**Engaging Others in Leadership**

**Introduction**

 Engaging others is a significant quality of leadership. In absence of engaged and willing followers no significant achievement can be made by a leader. Leadership entails engaging others through communication, personal influence, teamwork, and via the management and formulation of performance goals. A leader’s role entails focusing on the entire organization, creating a common vision, and paying significant attention at all organization levels in a healthcare setting.  Engaging others can be challenging for leaders particularly during a period of organization change. Leaders encounter challenges when mobilizing, understanding, and managing change (Rouse & Serban, 2014). However, they are able to motivate employees when they learn how to handle employee’s resistance and reaction to change. It is important for leaders to learn how to mitigate consequences of change in order to create a team of motivated employees.

 Leaders contribute to a culture of engagement when they create a healthy working environment, foster employees’ development, build proper teams, and communicate effectively (Kumar, 2013). As a result, they are required to have effective leadership styles, communication skills, teamwork, and emotional intelligence to properly engage others. They should also ascertain that employees have the needed financial, tangible, and human resources to optimally perform. Most importantly, a leader’s actions should always align with the purpose, goals, and culture of the organization as employees imitate the behaviours and attitudes of their leaders (Kumar, 2013). Engaging others in healthcare requires leaders to inspire and develop their employees, lead teams, guide change, and manage work politics (Hartley & Benington, 2010). However, this process can be challenging to leaders. For instance, they face difficulties while developing and coaching a team on the relevant skills they need to be successful at work (Hartley & Benington, 2010). They also encounter challenges when motivating or inspiring a workforce, developing and mentoring others, managing and developing teams, and also while managing politics, image, and relationships.

Persistence and focus driven teams enable leaders to get desired results. Leaders are able to collaboratively work together with employees when they create teams (Leach et.al, 2016). The teams may be typical work or department teams or in some cases virtual or project teams inclusive of suppliers. The team presented in the scenario failed to achieve its objectives as it was not focus driven. The team members paid attention to insignificant details rather than the main objective of the meeting. Additionally, the team leader had difficulties maintaining order in the group. Lack of a proper code of conduct is also to blame for the team’s ability to handle differences. It is important for a team to have a clear way of handling differences arising in meetings (KILPATRICK, 2009). Respect, effective nonverbal and verbal communication, and team cohesiveness play a major role in ensuring work success. The team members in the scenario lacked respect and affection for one another, and also illustrated absence of impressive professional relationships among each other.  The team also slacked on communication, for instance the chairperson did not maintain eye contact with most of the members, and some members also appeared distracted on their phones. A strong group or team should focus on successfully accomplishing targets with deadlines.

The discussions and team interactions presented in the scenario illustrate a dysfunctional team. There are numerous non productive actions demonstrated in the team. First, some of the team members used disrespectful languages. For instance, some members openly criticized one of their own as she had tattoos. Additionally, instead of properly excusing themselves from the meeting, most of the members carelessly walked out without even asking about the next meeting. Second, the team did not focus on achieving a common agreement or result, instead they placed their personal differences ahead of their common goal. For example, the members verbally attacked one another rather than focusing on the main objective of the meeting. Third, there was absence of proper communication skills in the team.  One of the team members was on his phone, and the chairperson also failed to maintain eye contact with most members. However, amidst all the listed non productive actions, one of the team members demonstrated a positive action. She stated that her colleague’s feedback and ideas are highly needed while he tried to walk out of the meeting. For an organization to be successful, team members are required to collectively share ideas and values.

One potential cause for the team dysfunction is their leader. It is the leader’s responsibility to formulate and shape the behaviour of a team (Shrader, Kern, Zoller & Blue, 2013). Therefore, when a team is unproductive and chaotic, it illustrates a leader’s inability to effectively set the agenda and tone of the team.  The leader was weak and failed to keep the behaviour of her team under control. The chairperson ought to have stated the expected behaviour or code of conduct at the beginning of the meeting for the purpose of creating order. Moreover, she should have punished or suspended team members who digressed from the main objective. It is important for the leader to be firm on what the team’s expectations are and possible penalties or punishments for unruly behaviour. Engaging others through leadership also entails building teams that encourage cooperation, collaboration and teamwork.

Generation gaps and teams with multiple disciplines may present challenges during teamwork.  As a result, it is important for leaders to determine actions that can help teams with many generations and disciplines to function properly.  Multigenerational teams can create challenges for leaders due to differences in preferences and personality as seen in the team scenario. To effectively combat the multigenerational differences leaders should encourage safe and respectful conversations that do not target a particular generation (Weller, Boyd, & Cumin, 2014). In instances where members of a particular generation are defensive, leaders should reassure them of the positive intentions of the required change. Second, leaders should encourage flexibility among members and formulate programs that enable people from differing generations to share ideas and perspectives.

Interdisciplinary team work is essential in healthcare. Health practitioners with varying skills and backgrounds are often required to work as a team in evaluating, planning, or assessing patient care (Weller, Boyd, & Cumin, 2014). For teams with multiple disciplines to properly function, leaders need to create an environment that supports open communication, interdependent collaboration, and collective decision making (Hartley & Benington, 2010). In turn, this generates respect particularly among employees from different disciplines. Leaders should also encourage non-hierarchical based relationships and allocate power according to expertise and knowledge (Weller, Boyd, & Cumin, 2014). Consequently, this will instil confidence, commitment, and competence from all members. The entire team in the scenario would work properly if the leader was firm in setting the tone for the meeting, and if the team members had mutual respect for one another. Moreover, the team would have met its objectives if the members had effective verbal and non verbal communication skills. Most importantly, the team would have met its targets if all members were focused, collaborative, and dedicated to their work.

**Conclusion**

 Engaging others is a key quality in leadership. Leaders are required to engage others through communication, personal influence, teamwork, and formulating performance goals. The success of a leader particularly in healthcare is based on his/her ability to motivate employees and formulate focused teams. To effectively engage others leaders need to: firmly set the agenda of the meeting, manage generational differences, encourage non hierarchical relationships, foster open communication, create dedicated teams, and criticize or punish unruly behaviour.

**References**

Hartley, J., & Benington, J. (2010). Characteristics of leadership. In *Leadership for healthcare* (pp. 25-38). Policy Press at the University of Bristol. Retrieved from http://www.jstor.org/stable/j.ctt9qgmjk.7

Leach, L. E., Watson, B. M., Hewett, D. G., Schwarz, G., & Gallois, C. (2016). Intergroup communication and leadership in healthcare.

KILPATRICK, A. (2009). THE HEALTH CARE LEADER AS HUMANIST. *Journal of Health and Human Services Administration,* *31*(4), 451-465. Retrieved from <http://www.jstor.org/stable/25790742>

Kumar, R. D. (2013). Leadership in healthcare. *Anaesthesia & Intensive Care Medicine*, *14*(1), 39-41.

Rouse, W., & Serban, N. (2014). Facilitating Change. In *Understanding and Managing the Complexity of Healthcare* (pp. 233-248). MIT Press. Retrieved from http://www.jstor.org/stable/j.ctt9qf9g5.15

Shrader, S., Kern, D., Zoller, J., & Blue, A. (2013). Interprofessional teamwork skills as predictors of clinical outcomes in a simulated healthcare setting. *Journal of allied health*, *42*(1), 1E-6E.

Weller, J., Boyd, M., & Cumin, D. (2014). Teams, tribes and patient safety: overcoming barriers to effective teamwork in healthcare. *Postgraduate medical journal*, *90*(1061), 149-154.