Bringing Together
the Heart
of a New Campus

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Woodlands Health (WH) employed its first staff in 2014. Since then, we have been progressively hiring staff in preparation for our opening in 2023. Without a staging site for hospital operations, our staff have been nested in nearly all public hospitals in Singapore and have not had the opportunity to work together as intact teams (eg, team leaders and team members are sometimes physically sited in different locations). Work processes, identity, culture and behavioural norms have been heavily dependent on the staffs' previous work environments and their current nesting sites. It is therefore a continuous challenge for WH to form an identity and culture of our own.

Creating our culture

In 2018, WH created a framework to drive identity formation and enhance joy in work. Our aim was to create an environment in which our leaders could learn and practise collective leadership in order to develop an engaged and empowered workforce.

We identified three goals through conversations with staff about the culture they hoped to see in the future WH. These were (a) alignment of meaning and purpose, (b) development of psychological safety and trust, and (c) encouragement of participative management. We then strategised to intervene at three levels of the system, namely (1) developing skills to enable collective leadership, (2) engaging in team conversations, and (3) implementing pulse surveys to continually sense our progress.

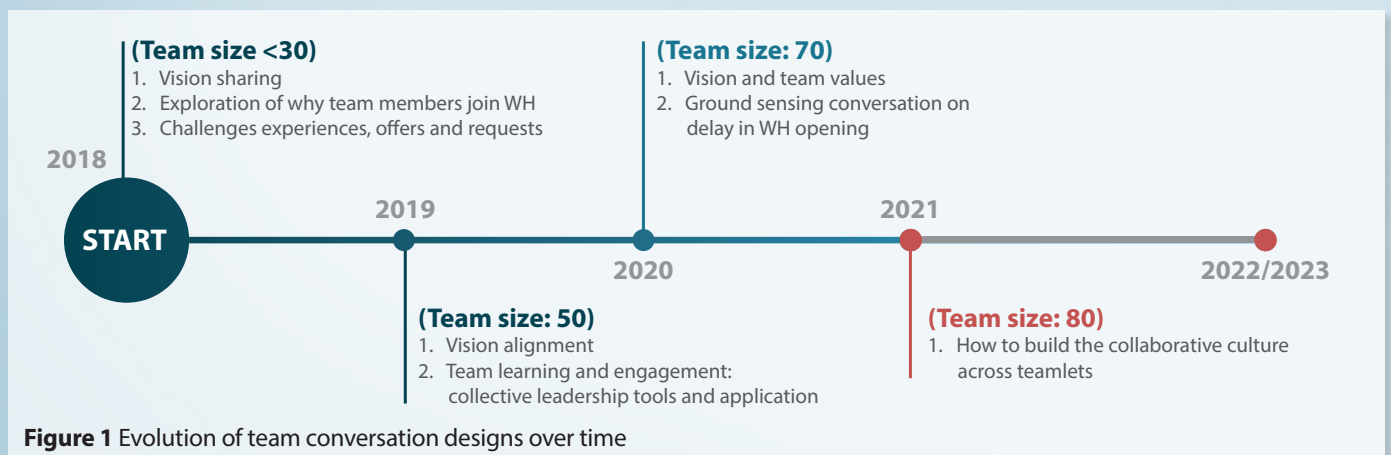## Skills to enable collective leadership

WH leveraged on preceding work done by the National Healthcare Group in developing a framework for collective leadership. We created a curriculum to develop skills in using tools that enabled individuals (intrapersonal) and teams (interpersonal) to raise individual awareness, enhance collaboration and distribute power through collective leadership. This was introduced to leadership and senior staff across all family groups and further distilled for junior staff to better contextualise the skills to their work settings. Bite-sized content was incorporated into the WH orientation programme and service training. We further enabled the application of these skills by curating a reference toolkit for team leaders. The WH Organisation Development team was at hand to coach and assist in the process.

Team conversations

Team conversations took on two forms: programmatic and purpose designed.

We began by working with willing teams to co-create team conversations around topics such as why they joined WH, what would bring meaning to the work they do, specific requests they may have, the challenges they faced and their offers to work through the challenges together. Requests that were made to the organisation were then surfaced to WH leadership and a closed loop was created with the team leader. Check-ins with the team leader were done every three to four months to review progress and assess the need for further team conversations.

As we engaged with teams over a period of time, it became clear that their needs evolved. Team sizes were growing rapidly, the dynamics in nesting sites changed and WH development requirements grew. In addition, the impact of COVID-19 operations and opening delays led to new emerging needs. With this in mind, we began to purpose-design team conversations to address these changing needs. Figure 1 is an example of how the team conversations for a WH team evolved over time.

(Team size <30)
1. Vision sharing
2. Exploration of why team members join WH
3. Challenges experiences, offers and requests

(Team size: 70)
1. Vision and team values
2. Ground sensing conversation on delay in WH opening

2018

2019

START

2020

2021

2022/2023

(Team size: 50)
1. Vision alignment
2. Team learning and engagement: collective leadership tools and application

(Team size: 80)
1. How to build the collaborative culture across teamlets

Figure 1 Evolution of team conversation designs over time

JIW Pulse Survey - Team Conversations

	2018	2019	2020	2021 (to-date)
No. of respondents	67	384	158	157

Psychological Safety

If you make a mistake on this team, it is often held against you
- 2018: 21% / 39% / 40%
- 2019: 19% / 43% / 38%
- 2020: 9% / 39% / 52%
- 2021: 14% / 35% / 51%

It is safe to take a risk on this team
- 2018: 22% / 34% / 43%
- 2019: 19% / 40% / 41%
- 2020: 14% / 38% / 48%
- 2021: 10% / 35% / 56%

Purpose / Meaning

I articulate my vision consistently to organisational members
- 2018: 18% / 45% / 37%
- 2019: 11% / 37% / 52%
- 2020: 9% / 40% / 51%
- 2021: 5% / 28% / 67%

I actively seek to align our work to organisational goals
- 2018: 4% / 21% / 75%
- 2019: 3% / 21% / 76%
- 2020: 4% / 22% / 74%
- 2021: 1% / 13% / 86%

Participative Management

People in this team are always searching for fresh, new ways of looking at problems
- 2018: 6% / 36% / 48%
- 2019: 9% / 22% / 70%
- 2020: 2% / 29% / 69%
- 2021: 4% / 18% / 78%

People in the team cooperate in order to help develop and apply new ideas
- 2018: 7% / 24% / 69%
- 2019: 4% / 18% / 78%
- 2020: 3% / 19% / 77%
- 2021: 3% / 8% / 89%

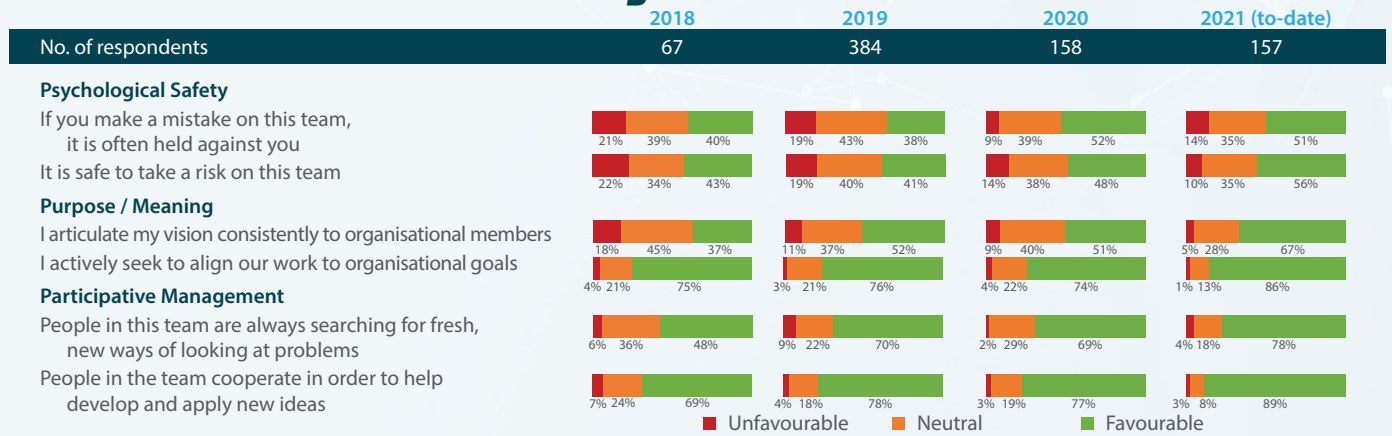■ Unfavourable ■ Neutral ■ Favourable

Figure 2 Cumulative pulse survey data across time

Pulse surveys

The team recognised the importance of collecting data in order to monitor and sense the progress we were making in our efforts to drive towards our three goals. We crafted an anonymous six-item pulse survey with two questions each on psychological safety, purpose and meaning, and participative management. This was administered to new staff at the point of orientation and again when staff participated in team conversations. The same survey was also administered to randomly selected employees of WH who had not had any prior team conversations as a control.

We tracked the global changes in scores over time to monitor our progress. Figure 2 shows a sample of how the pulse survey was tracked. Cumulative data across the organisation has demonstrated positive shifts in all three domains measured. Similar patterns were observed in teams that have engaged in multiple team conversations.

Insights

WH is uniquely positioned to explore new ways of delivering healthcare and with it, a shift in perspective on how to take care of our workforce. A key strength in our efforts was engaging in the work needed to systematically care for our workforce as early as six years prior to the official opening of WH, and adopting a flexible approach to absorb changing needs with progressive milestones.

We did this by adopting a simultaneous educational and intervention-based strategy to ensure that the teams engaged with these new skills and applied them in a cognisant manner. With this approach, we endeavoured to ensure that, with time and

guidance, teams became self-sufficient in designing their own future conversations, thereby ensuring sustainability.

A data-informed foundation was fundamental in keeping the work tightly related to team needs. We found that it also created a meaningful team conversation starter on the missing elements and how best to reach their aspirational state. Tracking team cumulative data year-on-year was a useful way to do a large scale check-in on the other elements that the system needed to take care of.

Conclusions

The WH development journey presented both opportunities and constraints. The absence of a staging site for our staff necessitated building culture and leading teams in a very different way. We purposefully designed a framework to systematically enable our team leaders to engage staff and build relationships, teams and networks.

We envision that WH collective leadership manifests when our leaders proactively:

1. Connect with their teams and connect their teams with WH's vision, mission and values;

2. Align expectations and norms of how work is done with their teams and with each other as leaders;

3. Engage their teams for participative management;

4. Constantly challenge their team and themselves to creatively address the needs of our patients, the community and our healthcare family; and

5. Collaborate within and across the network to create this future state. ◆

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Yvonne leads people and organisation development in WH. As a certified shared leadership team coach, she leads her team to build the foundation for the WH model of care – trust, psychological safety and collective leadership.