Past Success and New Challenges: The Top Management Team at Hilltop State Psychiatric Hospital (1)

CEO Publication
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ABSTRACT

What enables a top management team to be successful in a crisis situation can become dysfunctional during a time of relative stability. This case describes the functionning of a top management team for a state-funded psychiatric hospital over a five year period. This team performs superbly in a turnaround situation, but is not effective when the hospital has stabilized. Success does not automatically breed success, but instead creates conditions requiring the team to change its approach and operating style. Changes in leadership style, team composition, group norms, and a re-definition of the team task are required for continued team success.

Jean (Superintendent): Wayne asked last week if we could have a special meeting. We will dispense with our usual format. Issues in the hospital seem to be reaching a crescendo. I know that you are feeling a lot of stresses from clinical, nursing, I'm, not sure what. Let's talk about what is going on. How are people feeling? I have been feeling some of the pulls and tensions--and I also have been feeling that our meetings have gone very well.

Wayne (Clinical Director): I feel a lot of stresses--we ought to look at our role in that--at the top. Also about these particular meetings--the management team meetings--I am not that happy with them.

Andrea (Director of Residential Treatment): Last week I felt a great deal of tension and stress in the residential care department...I seemed to be a lightning rod for people's anger and people were angry for various sundry reasons.

Bill (Assistant Superintendent): I've been clearing up the backlog. What I'm dealing with is not very important to the management team.

Mark (Education Director): Last week I worked in isolation on the summer and fall school programs. Summer program got off to a slow and rocky start. Symptomatic of other things.

Andrea: The child care workers are really upset. Throughout the hospital there is a lot of anger.

A long discussion ensues concerning the stresses in the hospital, particularly in clinical and residential care areas. Later, the discussion comes back to the functioning of the management team.

Jean: What has that done to the management team?

Wayne: My feeling is that the meetings have become terribly boring. And I have not wanted to come to them lately. We spend an hour and a half on reports. We have no substantive discussions about anything anymore...

Jean (very softly): So your response is not to want to have to come?

Wayne: They are not any fun. I used to enjoy coming to them.

Jean: We are back to business. The detail kind of business.

Wayne: We were going to spend ten minutes giving reports around

the table. Now we are spending an hour.

Andrea: That was what I was feeling about the management team. I purposefully tried to cut my report short... I did not want to give a report because I wanted to get to the substance. I'd be glad to have dampers put on me. I think that it is important for us to plan, design, and implement. I haven't reached the point that I do not want to come to the meetings.

Jean: I think that it is important for us to talk about it as a group rather than just as individuals. I got back on the old track. Involved not so much in the life of the institution but the details of the institution. The policies that have to be reviewed. The sharing of resources of staff. I sort of skirt the agendas of how the group works. I am willing to get back on track. Get back to the meat and potatoes. The substances that are the life of the hospital.

Sometimes I feel that there is a resistance also for doing that on the part of the members. Certainly I am the leader. I can take responsibility for setting the agenda and how it goes. But there is a responsibility for each member to come in and say something about being bored... (Transcript from July 1 meeting of the top management team of Hilltop Hospital).

The Hospital and Management Team

Hilltop Hospital is a sixty bed inpatient facility for seriously disturbed teenagers. It provides emergency psychiatric intervention, psychiatric evaluations, and short to intermediate term treatment to those adolescents who cannot be evaluated or treated in a less restrictive environment. Several hundred teenagers from Hilltop Hospital's catchment area are evaluated and treated each year.

Hilltop Hospital has three residential units, a school, and recreation program. Two locked units admit, evaluate, and treat patients. The third unlocked unit provides treatment to those patients who have demonstrated sufficient behavioral control to be treated in an unlocked setting. The school is part of a special school district that provides classroom instruction

tailored around the special needs of the disturbed teenager.

Hilltop Hospital employs approximately 140 staff. It is organized by functional departments and uses teams as a way of organizing work and providing patient services. The Clinical Director, Wayne, is in charge of the Clinical Department which consists of psychiatrists, psychologists, social workers, medical nurses, and part-time physicians. The psychiatrists, psychologists, and social workers diagnose and provide therapy to the patients. The nurses and part-time physicians provide medical treatment as needed. Wayne is beginning a private practice and works at the hospital only thirty hours a week.

The Director of Residential Treatment, Andrea, is in charge of the Residential Care Department. She is responsible for the three residential units and the recreation program. The Residential Care Department employs child care supervisors, workers, and recreational therapists. The residential program is behavioral in nature and provides a protective, structured environment intended to reduce patient risk to the self and community, and to promote behavioral responsibility.

The Director of Education, Mark, serves as the School Principal. The school provides classroom instruction and runs a patient work program. Employees include teachers, pupil personnel specialists, and vocational therapists. The School Principal has a dual reporting relationship with the special school district and the hospital.

The Assistant Superintendent, Bill, is responsible for the

Administrative Service Department. It includes dietetic services, plant and maintenance, business services, and secretarial services. Employees are in a variety of occupations ranging from skilled craftsmen to housekeepers.

The Coordinator for Quality Assurance, George, is a clinical psychologist. He has half-time responsibility for quality assurance, but is not formally a manager in the state system. He is the only member of the management team who belongs to the bargaining unit. George missed the meeting excerpted above.

The management team is led by Jean, the Superintendent of the hospital.

The Team's Recent Success

The survival of Hilltop Hospital had been at stake in recent years. The management team had assumed power three years earlier with a mandate from the State to restructure the entire hospital program and service delivery system. Problems had reached crisis proportions, resulting in loss of accreditation. If the new management team was not able to turn the hospital around and regain accreditation, the state would close Hilltop Hospital.

This was the fifth change of administrations in Hilltop's ten years of existence. Administrative and fiduciary responsibilities had been transferred from one state agency to another. There had been two moves and several renovations aimed at meeting fire and safety codes. Hilltop Hospital had a poor reputation in the community and had never stabilized its treatment program. The hospital had recently suffered from

searing reports from auditors, large cost overruns, reports of personnel abuse, an inadequate physical plant, fragmentation and duplication of work across units, and general institutional malaise. There was no central leadership and a fundamental distrust of authority. Employee identification was with small subgroups, not with functional departments or the hospital as a whole.

The Department's Commissioner recently had replaced Hilltop's administration with an interim management team. The interim management team was introduced to Hilltop's staff in a meeting described as resembling a "South American Army Coup" by the Interim Superintendent. This team developed the beginning framework for restructuring the hospital's program and service delivery system and participated in the selection of the permanent management team. Jean, the Superintendent, had been a member of the interim team--providing some badly-needed continuity.

The permanent management team succeeded in turning around the hospital its first year, thereby stopping the State from closing it down. The team put into place a new organizational structure with clearer lines of departmental accountability and authority and obtained funding to improve the physical facility. In addition, the team developed a strong residential program by transferring unit responsibility from clinicians to child care workers. The management team also tried to foster a new morality in the hospital--one that would reinforce positive interactions

with the patients and eliminate abuse of patients.

In its first year, the management team directed and mobilized the efforts of the entire hospital towards accreditation. The facility, support services, and treatment programs were brought up to state standards, and the hospital did regain accreditation. State investigators were surprised by the improvements they observed, after having read the earlier reports. Accreditation was a major success for the management team, and Hilltop's Superintendent and managers were rightfully proud of what they had accomplished.

New Challenges

But now, two years later, the team faces a new challenge: with the hospital now functioning acceptably, it is time to move on to the next step in the development of the institution. The management team has the opportunity to develop a hospital-wide service delivery model that integrates hospital departments to focus squarely on patients and their needs.

To accomplish this the management team will have to move the locus of decision-making and accountability down from the Superintendent and managers to those closer to providing direct patient services. Within the parameters of a hospital-wide treatment philosophy, quality of care will be improved by giving more say to those most aware of patient needs.

The changes that need to take place--defining an integrated service delivery model and treatment philosophy, increasing the influence of clinical staff, and decentralizing controls--is in

the opposite direction as the prior restructuring. What the management team did before to assure Hilltop's survival are the very things that need to be changed to assure its continued success.

Can the management team successfully switch gears and lead Hilltop Hospital in a new direction? The transcript with which we began this chapter suggests that this will not be an easy undertaking.

One major problem is that managers are not engaged by the team's current work. Some do not want to come to meetings or work very hard when they do attend. The discussions at management team meetings are not substantive, and are dominated by lengthy departmental reports. And many managers feel that the team is not explicitly addressing the most important issues. As one said:

> What we discuss are lots of surface issues. By surface I mean, can we make it through the next month on the dollars we have, should we buy a truck, should we plow the snow, should the teachers work Saturdays, little things. I do not think we delve into issues of extreme importance. I think sometimes we dabble a little, get started, but [avoid] issues like why don't the teachers talk to the child care workers, why don't the clinicians talk to the kitchen servers? If we could honestly answer those questions, we would have a better handle on managing the hospital.

The Superintendent is out of touch with her managers and with life at the hospital. The managers view the Superintendent as being somewhat reactive, as not delegating enough responsibility to the team, and as making the major decisions herself. One asserted:

I see the management team as rather passive, frankly. It

> seems very clear who has the final say and who will make the decision in most discussions. In some cases, and I would say fairly often, Jean will listen to what other people have to say. But there are occasions where she just goes on regardless of how other people may see what happens.

For her part, the Superintendent is frustrated with the passivity of the management team. She perceives members as not taking adequate responsibility for running the hospital, as being too passive and lethargic:

> I wish the members of the management team would take responsibility for being in the meeting and getting out of it what is necessary to do their jobs. Sometimes it seems as if members are willing to sit back and let me be at the helm and flounder and push and then push back rather than taking responsibility. Sometimes members look to me to ask permission to talk. I don't know if you noticed that.Something is wrong if the top managers view me as so controlling that they need permission to talk.

Why is the management team having so much trouble getting on to the next steps in developing the hospital? The team already established a foundation of success in earning re-accreditation. And it is now more stable than at any time in its history. Yet the management team seems "stuck." How can this be understood, and what can we learn by examining the team's struggles?

Understanding the Success

Design of The Team Task

The goal was clear during the first year--to achieve accreditation. The management team knew that the survival of the institution was at stake, that the State Central Office would no longer fund the institution if it was not accredited. It was up to them to save Hilltop Hospital, not to mention their own jobs and professional reputations, and the jobs of Hilltop's

employees.

Members could not have been more committed. The Superintendent said it was like the team was paddling furiously together on a white water raft through six foot rapids with rocks and debris all around. She shouted out the orders, and each manager paddled mightily to keep the raft afloat and on course. The collective energy that was unleashed was something that Hilltop Hospital had never seen before.

To achieve the collective goal of accreditation, each team member was given responsibility for completing specific subtasks. For example, the Assistant Superintendent was responsible for getting the building up to code. The Director of Residential Treatment was responsible for upgrading the Residential Care program and knew the State standards like the back of her hand. Everyone's tasks were clear and important, deadlines were tight, and everybody in the hospital worked to his or her utmost. The turnaround challenge was, in sum, a superbly designed group task.

The External Context

The intervention of the State Central Office both angered and served Hilltop Hospital employees as they worked to save the hospital. Although most team members felt that the previous Superintendent was incompetent and needed to be replaced, they felt unfairly blamed for Hilltop Hospital's problems. This resentment was exacerbated when the Deputy Commissioner told Hilltop Hospital employees that they had not taken adequate responsibility for the hospital's treatment program and patient

care.

The State Central Office became the outside enemy, personified by this Deputy Commissioner. The entire staff was mobilized to not only save the institution, but to prove to the Central Office that they could do it. Employees were fighting for their self-esteem and professional reputations. Having an outside enemy was useful--it mobilized effort and fostered a "we'll show him" attitude.

On the other hand, state intervention was critical to the success of the effort. The state indicated its willingness to do what needed to be done to rebuild the hospital. The person chosen as Interim Superintendent was the head of another state institution and was highly respected. He adopted the program model from his facility as the basis for Hilltop Hospital's structure. The Interim Team had access to all the previous studies done by the state, which helped them identify and define the tasks that had to be completed. Because team members were outsiders, they were not blinded by previous allegiances within the hospital. Their work provided the foundation for the permanent management team. In sum, the state provided the leadership, resources, and conceptual model for turning around Hilltop Hospital--even while serving as the target of much of the anger employees had been accumulating during the previous, difficult years.

Composition of the Team

The composition of the permanent Management Team was

appropriate given the work to be done. It contained both managers hired from outside Hilltop Hospital and some selected from the current staff. Jean, the Superintendent, had worked for the State as Director of an outpatient program for children in her previous job, and had served on the Interim Team as Administrator for Residential Care. Jean hired Andrea to be the new Director of Residential Care. Andrea had worked previously as Director of a nonprofit residential treatment program for disturbed children, and had no experience in a state bureaucracy. Bill, the Assistant Superintendent had been chosen just prior to the restructuring, and had worked previously in state hospital administration. Wayne had been a staff psychiatrist at Hilltop Hospital for several years and was promoted to management as Clinical Director. Mark, the School Principal, had worked with the Hilltop program since its inception, but was new to the management team.

Team members collectively had the necessary task and interpersonal skills required to perform successfully. Although the hospital's history and the current turmoil created mistrust, there was so much work to be done that members generally set their worries about one another aside and got on with the work.

Leadership Style

Jean's leadership style is directive, decisive, energetic, and action-oriented. Her previous job history had included moving into crisis situations and turning them around. She set the structure for the management team and for members' individual

tasks. Before each team meeting, Jean would consult individually with team members, and then set the agenda. The meetings themselves were structured, orderly, and very much under her control. And outside of meetings, she sometimes would intervene directly in the activities of her managers--or even take them over herself. Her management style, while quite controlling, also fit well with the job to be done at the time, and the urgency of getting it done quickly and correctly.

Part of the reason for Jean's management style may have derived from her initial distrust of the Hilltop staff. Their track record, after all, did not invite confidence. She communicated her distrust through an interrogative style of questioning and an unwillingness to fully delegate responsibility. Not surprisingly, the staff soon came to distrust her in return. She was seen as an agent of the Central Office, as powerful, and as someone to be feared and watched carefully. Her petite stature, just over five feet tall and slender, belied her actions, and how she was perceived, in the institution.

Jean had accepted the position with the belief that the hospital could be turned around, and as that began to happen she gradually developed more faith in the staff. While the staff continued to resent her authority, members persisted in working incredibly hard to insure that the hospital would survive. Jean reported that she was thrilled as she saw hospital staff begin to pull together under her leadership. When the hospital did

receive its accreditation, she reported being proud of not only her own accomplishment but also of the collective efforts of the entire staff.

Group Norms

The norms of the management team developed directly in response to the urgency and clarity of the task, coupled with Jean's leadership style. The team knew that it had just a few months to bring the hospital up to state requirements. This urgency created an emotional intensity and a norm of incredibly hard work. Plans that specified the tasks to be done had already been developed by the Interim Management Team. Each manager was responsible for completing these specific tasks within narrow time frames. Meetings consisted of sharing information, reviewing individual progress, and problem-solving solutions to the obstacles to change. The team developed the norm that individual managers would do the work and meetings would be used mainly for sharing information.

Because Jean kept most of the major decisions to herself, the team developed a norm of passivity. While members would work very hard on their own assigned tasks, they would wait for her to make decisions or to change their definition of their assignments. Because there was so much work to be done to pass accreditation, and because Jean's decisions generally were prompt and appropriate, the team's norm of passivity about decision-making was not a problem. Indeed, that norm may have freed members from the need to spend precious time and energy on

decision-making, allowing them instead to apply their full talent and effort to the actual work toward accreditation.

Conclusion

The conditions were right for the management team's success during the re-accreditation period. The task could not have been designed better. The state bureaucracy provided the resources necessary for success and simultaneously served as the outside enemy, thereby mobilizing staff effort. The composition of the management team was appropriate given the work to bedone. Jean's directive leadership style--her willingness to take charge--fit the task at hand. The norms of the management team were well-crystallized and focused on getting the actual work done. The cards were stacked for success, and success the team had.

The Present Challenge

But now that survival is no longer at stake, there is wallowing and lethargy on the part of the top management team. Yet there is still work to be done, albeit from a new and stronger position. The challenge is significant because the team needs to manage the hospital in a different way. Indeed, the very things that the management team did to ensure Hilltop's survival are now the things that need to be changed to run an effective hospital. Are the conditions favorable for the team to move ahead, or will the team be unable to succeed in its new challenge--as would seem to be suggested by the excerpts from interviews and meeting transcripts presented at the beginning of the chapter?

Design of The Team Task

The management team has not clearly defined what it needs to get done. Although managers talk about doing long-term planning, about the need to integrate services, and about the need to push decision- making authority down, they have not concretely defined the tasks of the management team. Their reluctance to do stems in part from managers' disagreement about how the hospital should be managed. It is easier to hid behind a veneer of ideological agreement and do busy work than to confront real differences among team members.

All the members do assert that the management team should integrate hospital services in response to the needs of the child. However, they have different pictures of what that actually means. Some view integration as cross-departmental cooperation. Others view it as the establishment of stable interdisciplinary treatment teams located in each residential unit. Still others view it as an approach to therapy -- integrating the fragmented personality of the patients. Managers never talk through these differences. Instead, they are in general agreement -- and avoid setting a specific direction for Hilltop Hospital.

The managers also agree ideologically that decision-making authority and accountability should be pushed downward in the organization. They seek to build collaboration and trust between themselves and hospital employees. At the same time, however, the Superintendent and some team members are concerned about

employee abuses--inappropriate absences, overtime, use of workmen's compensation, and so on. This concern often prompts them to monitor employee behavior closely and to tighten up centralized controls--an approach that has worked in the past. The team is unwilling or unable to put into practice the philosophy of management that it espouses.

Instead, the team keeps busy with reports and specific operational tasks. Focusing on details reduces the anxiety generated by the ambiguity of their larger concerns. Management team members do not feel challenged by these smaller issues, nor do they perceive operational activities as setting the direction for the hospital. Team members recognize that they are not steering the ship, and that makes them uneasy.

The Superintendent used the metaphor of a tired crew team to describe how the management team currently functions. She said it feels as if she is at the megaphone at the helm and team members are at the oars. But the crew is tired and they are not coordinating their strokes. They are having a hard time putting the boat in competition, because everybody is not at the same place at the same time, and are not sure where they need to go. A tired crew is an image that dramatically contrasts with the previous metaphor of white water raftsmen paddling like hell to save the ship.

In fact, the hospital is no longer in crisis, and what actually needs to be done next is indeed ambiguous. The direction and tasks have not been predefined by external

authorities; the team itself needs now to do that. While managers have taken some preliminary steps (for example, by emphasizing integration of services and seeking to push decision-making authority downward) there are as yet few observable results of these initiatives.

The challenge, then, is to make future plans more concrete and to determine the specific action steps needed to realize those plans. How will team members actually achieve integration of services? What does this mean for how the hospital will be organized and how it will operate? How will patient services need to be changed? What mechanisms will the team put in place to support decentralized decision-making? How will employee abuses be handled? Grappling with such specifics is difficult for the team, because it requires members to confront their real differences in values and perspectives. Yet confronting those differences may be the only realistic way for the team to provide the leadership that is its ultimate responsibility.

External Context

The external context of the hospital has been relatively neutral and unchanging in the last year. Managers have not had to respond to externally-generated requirements for change. Although the hospital did have to go through a regularly-scheduled re-accreditation, the structure for accomplishing that was in place and the process was routine. When accreditation was passed, hospital staff were pleased but nobody viewed it as a major achievement.

The Superintendent buffers the hospital from the involvement of the State Central Office. She brings legislative rulings, departmental mandates, and accreditation information to the attention of her managers. The state bureaucracy is always the focus of complaints, but the management of external relations overall has been "business as usual." There are no significant external factors that would impede the management team from asserting control of the hospital's direction and ultimate destiny.

Team Design and Norms

The management team is structured along departmental lines, and is composed of the same people who guided the hospital through its original accreditation crisis. Members of the team represent functional departments and advocate departmental interests when resources are discussed. The Superintendent makes decisions after listening to managers' competing claims--sometimes in a team meeting, and sometimes in private one-on-one conversations with individual managers. The management team generally rubber stamps Jean's recommendations. The team, then, is a site where managers represent their departments to the Superintendent, rather than a body that collectively sets a direction for the hospital.

There is a strong group norm inhibiting the overt discussion of differences in members' needs and priorities. This norm makes it virtually impossible for the team to make tough resource allocation decisions, and is one reason why members rely so

heavily on the Superintendent for such decisions. While information is shared in the management team meetings, much of the real work is done outside or in private discussions with the Superintendent.

Team norms also inhibit the expression of conflict, even though it is present under the surface. In the words of one manager, "People are exceedingly polite in the management team. I see people becoming more open now than before, but I still sense members are holding back. I don't believe managers go to different constituencies and say 'You won't believe the decision we made today!' but I do think subtle messages of disapproval and disagreement are communicated."

The team's failure to make real progress toward its espoused goal of developing a hospital-wide service delivery model and treatment philosophy provides an illustration of how the design and norms of the team impede its progress. A key figure in any attempt to revise patient services is Wayne, the Clinical Director, because the Clinical Director is responsible for shaping treatment philosophy in a psychiatric hospital. It is unlikely that the management team will ever develop a comprehensive and viable treatment philosophy without Wayne's leadership.

Yet Wayne's part-time status, his history in the hospital, and the team norms that inhibit dealing openly with disagreement and conflict make it exceedingly difficult for him to lead. Wayne was a staff psychiatrist when the clinical group was

disenfranchised by the Interim Management Team during the initial accreditation crisis, and he (with other long-tenure clinicians) are still smarting from the events of those days. While he shares the frustrations currently experienced by the clinical staff, and represents clinicians' concerns at team meetings, he has not been able to provide a viable model for clinical leadership at the hospital. Nor have his fellow team members provided him with the support and encouragement he would need to be able to do so.

If an integrated service delivery model is to be created at the hospital, the management team will have to move beyond the norms that currently guide member behavior. It will be necessary for members to openly represent the needs of their departments, to acknowledge and deal with disagreements and conflicts that exist within the team, and to draw on the different information and expertise held by different team members. Such a redefinition is unlikely to occur without the active support of the Superintendent; the team at the moment may be so deeply "stuck" by its present norms that it will be unable to get back into motion without active intervention from Jean, the team leader. She might, for example, insist that the team as a whole take greater responsibility for making decisions on behalf of the entire organization, or she might help members address substantive issues having to do with patient services that are now glossed over, or she might aid Wayne in developing and building support for a treatment model that could re-empower the

hospital's clinicians.

Leadership Style

Yet the Superintendent's style has not changed much since the days of the reaccreditation crisis, and one sees few signs that she is likely to take the kinds of initiatives mentioned above. Jean continues to be very directive dealing with team members, and no one harbors any doubts about who is in charge. She structures all meetings, introduces the agenda, and forcefully argues her position. She has little difficulty making decisions, and sometimes makes them prior to receiving input from her managers. She does listen to opposing points of view, and occasionally reverses her stand based upon cogent arguments from the team. However, this occurs only when managers feel strongly enough about a particular issue to challenge Jean. Most of the time she makes the major decisions and thereby continues to undermine the authority of the team.

The team relies upon Jean's decisiveness to resolve conflicts among members. Managers more frequently respond to Jean than each other. This "hub and spoke" style of meeting leadership contributes to member passivity and avoidance of conflict. This passivity is frustrating for both the Superintendent and members.

Jean's leadership style was appropriate at the beginning of her tenure. With no direction, few controls, and little accountability, leadership was the glue required to bring the organization together. However, three years later, that is no

longer the case. The challenge for Jean is to develop a style of leadership in which she shares responsibility for running Hilltop Hospital with the management team. The top managers do want to participate more in setting the overall direction for the hospital and hope to push the authority for operational decision-making down to Hilltop's middle managers. The Superintendent and management team agree in principle to this participative thrust. The difficulty continues to be how to put these ideas into practice.

Postscript

Two years have passed since the management team had the meeting excerpted at the beginning of the chapter. What changes has the management team made? Has the team made progress in developing and integrated service-delivery model and treatment philosophy? Has the Superintendent delegated more decision-making responsibility to her managers? Has the team pushed some of its authority down in the organization? Have the managers become more willing to openly confront their disagreements? Is the management team steering the ship?

Some progress has indeed been made, but change is slow. The team requested and received input from all hospital groups to formulate a treatment philosophy and service-delivery model. It has developed and implemented a new unit and treatment team model and is working on a new organizational structure. It also has made progress in developing and implementing a new service-delivery model and its approach was participative.

A new Clinical Director was hired by Hilltop Hospital after Wayne left to pursue a private practice. The new Clinical Director has been very influential in the management team and the hospital. He led the effort to refine the hospital's service delivery, treatment philosophy, and unit structure. He is reformulating and expanding the role of clinicians, particularly psychiatrists, in the residential units. And, for the first time in Hilltop's history, each unit has its own staff psychiatrist.

The Superintendent reports that the management team is energetic and enthusiastic once again. The Superintendent and managers have responded favorably to the leadership asserted by the new Clinical Director. His presence has energized the team.

New accreditation requirements have been formulated by the state which expand the role of psychiatry and nursing in psychiatric hospitals. Hilltop Hospital has three years to conform to these new specifications and plans to gradually shift its staffing patterns. This change in direction reinforces the changes made by the new Clinical Director.

Although the team has involved all hospital staff in the development of its new service-delivery model, movement towards a more participative style has been gradual. Managers still are reticent to disagree with one another and with the Superintendent, and the Superintendent's leadership style is still quite directive.

Conclusions

Implications of Organizational Change

The team and leadership challenges that confronted Hilltop's top management team changed as circumstances changed. What enabled the team to be successful in a crisis situation became dysfunctional during a time of relative stability. Success did not automatically breed success, but instead created conditions that required the team to change its approach and operating style. Ironically, it was the team's previous good work that created the need for change.

The top management team had developed an operating style that no longer fit the task at hand. The team needed to redefine its task and to develop new methods of managing the hospital. Surmounting one obstacle does not automatically position a management team to leapfrog over the next. Instead, changes in leadership, group design, and group norms may be required after a major hurdle is overcome.

The challenges that Hilltop's Management Team faced are likely to be experienced by other management teams that succeed in turnaround situations.

These include:

1. A leadership challenge. Strong directive leadership is frequently required in a crisis situation. Once stability is achieved, however, a participative style of leadership may be required to build employee commitment and improve services. Changing to a more participative style is difficult both for the

leader and followers. The leader may not be able to modify her style to fit the new situation. Someone who is good at managing a turnaround situation may not be as effective at managing a stable organization. The followers may not be ready to take on additional responsibilities. If a top management team is passive and depends upon the leader to make the tough organizational decisions, then change will be difficult.

2. A redefinition of the team task. The crisis situation demands action and provides clarity about what needs to be done. In the case of Hilltop Hospital, accreditation requirements defined the tasks for the members of the top management team. If an organization is functioning relatively well, the tasks for a top management team are somewhat ambiguous. This ambiguity means that the team must be proactive in defining a direction for the organization--something that appears to be inherently more difficult for a team than is responding energetically to a consequential, externally-imposed challenge.

3. Changes in team composition. New circumstances require different skills and behaviors from team members. Individual team members may not be able to make the behavioral changes necessary to succeed in a changed environment. If a team has fallen into a rut, a change in membership may be required to shake up its complacency. The patterns of group member interactions may be so firmly entrenched that the group does not permit current members to veer from established behaviors. It may take a change in team composition to unfreeze and move the

group.

Hilltop Hospital's management team was stuck until there was a change in Clinical Directors. This change was accidental, due simply to Wayne's desire to devote more time to a private practice. In contrast to Wayne, the new Clinical Director was untainted by the hospital's history. He was fresh, energetic, and highly competent. He quickly gained the respect of the Superintendent and management team members. He was the right person to lead the effort to move the locus of decision-making authority downward and to re-empower hospital clinicians. His strong influence on management team decisions has begun to change the norm of member passivity. Changing the team composition broke up the team's log jam -- a log jam the team and its leader was unable to do anything about while Wayne was still Clinical Director. It is ironic that probably the most powerful intervention that could have been made (a new Clinical Director) -- happened accidentally.

4. Changes in group norms. The group norms that develop during a crisis situation are likely to be dysfunctional during periods of stability. For example, Hilltop's management team developed the norm that individual managers do the work and report their progress in team meetings. It also developed a norm of avoiding conflict and relying on the Superintendent to make resource allocation decisions. These norms made sense when survival was at stake and deadlines were tight for managerial tasks. However, they were no longer functional when the

management team needed to set a strategic direction for the hospital and appropriately allocate resources. The management team was not able to make these decisions, in part because of group norms inhibited acknowledging and dealing explicitly with differences and conflicts among members.

Implications for Human Service Organizations

Because Hilltop State Psychiatric Hospital is a public human service institution, the management team confronted some special management challenges. Its funding comes from the state and is contingent upon conforming to hospital accreditation standards. The Superintendent and management team rightfully paid careful attention to any changes in accreditation standards, and pinpointed those standards as its critical environmental benchmark. Other management teams in public organizations also may need to focus upon analogous environmental benchmarks--such as statutes, administrative regulations, and so on.

However, the external focus was found to limit the management's team attention to the primary task of the hospital--namely, to provide psychiatric treatment to disturbed teenagers. The professionals within the organization, with some justification, viewed the management team as more concerned with rules than with the quality of patient treatment. The Clinical Director, who sat on the management team, was the person most likely to voice the professional perspective and to experience the tension between representing clinicians and being a member of management. This schism between administrators and professional

staff typically occurs in human service organizations and may be reflected in the dynamics of many top management teams in such organizations.

Top management teams in human service organizations will espouse clinical ideologies and values, but are likely to experience difficulty putting them into practice. Integration of services was a salient ideology, because psychiatric treatment can be described as a method of integrating the disturbed and fragmented personality into a coherent and functioning whole. However, the management team's functional structure forced managers to advocate departmental interests at management team meetings at the expense of hospital integration. Therapeutic ideology advocates taking responsibility for oneself and self-management. Hilltop's top management team espoused a management philosophy of participation and collaboration, but behaved autocratically to control employee abuses. Therapeutic values include the desirability of expressing feelings and reflecting upon group process. Hilltop's management team permitted members to express feelings or "make process comments" during meetings. However, "process talk" did not result in the resolution of "process problems." Although Hilltop's managers commented at meetings about the team's avoidance of conflict and passivity vis a vis the Superintendent, this did not enable the team to try out new behaviors until its group composition was changed.

What was grist for the mill of managemnt team talk at Hilltop Hospital would not fly in a corporate setting. However,

its behaviors were strikingly similar to those of a corporate top management team. Clinical ideology and values shape human service top management team talk. However, the tasks of setting an organizational direction, bringing together different functional units into a functioning whole, allocating resources, and insuring organizaitonal performance determine its behaviors.

Team Leadership

A leader needs to guide a top management team to set a direction for the organization and insure movement takes place. The leader must use her authority to focus management team attention. Leadership requires managing two tensions: One, should the exercise of authority be focused on ends or means? Two, should management team attention be paid to external or internal challenges?

1. Ends versus means. Jean focused almost entirely on means, never exercising authority around setting direction concretely, which just might have empowered Hilltop's management team. Instead she was strong (probably too strong) and directive (probably too directive) in setting agendas, deciding about resource allocations, and telling managers the tasks they had to do. Is it any surprise, given this tilt on the means-ends tension, that (a) the group had trouble setting direction, (b) that a norm emerged to surpress between-member disagreements and conflicts, or (c) that the group was unable to push authority down in the organization (authority wasn't adequately pushed down to them).

2. External versus internal challenges. Jean's greatest strength was mobilizing the troops to meet an external challenge. In the absense of an external challenge, Jean seemed not to know what to do or how to lead. Without clearly defined external demands, Jean seemed unable to define a direction for the hospital. She needed help to respond adequately to the internal challenges. The new Clinical Director provided this help by concretizing a new hospital direction. Jean was then able to specify next steps. Together, they are gradually moving the management team and Hilltop Hospital to the next stage in their development.

Footnote

[1] Hilltop State Psychiatric Hospital is a pseudonym created to protect the anonymity of the institution.