Gott Health Case Study:

Transforming Nursing Leadership with LeadershipRM™

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Executive Summary

A regional hospital system, called Gott Health for confidentiality, has experienced significant growth resulting in the Chief Nursing Officer managing more than the number of direct reports for her to lead effectively. After some reorganization, she was able to reduce the number to a more manageable level but was still outside of the team parameters for effective leadership. Leadership Resources Management (LeadershipRM™) was utilized to successfully provide an objective, data-informed approach for the final restructuring.

Problem Statement

Through acquisitions and consolidations, a regional hospital system had grown to 20 facilities and a 5,000-person nursing organization. This led to the Chief Nursing Officer (CNO) having 24 direct reports. She was able to reduce the number to 13, including her administrative assistant, based on their experience and expertise, but knew she needed the number to be closer to 6 or 7 direct reports. This would require precision reorganization of a very talented staff.

Background and Context

The senior nursing leadership organization needed restructuring to improve the effectiveness of team and the maximize the CNO's leadership effectiveness. The restructuring would require some difficult conversations as leaders who previously reported directly to the CNO may be reporting to another leader under the new structure. Failure to properly implement the new structure
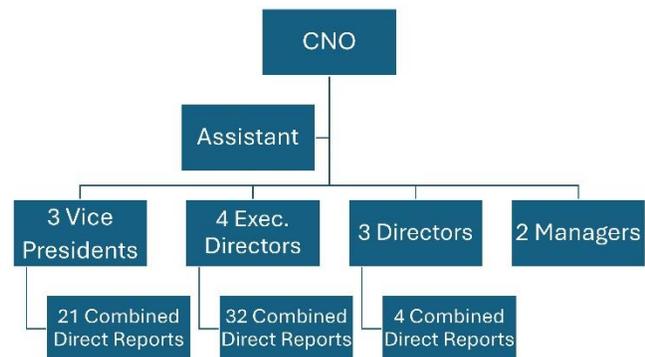
could result in team member departures and discontent among remaining team members if their role was negatively impacted.
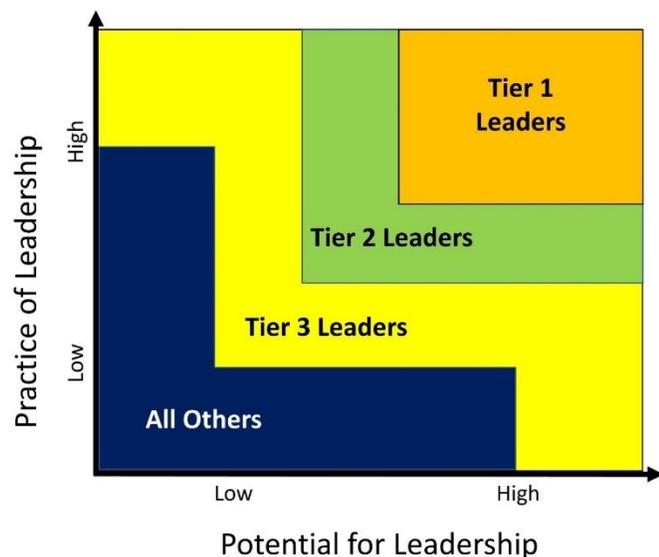
Therefore, the CNO needed unbiased, data-informed support for decisions and difficult conversations with her leadership team.

Recommended Solution

Leadership Resources Management (LeadershipRM™), which is a data-informed approach to strategically manage an organization's leadership resources, was the solution proposed. It enables more informed decision-making in promotions, assignments, retention and hiring, by helping organizations:

1. Retain their most marketable leadership talent by providing purpose, development and appreciation.
2. Reduce costly leadership missteps by improving promotion and assignment selections such that the right leader with the right qualities is assigned to the right opportunity at the right time.
3. Reveal and mitigate toxic leadership situations which are prevalent in all organizations and damaging in terms of engagement and morale.

Team LeadershipRM™ (TLRM) involves each leader taking the individual assessment, followed by assessments of the leader by their supervisor (CNO), peers and direct reports, if any. The team is then plotted into tiers with the Tier 1 representing the organization's best leaders who should be kept at all costs. Tier 2 represents high potential leaders who should be given opportunities to grow into top leaders. Tier 3 leaders represent potential leaders who should be monitored through opportunities to determine if they will move to the higher tier, remain in Tier 3 or regress to the All Others tier.

Benefits and Limitations

LeadershipRM™ is powered by the Leadership IMPACT Assessment, a proprietary tool created by the Elite Leadership Academy. It combines research methods, with an understanding of human behavior, which is summarized using leading data analytics and visualizations practices. It measures 9 dimensions of leadership behavior using a 7-point Likert scale, summarized into the Potential for Leadership (innate qualities) and Practice of Leadership (leadership behaviors).

Potential for Leadership	Practice of Leadership
Humility	Assessing
Empathy	Visioning
Vision	Living
Risk-Taking	Reflecting
	Coaching

Who You Are	**What You Do**

The TLRM is very similar to a typical 360⁰ review but with several advantages, including:

1. The TLRM focuses exclusively on leadership behaviors versus typical 360 reviews which have a broader focus. They could include some leadership but could also include functional competency, communication, problem-solving skills and teamwork.
2. Since it is all quantitative, the feedback produces unbiased, actionable information versus the qualitative feedback often delivered in other reviews that may not always be actionable.
3. The questions in the TLRM have been built on the expertise of leadership, research and analytics experts, therefore, the implementation is turnkey versus the complex implementation involved in other reviews.
4. Context is provided by the anonymized data collected from almost of decade of use for results comparison versus no context for comparison for other reviews. Results can be compared to our general population average, their immediate peers, their direct reports, their supervisor and their internal organization level or the organization level from external participants.
5. Follow up external coaching is provided for each leader to help them understand, implement and improve their results versus limited or no external follow up.

LeadershipRM™ 360	Other 360° Reviews
➢Focused on leadership behaviors	➢Broad review approach
➢Quantitative feedback produces unbiased, actionable feedback	➢Includes qualitative feedback that is not always actionable
➢ Minimal retaliation potential	➢ High retaliation potential
➢Turnkey implementation	➢Complex implementation
➢Context provided for results comparison	➢No context for comparison
➢ Population average	
➢ Organization level average	
➢Follow up external coaching to help implement/improve results	➢Limited or no external follow up

The biggest limitation is usually the timely completion of the assessment by the leader and their team.

Analysis

For Gott Health, most of the leaders' assessments were close to the population average of all who taken the assessment on a percentile basis. Most peers had a positive assessment of others with some assessed higher than the leader thought of themselves. A toxic leader situation was discovered, as well as a self-described introvert.

Group Summary

The overall group results were slightly below the population average on the Potential for leadership and slightly above on the Practice of leadership. Emotional Intelligence and Situational Awareness are subsets of Potential for leadership, thus their slightly lower score versus the population average.
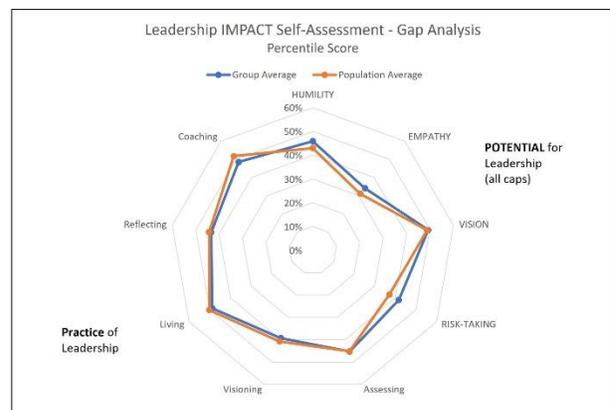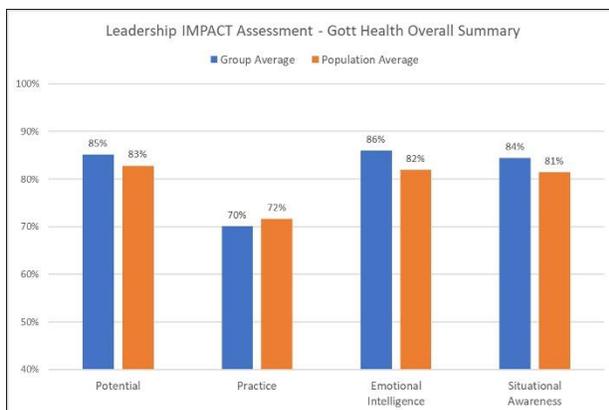
Chief Nursing Officer

The Chief Nursing Officer was substantially above the population average on all of the summarized categories and most of the individual dimensions. This was validated by her team who rated her at or above where the CNO rated herself. The results were also very close to the average of all the C-Level Executives in the database. Lastly, the Academy has watched the CNO's leadership growth over several years and believe the assessment is accurate. No further actions or coaching was deemed necessary.
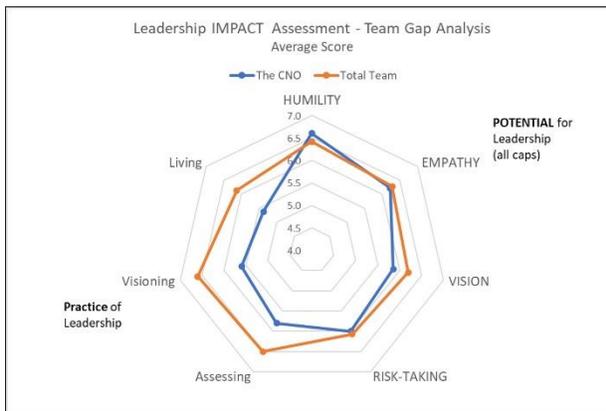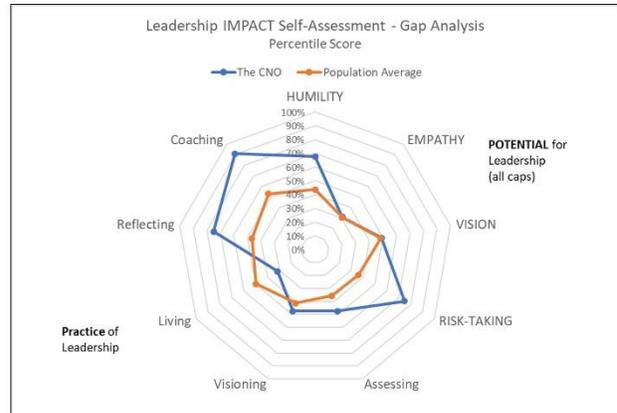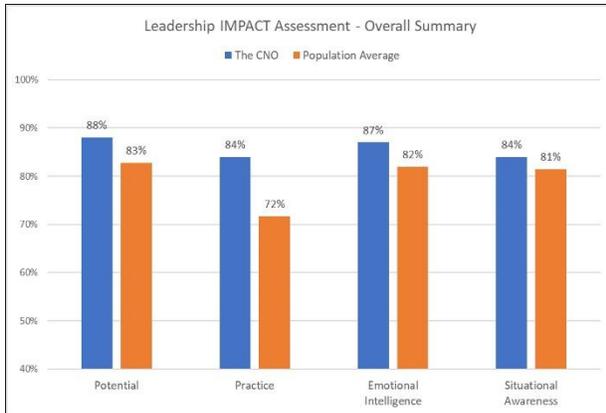
Some sample leader results are as follows:

Leader A

Leader A, an Executive Director, was substantially above the population average on most of the summarized categories and individual dimensions. They were also above the average assessment by their team, but only slightly above their organization level (Directors) population average.

In conclusion, Leader A thinks highly of their leadership abilities, but the gaps are not enough to consider this a challenged leader situation, especially since their team agreed on most of the dimensions measured. Further coaching and monitoring was not recommended.
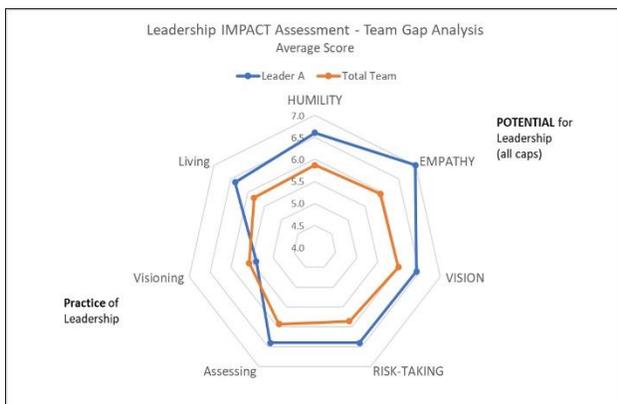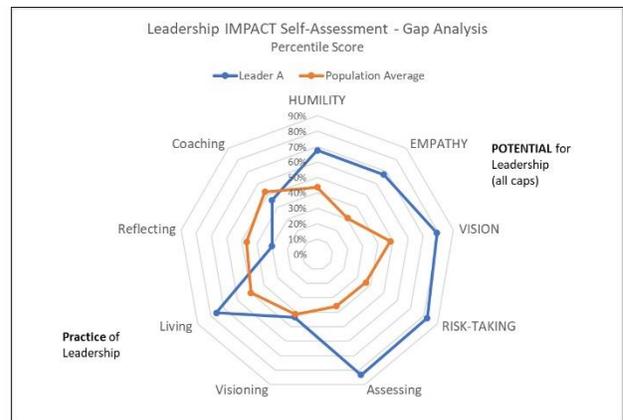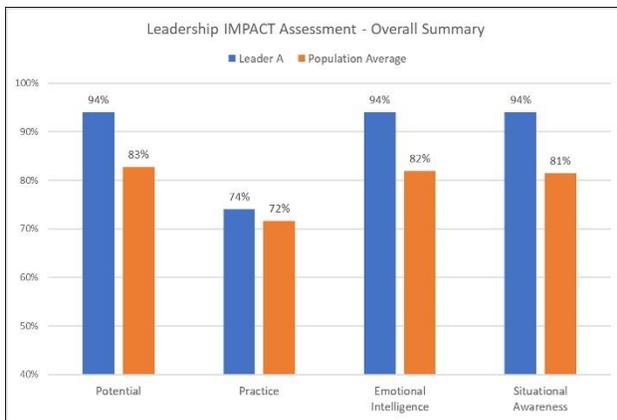
Leader B

Leader B, also an Executive Director, was below the population average on most of the summarized categories and individual dimensions. They were also below the average assessment by their team and closely match their organization level (Directors) population average.

In conclusion, Leader B believes their leadership abilities are low, but their peers believe they are a strong leader. The debriefing revealed that they considered themself an introvert. After pointing out how their team perceived them, they were encouraged to speak up comfortably as their contributions were obviously thought very highly of by their peers. Introverts can be a very valuable team member as they process information differently and are more prone to listen to all sides before speaking.
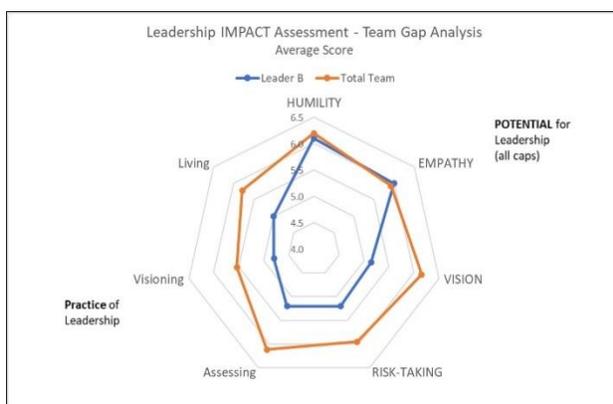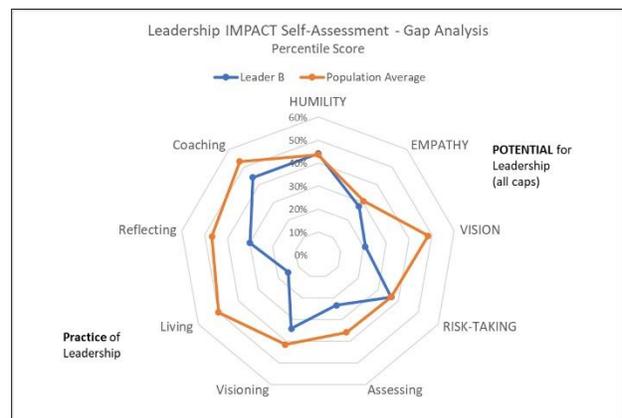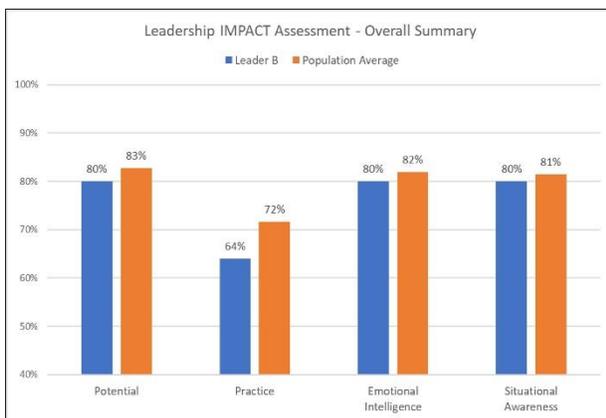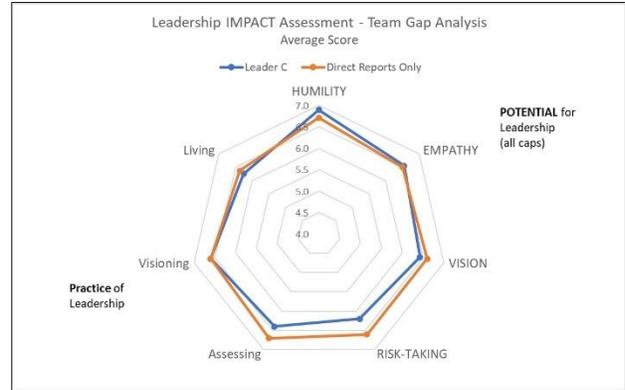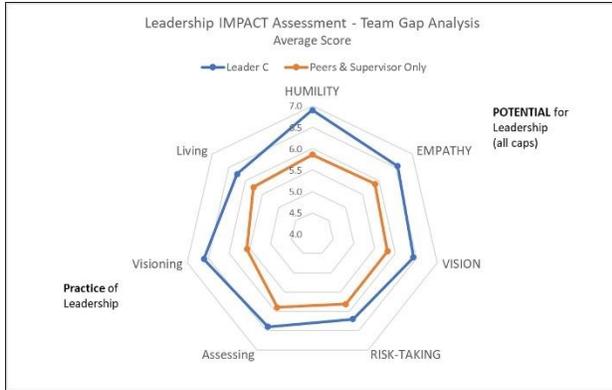
Leader C

Leader C, a Vice President, was substantially above the population average on all of the summarized categories and individual dimensions. They were also above the average assessment by their team, but only slightly above their organization level (Vice Presidents) population average. Further examination of just the peers and supervisor revealed a substantial overstatement of Leader C's leadership abilities by the leader.
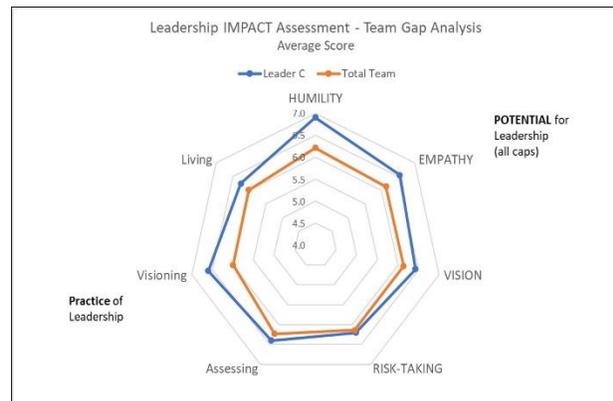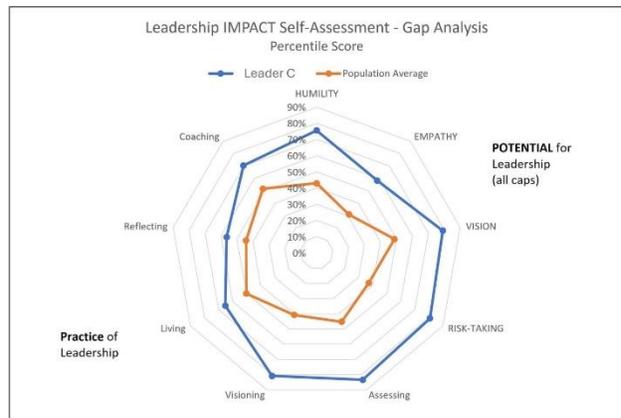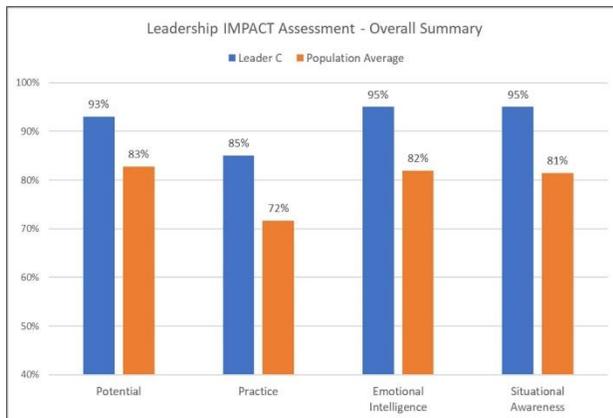

The individual and team gap analyses prompted a need for further examination where the Peers & Supervisors and Direct Reports were analyzed separately. The Peers & Supervisors chart prompted a conversation with the CNO as the Direct Reports chart appeared inconsistent with the other analysis. Upon further review, it was discovered that only 5 out of 12 of Leader C's direct reports participated, leaving speculation that the other 7 did not feel comfortable responding.

In conclusion, after further discussions revealed that Leader C was considered a toxic leader by several in the organization. Further coaching and monitoring was recommended.

Leadership Tiers

The leadership team was then plotted and separated into tiers based on their individual team assessments. Three leaders were considered Tier 1 leaders, eight leaders were categorized as Tier 2 and one leader was included in Tier 3. When the results of the team assessments were considered, it was determined that some of the leaders "Overstated" their leadership abilities (red circles) and some "Understated" their abilities (green circles), resulting in potential repositioning slightly up or down on the tier chart. This action would only impact a leader who was close to or on the border of another tier. In this case, the only leader that would be impacted would be Leader B who would be moved to Tier 2.
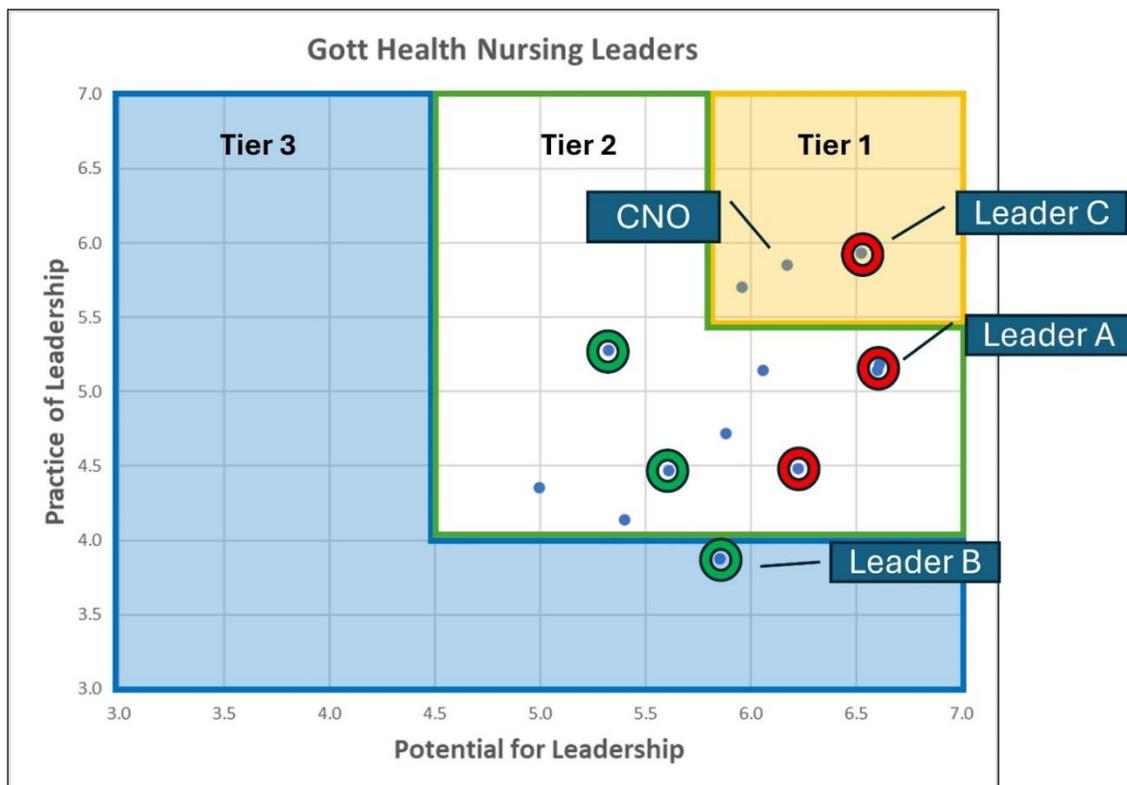
Reassessment Results

Four months later, all of the leaders completed individual reassessments which showed improvement along all summary categories and most of the individual dimensions.
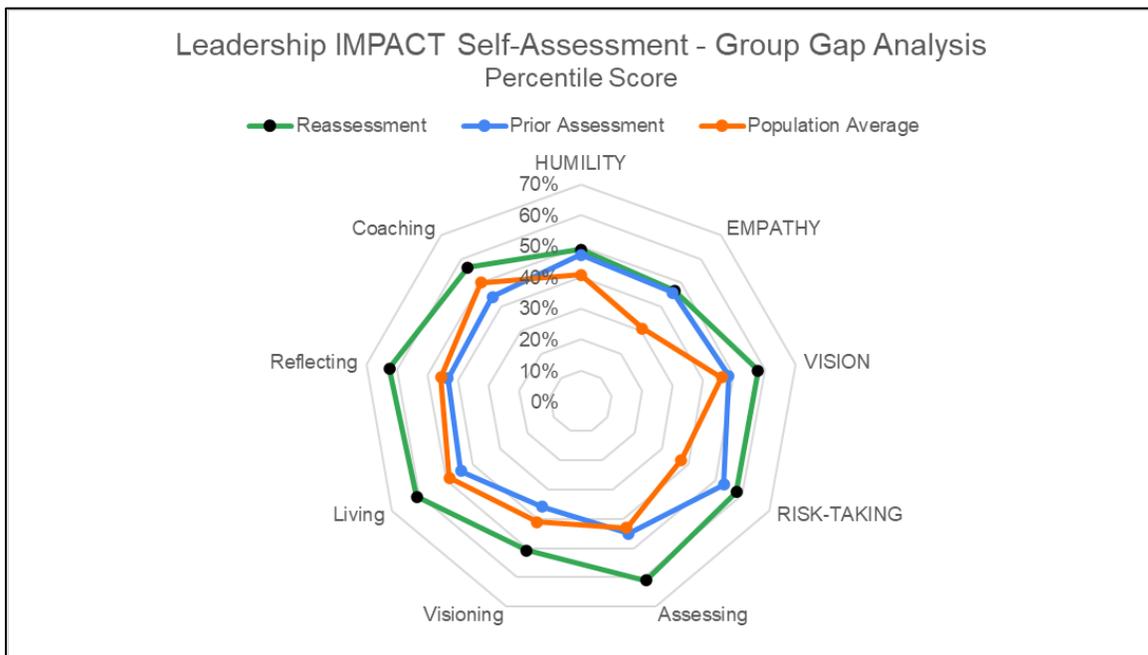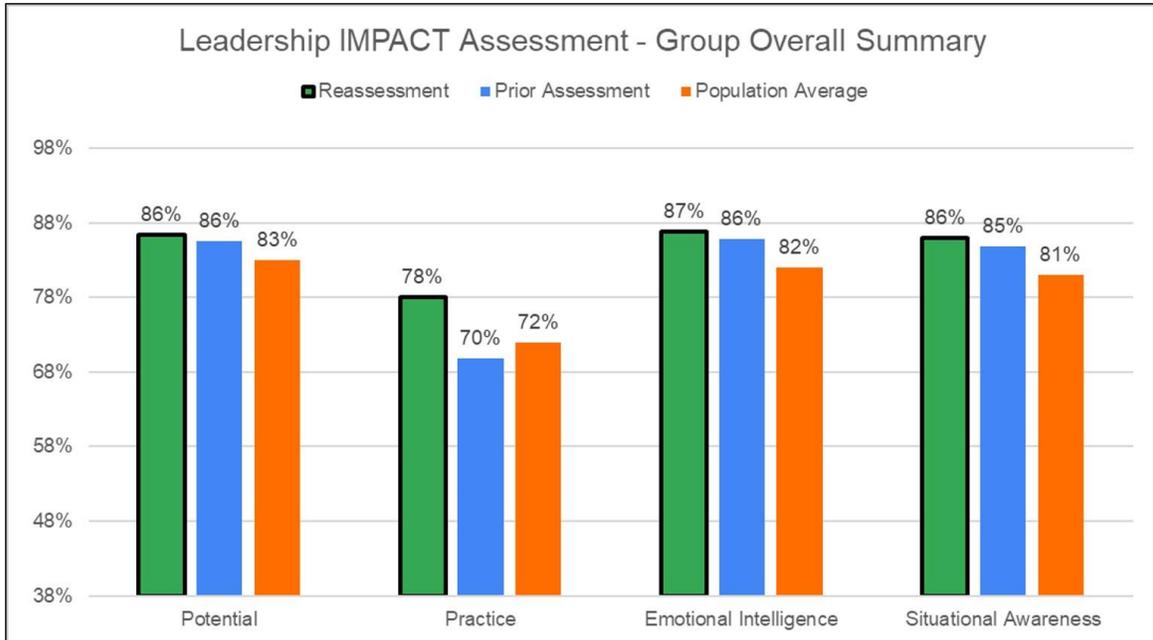
Results

Direct Impact

The CNO was able to reduce the number of direct reports from 13 to 7 by consolidating positions based on similar work and the best utilization of each person's leadership abilities.

A year later, the toxic leader had made a complete turnaround after seeing how their peers viewed how they led and has become one of CNO's biggest contributors. The introvert began using their voice more often to make an impact in the organization. Overall, they have become a more effective team as the assessment process helped them appreciate and understand each other better.

Organization-Wide Impact

The overall nursing organization has increased productivity at all levels as the senior leaders impacted their direct reports who impacted their direct reports and so on. This has resulted in improving the culture of the entire nursing organization as reflected in their reduced attrition.

Conclusion

LeadershipRM™ delivered more than structural realignment—it empowered Gott Health to build a stronger, more resilient nursing leadership team. With data-informed clarity, the CNO not only solved a pressing organizational challenge but strengthened the entire leadership pipeline.

Call to Action

Ready to transform your leadership structure?

Let LeadershipRM™ help you retain top talent, prevent costly assignment or promotion missteps, and create a culture of confident, capable leaders. The investment is a fraction of what turnover, disengagement, and misalignment can cost.

To learn more about how our Leadership Resources Management framework can help your organization visit LeadershipRM.com, or contact us at LRM@eliteleadershipacademy.com.