success	Success comes from the diverse perspectives and skills of many

Organizational Systems Model



Conditions for Collective Leadership



Ken Wilbur's four-quadrant model

Benefits of Collective Leadership

- Break Down of Silos
- Better Decisions & Increased Effectiveness
- Faster Acceptance & Implementation of Change & Innovation
- Increased Self-Direction & Motivation
- Stronger Professional Relationships
- Fosters Learning & Professional Growth
- Shared Responsibility
- Realizing Potential
- Inclusion
- Increased Engagement, Commitment & Investment
- Superior Productivity & Performance
- Sustainability



Collective Leadership at MSH Department of Social Work Services

Historical Leadership Structure and Leadership Principles for All Staff



Collective Leadership at MSH Department of Social Work Services

New Model to Lead the Department

- Summer 2020-Unique Time in MSHS' History
- Development & Approval of Model with Four Department Senior Leaders
- Dual Reporting of to CMO-Hospital, Sr VP-Health System (strategic planning)
- Division of Work/Collaboration/Use of Self in Leadership
- Model's Evolvment-Communication, Advocacy & Buy-In on Multiple Levels



Successes

- Communication & Presence to Department Managers & Staff
- Cohesion, Collaboration & Transparency to Department Staff
- Active Participation & Presence in Hospital/Health System Initiatives
- Learning & Accountability Among Department Co-Leaders
- Honesty & Transparency Among Department Co-Leaders
- Increased Ability To Work on Multiple Large Initiatives
- Reduced Decision-Making Time
- Increased Productivity
- Increased Empowerment of Other Managers & Staff
- Learning Different Perspectives & Possibilities About the Work
- Effectively Manage Dual Reporting on Hospital & System Levels
- Creating a Culture Based on Trust (ongoing)

Challenges

- Determining Lead Ownership on New Projects/Initiatives
- Prioritizing What/How Much to Share with One Another Given Time Limitations
- Managing Time & Priorities Given Ever-Changing Landscape
- Staying Informed in Large Hospital/Health System with Different Players
- Delegating Certain Responsibilities to Other Department Managers
- Remaining Focused on the Big Picture/Future Vision
- Maintaining Uniqueness of Department when Moving Towards Systemness

Case Example One: Communication Across All Levels of Department, Hospital & Health System

- Daily Leadership Huddle
- Management Meetings
- Department Town Halls & Broadcast E-Mails
- SW Advocacy Committee (Professionalism)
- Dual Reporting



Case Example Two: Human Resources

- Clinical Career Ladder
- Salaries, Promotions
- Covid Specific:, Masking, Social Distancing, Vaccination Requirements, Telehealth, Medical Leave, Federal Reduced Work Program, Bonus Pay
- Recruitment & Hiring: Diversity, The Great Resignation, Applicant Market
- Recognition: Within Department, Within Hospital, Externally (Social Media)

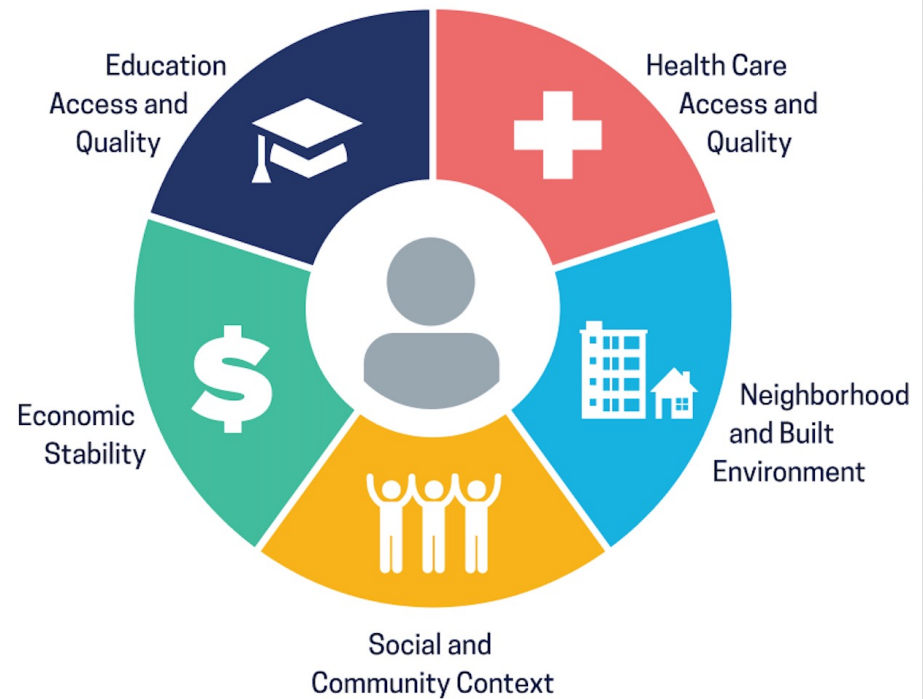


Case Example Three: Department Presence

- Department's Active Participation in Hospital-Wide Meetings & Committees
- Maintaining Department's Uniqueness During Time of "Systemness"
- Social Determinants of Health Initiative: Department's Role/Ownership



Social Determinants of Health





Case Example Four: Social Work Anti-Racism and Inclusion Initiative (SWARI)

Established in January 2021 to address all forms of racism and create greater diversity, equity and inclusion, with the goal of becoming an anti-racist Department



Lessons Learned

- Realize There Will Always be Critics Especially When Seeking Feedback
- Be Respected, not Always Liked
- Take Calculated Risks
- Seek Input from the Right People at the Right Time
- Make Informed, Firm Decisions, Explaining Rationale & Remaining Consistent
- Stay Grounded in Mission/Purpose of the Department/Profession
- Be Well Prepared: Know the History/Past Practice, Have the Data, Anticipate the Questions, Rehearse the Responses
- Convey Clear, Concise, Accurate Information, in all Forums, at all Times
- Accept that the Answer is not Always Apparent/Known
- Trust the Process: Sometimes Inaction is Action
- Identify Champions & Resources & When/How to Access Them
- Debrief After Key Meetings: Exchange Perceptions/Experiences/Determine Next Steps
- Leave One's Ego at the Door/Be Open to Learning from Every Experience

Application of Model to Other Settings

Consider Conditions for Collective Leadership (Wilbur's Model)

- Assess Organization's Environment & Openness to Innovative Change
- Speak to Trusted Others in Leadership (Internal/External to Organization) About the Idea & Consider Their Feedback
- Determine Members of Collective Leadership Based on Current & Future Work Needs & Identify Complementary Education, Skills & Experiences
- Discuss Idea Among Potential Collective Leadership Members for Buy-In & Ownership
- Develop Proposal Outlining Clear Advantages/Disadvantages Including Fiscal & Examples Where it is Successful (Internal/External to Organization)
- Determine Presentation Plan (by Whom, to Whom, When, How, Various Phases & Sequencing)

THANK
YOU!



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