



# EVALUATION OF THE JOINT EXECUTIVE LEADERSHIP MODEL



# ACKNOWLEDGEMENTS

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This report was prepared for Addiction & Mental Health Services – Kingston, Frontenac, Lennox and Addington (AMHS-KFLA) in consultation with the Queen’s University Centre for Studies in Primary Care (CSPC); and Health Services and Policy Research Institute (HSPRI).

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# EXECUTIVE SUMMARY

A one-year evaluation of the new Joint Executive Leadership model was conducted to understand how the new co-leadership model was being implemented and experiences by AMHS Board members, leaders, managers and staff.

Surveys were distributed twice throughout the year to all employees and interviews were conducted with the Board of Directors, co-lead, and managers. Results of the evaluation highlight a clear and strong commitment to client care, which has been consistently high throughout AMHS history. The Joint Executive Leadership model was new to most participants, with only 2 of 10 participants with prior experience working under this type of leadership model. Despite the unfamiliarity, there was high support for the model, and the division of the organization into the two broad areas of responsibility – Client Services and Operations – was felt to be appropriate.

The greatest facilitator to the success of the Joint Executive Leadership model has been the strong and effective partnership that has formed between the two Co-Leads. It was felt that future Joint-Leadership models may be successful if the Co-Leads selected are compatible and have a high level of trust and commitment, as currently seen at AMHS KFL&A.

It was noted that a history of continual restructuring and change has negatively impacted the overall culture of the organization. However, despite historical challenges that staff have faced, cautious optimism and hope are emerging as the new Joint Executive Leadership model has provided a much-needed sense of stability and strength in the organization.

# PURPOSE

AMHS-KFLA has undergone significant transformation since December 2018, impacting staff, management and renewing the entire Board of Directors to spearhead the necessary organizational change. In 2020, AMHS embarked on a new Joint Executive Leadership model (JELM) and sought to:

1. Evaluate the Joint Executive Leadership model
2. Support the Board of Directors in its development and evaluation

This report will focus on the first objective; the evaluation of the Joint Executive Leadership model. A corresponding report related to the second objective has already been provided to the Board and Joint Executive Leadership.

## Evaluation Approach

We established an Evaluation Working Group with membership from a range of stakeholders at AMHS including Board of Directors, Managers and Staff. The research team led the evaluation, meeting with the Evaluation Working Group at the beginning of the evaluation to receive input on the overall approach to the evaluation, the specific questions in the data collection tools (survey and interview guides) and the sampling/recruitment strategies.

The evaluation aimed to answer one overarching question: How and in what ways is Co-Leadership being experienced by the Board of Directors, leaders, managers, and staff?

A multi-phase, multiple methods protocol was developed and carried out by the research team. The following sections detail the methods used and results of each phase.

# PHASE 1: INTERVIEWS

The purpose of the interviews was to explore the perceptions of Board Members, Managers and the Co-Leads with respect to their experience of the Joint Executive Leadership model.

## Methods

An interview guide was developed by the research team through consultation with the AMHS Evaluation Working Group. Interviews were conducted between June and September 2021. The Co-Leads were interviewed again 6-months following their first interview in March 2022. All members of the Board of Directors (BOD), all AMHS managers, and both Co-Leads were invited to participate in a one-hour, one-on-one interview with a member of the research team. Invitations were sent via email, with two reminder emails sent at two and four weeks post initial invite. Interviews were conducted via Zoom, were audio recorded and transcribed verbatim. All participants were provided with a copy of the Letter of Information to the study and provided their informed consent. Deidentified transcripts were analyzed in NVivo 12 using an inductive, thematic approach. Major themes and subthemes were documented and compared between participant groups.

## Results

Ten people participated in an interview, and 12 interviews in total were conducted.

### Demographics of Participants

Table one summarizes the characteristics of the participants.

Table 1: Participant Characteristics

Item	# of Participants
Role in AMHS <ul style="list-style-type: none"><li>• Co-Lead</li><li>• Board Member</li><li>• Manager</li></ul>	2 5 3
Time in Role <ul style="list-style-type: none"><li>• &lt; 1 Year</li><li>• 1-2 Years</li><li>• 3-10 Years</li></ul>	7 2 1
Time in Organization <ul style="list-style-type: none"><li>• &lt; 1 Year</li><li>• 1-2 Years</li><li>• 3-10 Years</li><li>• 10+ Years</li></ul>	5 1 2 1

## Perceptions and Experiences of the Joint Leadership Model

The JELM was new to most participants, with only 2 of 10 participants with prior experience working under this type of leadership model. Despite the unfamiliarity, everyone interviewed was highly supportive of the model, and felt that the division of the organization into the two broad areas of responsibility – Client Services and Operations – was appropriate.

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*“I haven't really thought about it but I couldn't see another division that makes sense. I don't think you could divide up client services. I don't think it would be wise to divide up operations either because of the interrelated pattern between HR and finance and IT and some of those functions.” -P09*

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Demonstrating a strong understanding of the model and the operations of AMHS, participants described that high level policies, decision making about ‘big picture’ items, and steering of the organization and BOD were shared among the Co-Leads. Co-Leads themselves agreed with this, and both remarked that they share responsibility for “everything,” but specifically for the overall operation of the agency and implementation of the strategic plan and agency goals.

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*“How we talk about is we're both jointly responsible for the smooth operation and the effective work of the agency in accordance with our strategic plan, our goals, our organizational plan as directed by the board. So we share that responsibility...If either one of us needed to step away for any reason we can step in and support because really, it's around making sure that the organization can effectively run smoothly no matter what.” - Co-Lead 2*

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Managers felt the division of roles in the JELM had little impact on their own role, other than logistically in terms of needing to adhere to the clearly defined reporting structures. Similarly, they when asked about how things may change if one of the Co-Lead positions was vacant (due to sickness, a leave of absence, or if the position was unfilled), they felt that there would clinically be little impact on their day-to-day, as they have autonomy in their roles.

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*“I've been with the organization for quite a long time so I'm fairly comfortable making all types of decisions and I usually make them on my own. So... I don't really feel that would have a huge impact on me.” - P06*

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Co-Leads, members of the BOD and managers agreed that the handling of vacancies should be dependent on the length of the vacancy; for short term vacancies, participants felt it would be appropriate for the remaining Co-Lead to help cover the absence. In the case of long-term vacancies, participants and Co-Leads agreed that there was simply too much for one individual to do alone. They agreed that someone in the leadership team would need to step into an acting position, or if necessary, the position would need to be filled. They felt the agency would suffer as a result of a long-term vacancy of a Co-Lead.

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*“Now, certainly to say if the role was vacant for an extended period of time some of the more higher level decisions that need to be made about service delivery just in general, directions that we’re taking, modalities that we’re going to be practicing, whatever the case may be, then that would certainly suffer without the role of the absent ED to provide that direction.”*

*- P07*

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Some participants expressed the need for a clearly defined procedure for such an event, which was echoed by both Co-Leads who referenced that a succession policy was in the works. Participants felt it was the job of the BOD to support the Co-Leads, provide oversight on the success of the agency, and also ensure the model continues to be effective.

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*“So I think that [the board should] constantly make sure that the communication between them is clear, that the communication is clear and that the indicators are, levels are being met and staff is happy, clients are relatively happy.” - P04*

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When asked to rank how well the JELM is working right now, with 1 being ‘not at all well’ and 10 being ‘extremely well,’ responses ranged from 5 to 10, with an average score of 8.5. Overwhelmingly, participants remarked that the model is working. To support this high score, participants noted that the Co-Leads work well together, that the agency seems to be moving forward and meeting strategic goals, and that it is well-regarded in the community.

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*“I think because the agency keeps moving forward, we keep developing foundational pieces that weren’t addressed before. We’re not doing it in a haphazard way. It seems to be very structured and deliberate in how things are being undertaken.” -P08*

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Those who had longer-term experience at the agency cited the importance of stability in the organization after much change.

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*“The agency has been through quite a bit of restructuring in the past, really not just in the past two years but previous to that there was an amalgamation. There was different restructuring going on throughout the organization over the past 10 years, really. I feel like the organization is in a good spot right now. We have clear leadership stability.” - P07*

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## Organizational Culture

When asked about organizational culture, the most prevalent theme to emerge was a sense of evolution. Participants spoke to the drastic changes that have occurred in the organization in the past few years, and the destabilization it has caused among staff. Prior to, and during this period of change, organizational culture was seen as toxic. Managers and the Co-Leads described the situation as traumatizing, and the result was an organizational culture marred with mistrust.

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*“I think over the past two years, the culture has really, really evolved. I think previously there was certainly ... the word's escaping me but it was certainly a toxic environment to be in.” -P07*

*“I would say they've been through a very traumatic time where there would have been a lot of rapid change. A lot of things had happened that I think were way beyond their control and so coming into this, I think there was, and still is, mistrust... I think they were nervous, mistrustful, I think they were traumatized.” - P09*

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Despite this historical trauma, participants described the current climate in the organization as cautiously optimistic that things are going to change, as demonstrated by recent staff culture surveys. Participants note that things have recently dramatically improved.

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*“I would say with my own program it's dramatically improved. I think it's mostly at the place where I'd kind of like it to be in that people are supporting each other, they're looking out for the best interests of clients but also supporting each other...It's definitely going in the right direction” - P06*

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They attribute the improving culture in part due to the ongoing culture work the agency has undertaken, the influx of new staff, attrition of particularly problematic staff members, and effect of a strong, stable, leadership team.

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*“People are either moving on or letting go of past issues but moving on outside the agency, leaving. So there’s been a lot of new blood coming in who don’t have that historical trauma with the agency so I think the culture will just continue to get better and better.” - P08*

*“I think the culture definitely has improved in the last year only because there has been some stability.” - P06*

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Six months later at the second interview, the Co-Leads commented on the continuing improvement and even stabilization of organizational culture, though remarked that there is still work to be done.

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*“I think the culture is stabilizing. I think the culture is ready to embrace, most people are ready to embrace further work on culture and we’ve got a very large culture engagement group that’s been struck that’s going to go forward. I think the culture is still having worries...I think there’s still nervousness about are we going to be stable.” - Co-Lead 1, timepoint 2*

*“I think we’re making progress on all of those where we want to have clarity, we want to have trust, we want to have good conflict resolution skills so that people can move forward. I don’t know, I feel like right now I get a sense that we are moving forward but I also second think that it’s definitely going to be time, it’s going to take quite a time.” - Co-Lead 2, timepoint 2*

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Participants agreed that one piece of the organizational culture that has remained stable throughout the years of change, however, has been the organization-wide commitment to providing client-centered care.

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*“The culture of the organization really is client-centred. I see that all the time. They’re very focused on ensuring that the clients that we serve have benefit and get support and are supported through their recovery because that’s what we’re here to do.” - P10*

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## Team Functioning

Participants agreed that within their small team (unit or program area), levels of trust were high and growing with time.

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*“Overall, I think there’s a high amount of trust between team members. Depending on [the unit] I think it would probably vary but overall, I think there’s a high amount of trust and collaboration between the teams.” - P06*

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Facilitators to high trust were noted to be stability in the leadership team, and leaders making an effort to know pertinent background information in order to best address historical mistrust and move forward together as a team.

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*“I’ll say to them, so what’s the history on this? What do we need to know about this? So they’ve been extremely helpful in terms of filling in those gaps and us working as a team so that we have a collective knowledge about what’s going on and therefore what’s the art of the possible as we move forward with that issue or as a team working on something.” - P09*

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Barriers to trust in the smaller teams include unfamiliarity due to newly developed teams, or new additions to existing teams, especially in the context of remote work due to COVID restrictions.

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*“So I think COVID’s really put a glitch into a lot of the things doing well in this agency, the trust and the familiarity and the connectivity has been so much harder because we’re all on and we don’t see each other as well. We’re wearing masks when we pass in the hallway and we look at each other the same way you do at the grocery store. Don’t get too close to me. So I think we’re doing pretty good considering all the things that we’ve gotten through in the last two years but I think they would be in a very different and better place if it hadn’t been for COVID.” - P08*

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Lingering mistrust due to the historical toxic culture has also played a part in the breakdown of teams. In some cases, this can lead to a phenomenon referred to as ‘siloeing’, where smaller groups within the team are pinned against each other.

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*“There’s the worry and concern and potentially trust issues and some siloeing because, of course, what happens is when you’ve got those underlying issues, groups of people will tend to tend to silo, protect, hold information close, that sort of thing.” - P10*

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In addition, poor conflict resolution skills have further contributed to a lack of team functioning in small teams at AMHS. Participants described a culture of conflict avoidance in the organization.

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*“But we are absolutely aware that one of the things, again, from the culture survey is the organization by its own definition is conflict avoidant.” - P09*

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Managers noted historical patterns of behaviour whereby conflict was escalated up the chain of command, rather than being handled at the individual level where it was occurring. Though it continues to be a concern, improvements have been seen. Managers and Co-Leads have been actively addressing this issue with staff, making efforts to normalize differences of opinion, model effective conflict resolution skills, encourage open communication among those involved in conflict and discourage the immediate escalation to higher levels unless necessary.

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*“That’s evolving. So when I first came to this position, generally speaking, conflict was generally brought to me. We’ve done a lot of work on having difficult conversations, on having honest conversations and creating an environment where that constructive feedback can be given ... not just given but also openly accepted. So I suppose conflict is transitioning to an in the moment resolution between the staff that it’s occurring with.” -P07*

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On an organization-wide level, levels of trust were seen as growing, though lower than those seen in the individual teams. Participants described “pockets of distrust” - P06 throughout the organization, particularly in those who had been with the organization for a long time. These individuals were seen to be either unhappy with the changes that had been made, or alternatively, felt that not *enough* change has occurred.

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*“I think there’s quite a variance ... I do think there’s still some pockets of staff who don’t feel that changes have been enough and that there’s been enough improvement.” - P08*

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Similarly, participants agree that there are opportunities to improve conflict resolution at the organization-wide level as well. Participants describe some friction between the client services and operations, though note that it is not uncommon in agencies. They also note challenges due to the newness of the teams, and inability to interact in person due to COVID restrictions.

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*“There are some frictions between service and operations. There's always friction between administration and frontline leadership teams because one supports the other which supports the other which serves the other. It's an interesting sort of dynamic and you see that often in agencies.” - P10*

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Despite the challenges in the organization, the Co-Leads and managers were quick to point out that when it came to clients, teams were highly committed and would work together towards success.

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*“You can see some teams pointing at other teams, if you did this and if you did that and if they did this and if they did that. So I observe that often but from an overall perspective, if there's a client at the base of that and they need to talk about how to get the best housing for this client, everybody rallies and talks and focuses on that. I would say it's really well-functioning.” - P10*

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At the second time point, the Co-Leads commented on the continuing improvement of team functioning and especially when it came to conflict resolution at the individual level.

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*“I'm seeing people open up, I'm seeing people ask questions of each other when we had our meetings. I've seen people jump in and help each other. I'm feeling a lot less of get [leadership team] permission and then come back - which I was getting a lot of before...I'm feeling really proud of where we've come from when I started.” - Co-Lead 2, timepoint 2*

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## AMHS Improvements: The Quadruple Aim

The Quadruple Aim is a framework used in healthcare that is focused on four main areas: patient experience, population health, attention to the cost of providing care, and the work life of those that deliver services. All participants were asked about how AMHS could use the Quadruple Aim to improve the agency. Overall, responses varied among groups, however several themes emerged. The most common suggestions for improvement, as well as ways they could be measured at AMHS, are summarized in Table 2, below.

**Table 2: Quadruple Aim Summary**

Aim	Suggestion	Ways to measure impact	Quote
<b>Aim 1: Improving Client Experience</b>	Must be informed by clients. Suggestion to use Ontario Perception of Care Tool (OPOC) and/or Client and Family Advisory Committee (CFAC) for feedback	Follow client feedback through the OPOC over time, as well as direct feedback through the CFAC.	<i>"We've introduced the Client and Family Advisory Committee, which provides feedback on our processes, our policies, our procedures that sort of speak as the voice of the community as a whole to provide that feedback. I guess if we had to improve services one way, maybe perhaps more resources to the Client and Family Advisory Committee." - P07</i>  <i>"I guess you would measure that in terms of who's waiting for care and who's receiving care and how, how that, how that is going down the road for each individual client." - P04</i>
	Better access to services, including reduced wait times and better handoff between services	Client metrics: admission and attrition rates, client outcomes, and direct client feedback (ex: OPOC)	

Aim	Suggestion	Ways to measure impact	Quote
<p><b>Aim 2:</b> Improving Health of Client Population</p>	<p>Access to affordable and safe housing</p>	<p>Client outcomes such as health care visits, health outcomes and service intensity over time.</p>	<p><i>"A lot of the individuals that our agency serves are precariously housed and/or have challenges. I think living rough can have an impact on your physical and mental, your whole health... It helps them feel stable and supported and creating a space that helps them if they're ready to challenge their addiction and that sort of thing. When they're ready for that stuff, if we can be there to support them then their overall health is going to improve as a result of that because it's all interlinked." - P10</i></p> <p><i>"I think access to psychiatry would be largely beneficial. Right now we have to contract our psychiatry services to psychiatrists in the GTA. It's not the ideal system. It does certainly provide some barriers to treatment and care. I would really be a strong advocate for increased access to psychiatry and primary care as well." - P07</i></p>
<p><b>Aim 3:</b> Financial Value of Services Delivered</p>	<p>Continue offering virtual care and hybrid work from home models.</p>	<p>Number of clients served, number of clients and duration on waitlists, yearly financial reporting.</p>	<p><i>"Clients have found it so much easier not to have to go to one of our offices. That means less visits, less missed visits. If we don't have to drive out to see them, that means less mileage. That reduces overall cost. It also allows a worker potentially to see another client in a day or another two clients in a day which allows us to take those finite resources and help more people." - P09</i></p> <p><i>"So if you have a good flowing model and there's a seamless process between moving someone from a high level intensive services to a little bit lower and it goes well you save costs. If you keep client at intensive services when it's not needed, then you don't save costs." - P02</i></p>
<p>Stepped care and partnerships with community agencies to reduce unnecessary or duplicate services</p>			

Aim	Suggestion	Ways to measure impact	Quote
<p><b>Aim 4: Improving Work Life of Providers</b></p>	<p>Better work life balance, including work from home arrangements, coverage for time off and protected training for wellness.</p>	<p>Self report (surveys), as well as staff metrics such as attrition, amount and duration of leaves of absence, number of sick days taken.</p>	<p><i>"Again, looking at ways to support staff in a hybrid, remote on-site working environment. I've noticed the staff are more engaged, they're more present when they're on-site [now]. I've also discovered since COVID that our staff seem to be able to really focus themselves on their work when they aren't here because they have a more stable home life." - P07</i></p> <p><i>"One thing people have said and it's an actual, tangible thing is better access to EAP and the psychotherapy. Our benefits only give up to \$500 per year which is about three sessions maybe. So as a free health care provider, we give 10 sessions for psychotherapy for individuals so our clients actually have better access to psychotherapy than the staff."- P08</i></p>



# PHASE 2: Staff Survey

The purpose of the staff survey was to gather input from staff members on how they perceived the JELM and culture of the organization. Please note that while the survey was distributed at two time points, we did not keep track of who had completed each iteration. In other words, participants who completed the second survey could have also completed the first or could be completely new participants.

## Methods

The staff survey was developed by the research team in consultation with the Evaluation Working Group. The final version consisted of 13 questions that were a mix of open text, multiple choice, and Likert-scale questions.

An invitation to participate was distributed to all members of AMHS staff via email, with a link to complete the survey online. All participants provided informed consent prior to completing the survey.

The survey was distributed at two time points: the first round was between August and September 2021, and the second round was six months later in April 2022. Participation in the second round was open to those who had completed the first round, and those who had not. One email, followed by two reminder emails spaced one week apart were sent to staff by AMHS admin. Additionally, a reminder and link to the survey was included in weekly newsletters sent to AMHS Staff via email from the organization.

Results were collected and stored securely in the Qualtrics online survey system. Statistical analyses of quantitative data were conducted using SPSS through descriptive statistics, and independent sample t-tests to identify significant differences between responses to Round 1 and Round 2 of the survey (2-sided,  $\alpha = 0.05$ ). For Likert scale questions, responses were converted into a mean for statistical comparisons. A Pearson's Correlation Coefficient was used to examine for correlation between demographic variables. For descriptive purposes, Likert responses were also grouped into 5 categories and tabulated using Excel. Qualitative data from open-text questions were analyzed thematically by hand to determine major themes and subthemes.

## Results

The first round of the survey had 59 responses, while the second had 48. The response rates were 26.2% and 21.3%, respectively.

### Demographics of Participants

Characteristics of the respondents are summarized in Table 3 below.

**Table 3: Demographics of Staff Survey Participants**

Item	Survey Round 1 (n=59)	Survey Round 2 (n=48)
Years in Organization		
< 2	10 (16.9%)	6 (12.5%)
2-5	15 (25.4%)	17 (35.4%)
6-10	10 (16.9%)	15 (31.1%)
11-15	11 (18.6%)	4 (8.3%)
>15	12 (20.3%)	6 (12.5%)
Direct Client Role		
Yes	47 (79.7%)	40 (83.3%)
No	12 (20.3%)	8 (16.7%)

### Survey Part I: Joint Executive Leadership Model

In both rounds of the survey, almost all participants were aware of the new leadership model at AMHS:

- In the first round, 93.2%, or 55/59, responded they were aware
- In the second round, 91.7%, or 44/48 responded they were aware

When asked to what extent the new leadership model has impacted their role within AMHS KFL&A (on a scale from 1-10, with 1 being no impact, and 10 being high impact):

- The average response in the first round was 4.49
- The average response in the second round was 4.93
- No statistical significance between the scores from the two rounds was found

Figure 1 displays the distribution of responses, grouped into 5 categories.

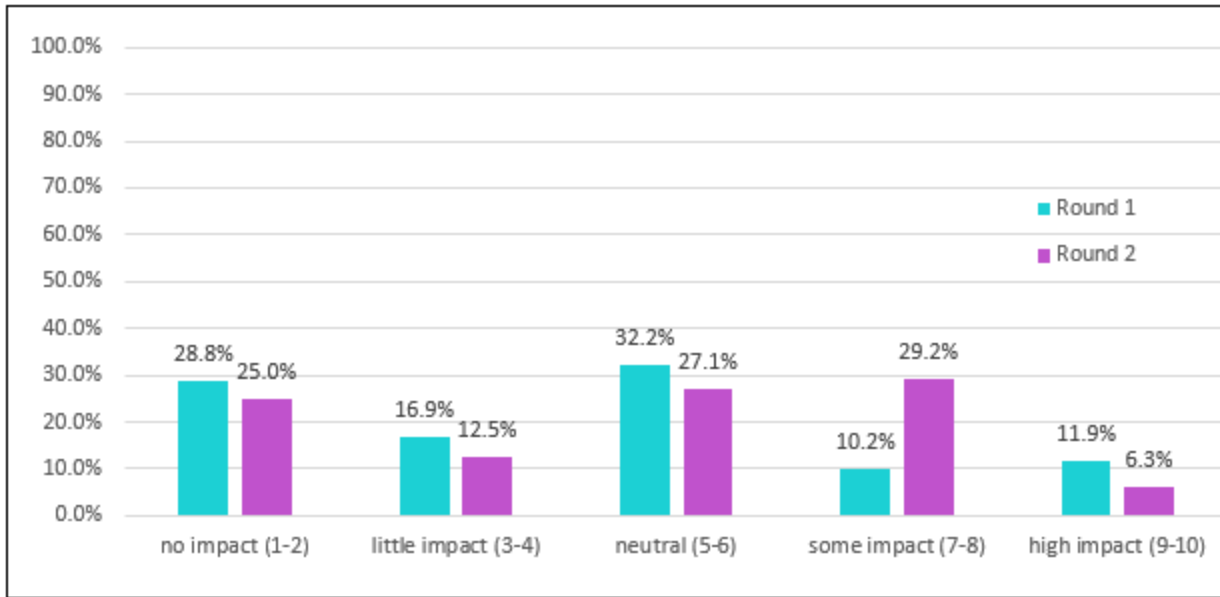


Figure 1: Extent of impact of new leadership model on participant role within AMHS KFL&A

When asked how their experience of the new leadership model has been, (on a scale from 1-10, with 1 being very negative, and 10 being very positive):

- The average response in the first round was 7.17
- The average response in the second round was 6.55
- No statistical significance between the scores from the two rounds was found

Figure 2 displays the distribution of responses, grouped into 5 categories.

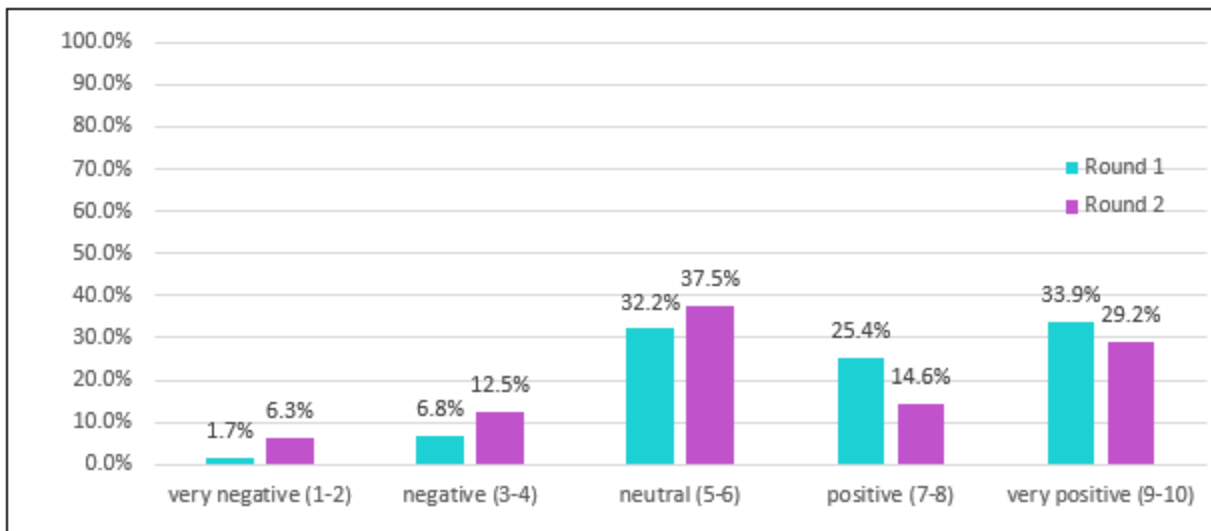


Figure 2: Participant experience of the new leadership model

Overall, most participants felt that the division of the leadership model into the ED, Client Services and the ED, Operations was appropriate. When asked to rate the appropriateness of the division (on a scale from 1-10, with 1 being not at all appropriate, and 10 being very appropriate):

- The average response in the first round was 7.86
- The average response in the second round was 7.69
- No statistical significance between the scores from the two rounds was found

Most individuals felt that the Joint Executive Leadership model is working well right now. When asked to rate it (on a scale from 1-10, with 1 being not at all well, and 10 being very well):

- The average response in the first round was 7.54
- The average response in the second round was 6.85
- No statistical significance between the scores from the two rounds was found

Figure 3 displays the distribution of responses, grouped into 5 categories.

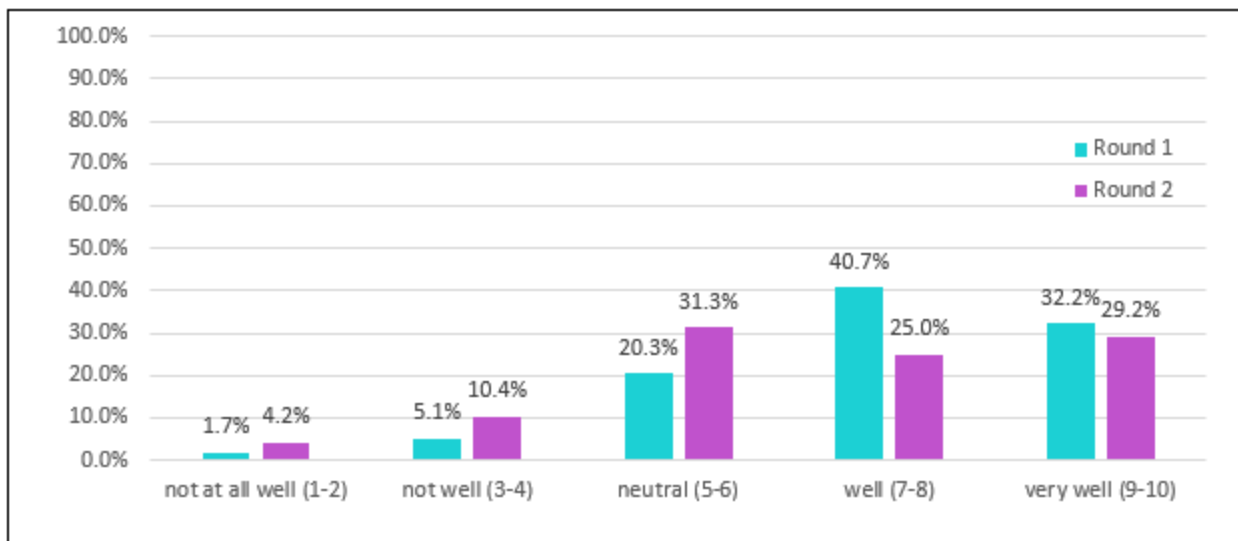


Figure 3: How well participants felt the Joint Executive Leadership Model is working

When asked to provide any further comments or suggestions, three major themes emerged:

- Overall, participants believe Co-Leads are doing a great job and that the model is working well at AMHS
- Some respondents noted issues with poor communication in middle-management and remarked that they have no idea how the Co-Lead model is working because their managers don't relay any information in either direction.
- Many say they have no contact with Co-Leads unless it's at a meeting – and that's very surface level. Because of issues in mid-management, more needs to be done to improve communication from top to frontline.

### Survey Part 2: Team and Organizational Culture

When it came to culture, respondents felt the culture of their own team was somewhat better compared to the organization.

When asked to describe the culture on their own team (on a scale from 1-10, with 1 being very negative, and 10 being very positive):

- The average response in the first round was 6.58
- The average response in the second round was 5.83
- No statistical significance between the scores from the two rounds was found

Figure 4 displays the distribution of responses, grouped into 5 categories.

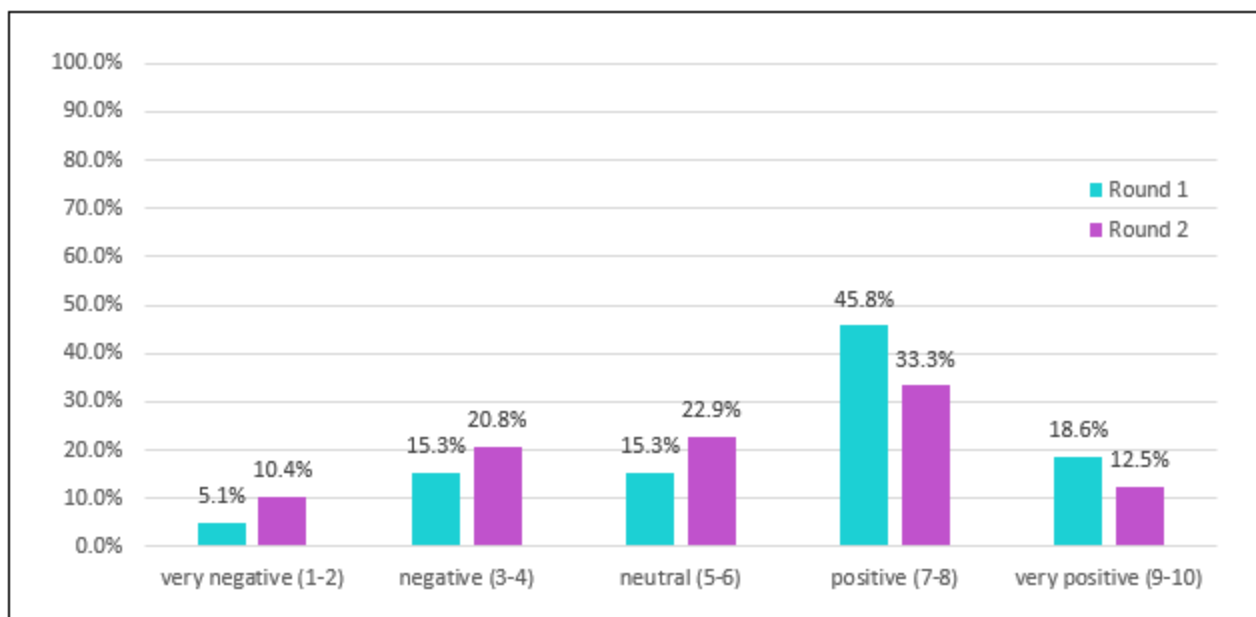


Figure 4: Participant perception of culture in their own team

When asked to describe the culture of the organization (on a scale from 1-10, with 1 being very negative, and 10 being very positive):

- The average response in the first round was 5.8
- The average response in the second round was 5.27
- No statistical significance between the scores from the two rounds was found

Figure 5 displays the distribution of responses, grouped into 5 categories.

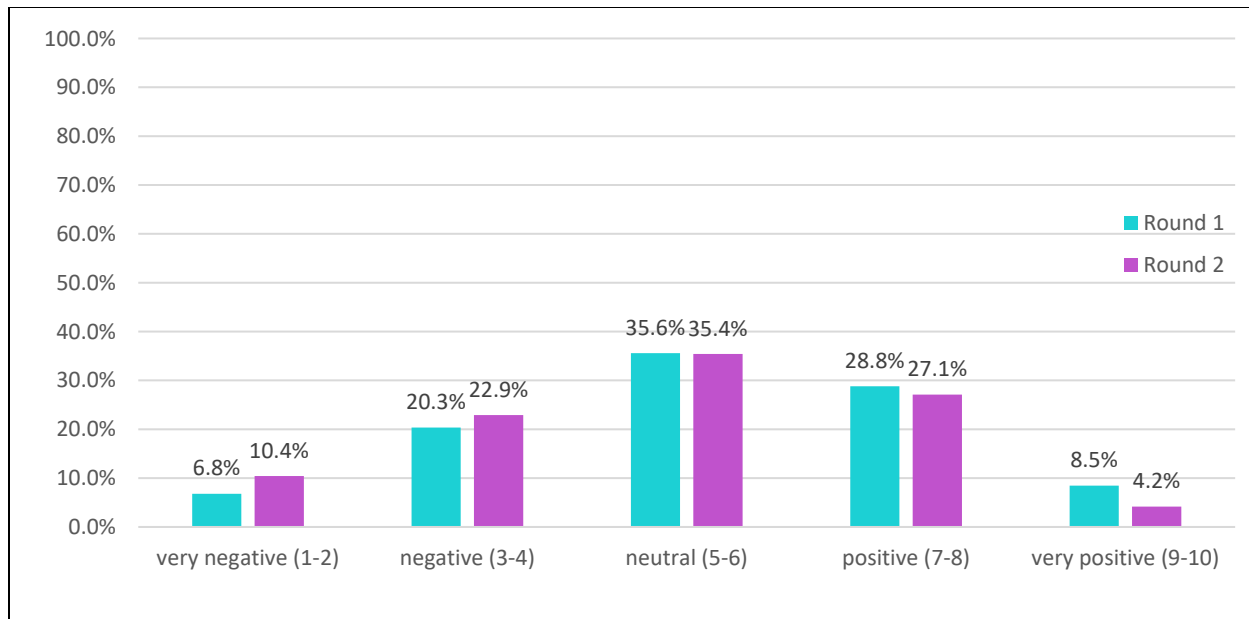


Figure 5: Participant perception of culture in the organization

In terms of the impact of the new leadership model on culture, a greater impact was perceived at the organization level compared to the team level.

When asked how the new leadership model had impacted team culture (on a scale from 1-10, with 1 being no impact, and 10 being high impact):

- The average response in the first round was 4.78
- The average response in the second round was 5.13
- No statistical significance between the scores from the two rounds was found

Figure 6 displays the distribution of responses, grouped into 5 categories.

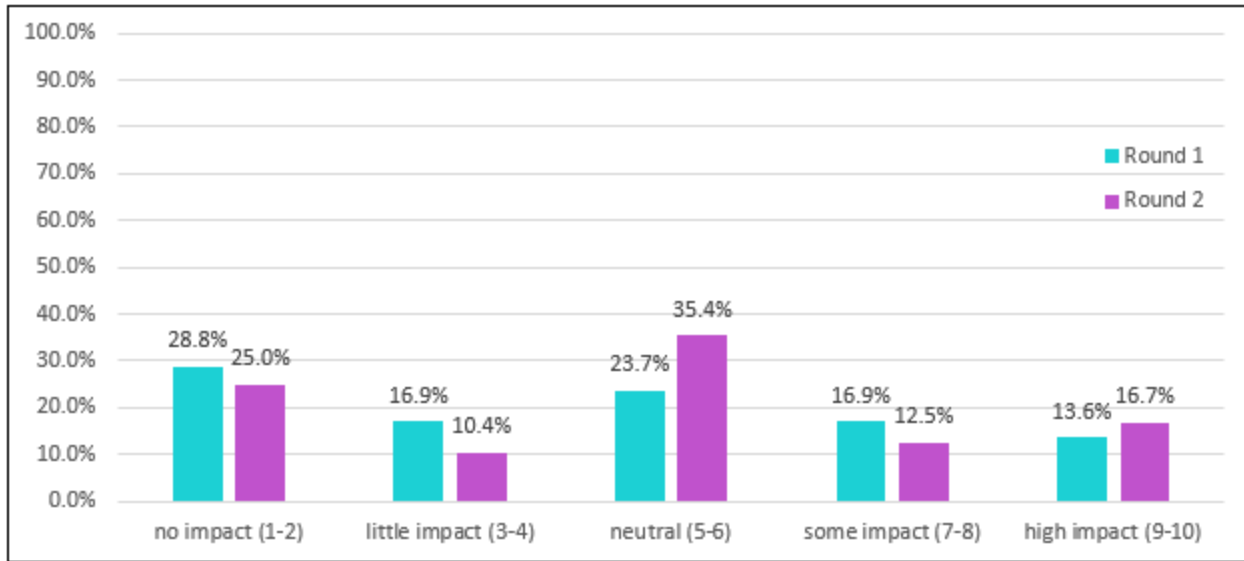


Figure 6: Participant perception of impact of new leadership model on team culture

When asked how the new leadership model had impacted the organization’s culture (on a scale from 1-10, with 1 being no impact, and 10 being high impact):

- The average response in the first round was 6.05
- The average response in the second round was 5.83
- No statistical significance between the scores from the two rounds was found

Figure 7 displays the distribution of responses, grouped into 5 categories.

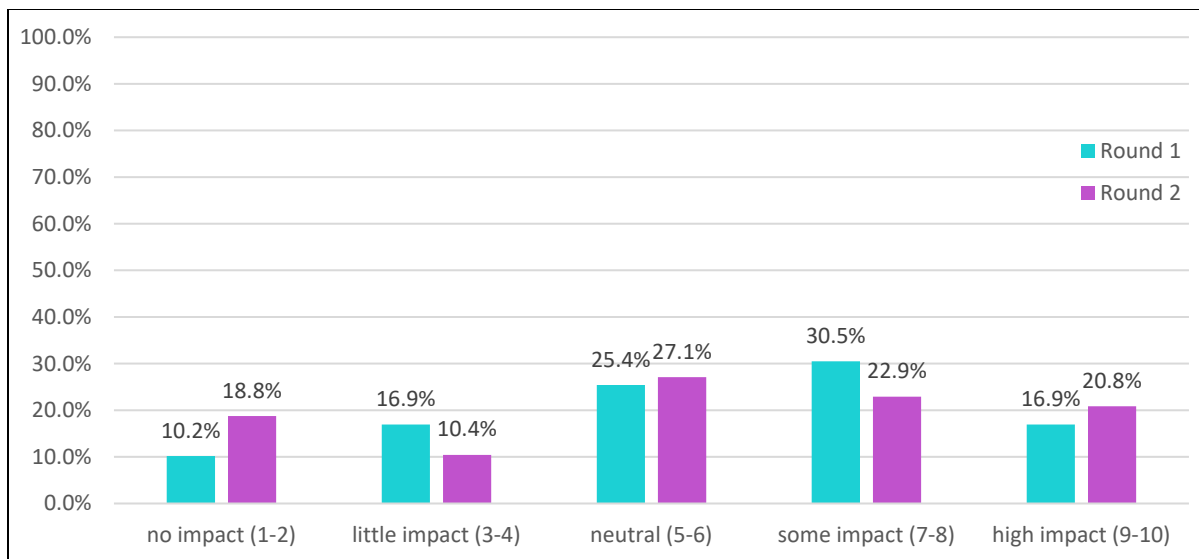


Figure 7: Participant perception of impact of new leadership model on organization culture

When asked to provide any further comments or suggestions related to the culture on their team and the organization as a whole, several themes emerged:

- Participants noted that the culture of the organization was negatively impacted from years of consistent change in structure and leadership – which they noted takes time to undo. Challenges exist especially among those who were present throughout the changes and “have a hard time letting go.”
- Areas for improvement around culture include:
  - Better support from the middle management level, including being present to deal with issues as they arise, as well as increased communication and collaboration with staff
  - Increased communication from leadership to the rural and offsite locations
  - More involvement of frontline staff experience in decision making. “Leaders need to listen to staff”
- Despite the challenges, participants note that there is some evidence of culture shift due to the positive influence of the Co-Leads – “it is clear they are interested in building a positive culture”



# Conclusions

## Leadership Model

There is a clear and strong commitment to client care, which has been consistently high throughout AMHS history. Staff and leaders at all levels of the organization agree that the Joint Executive Leadership model is working, and that the division of the organization into the two broad areas of Operations and Client Services was very appropriate.

The greatest facilitator to the success of the Joint Executive Leadership model has been the strong and effective partnership that has formed between the two Co-Leads. Future Joint-Leadership models may be successful if the Co-Leads selected are compatible, have a high level of trust and commitment, as currently seen at AMHS KFL&A

## Organization culture and leading a positive way forward

While it was noted that a history of continual restructuring and change has negatively impacted the overall culture of the organization, participants at all levels agreed that individuals can put aside their differences to rally around clients, which is a source of great pride for many. Trust tends to be higher among small units and teams compared to organization-wide, which may contribute to the poorer perception of organizational culture. The greatest barrier to improving culture and team functioning has been a lack of conflict management skills among staff, and a tendency to escalate conflict to leadership before working it out at the individual level. Managers and Co-Leads are actively working on changing this dynamic and re-forming healthy conflict management skills and patterns among staff.

Despite the challenges that staff have faced as AMHS KFL&A has undergone great change and instability, cautious optimism and hope are emerging as the new Joint Executive Leadership model has provided a much-needed sense of stability and strength in the organization.