AN INTERVIEW WITH NATALIE QUICK: Exploring Management and Leadership

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Introduction

Natalie Quick is an occupational therapist working at the Centre of Addiction and Mental Health (CAMH) as a manager for three out-patient clinics that are comprised of inter-disciplinary teams. Natalie graduated in 2003 and has worked in various mental health settings over the course of her career.

Our interview with Natalie is a reflection of her experiences, hopes and concerns for her professional future. We are occupational therapy students entering the final stages of our occupational therapy studies. It is an exciting time for us; however, for many of us it is also a time of uncertainty.

Please, take a moment to pause and think of what you were doing one year ago during this month. Now, take some time to think about what you would like to see yourself doing one year from now. Change and transition are ongoing experiences; however, this is a very specific and special time for new graduate OT’s entering the workforce to apply the skills acquired in school. Is anyone else a little nervous about this prospect? We sure are.

Many students in this OT program have ambitions of working within a mental health setting. Throughout our program many of us have been inspired by leaders within this field. The question that comes to mind is this: “Do I feel equipped to become a leader as an occupational therapist in a mental health setting?”

We had the opportunity to discuss with Natalie her experiences transitioning as a leader into a manager role as well as her hopes and concerns connected to these changes. We would like to take her insights regarding leadership in a mental health setting and apply this to our own rapidly approaching professional pathways.
Following our interview with Natalie, we discovered many themes, which we will now elaborate upon. The themes identified are: What makes a good leader?, Management vs. Leadership: What’s the Difference?, Transitioning From Clinician Leader to Manager, and Tips to New Grads.

1. What Makes a Good Leader?

Throughout our discussion, several factors came up as being particularly important for being a good leader (See Table 1). We have augmented this list with evidence from the literature. Two of the factors from Table 1 were elaborated on in our interview - dealing with conflict and providing and receiving difficult feedback. Natalie stated that she has reflected on experiences, has attended workshops, and participated in role-plays to develop these skills. She stated that something she continually works on is to understand different perspectives as well as recognize the strengths that each team member possesses. In conflict management, Natalie stated that an effective strategy is to look for the similarities within a conflict, rather than the differences. Lastly, Natalie also discussed the value and skill of giving and receiving feedback within a team setting.

<table>
<thead>
<tr>
<th>Characteristics of a Good Leader:</th>
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<tr>
<td>Enabling others to perform their work successfully</td>
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<tr>
<td>Encouraging team members</td>
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<tr>
<td>Viewing change as an opportunity</td>
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<td>&gt; Believing that you can effect change</td>
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Experience

> Being led by multiple leaders to see what you like/do not like.

> Garnering respect through experiences

Taking prep courses

Having a mentor

Being able to provide and receive feedback

> receiving from above and below

Understanding team dynamics

Believing that everyone has something to offer

> show empathy towards others’ values and knowledge

Being able to work through conflict effectively

Good communication

Being goal-oriented

Self-assessment and reflection

Table 1: Characteristics of a good leader as identified by Natalie Quick and in the literature (Cox, 2001; Davis, 2006).

There is a difference between management and leadership within the mental health setting. Natalie offered insight regarding the difference from her perspective.

“[Within] management you are responsible for over-seeing. It’s more performance management. Whereas leadership in my old role, I was not responsible for performance management; [instead] my position as a leader included providing support for the team, giving feedback in more of a supportive way, rather than in the role of evaluating their performance.”

Professional leadership for occupational therapists is a quality that can develop early in any career. From Natalie’s perspective, leadership is not created by developing power over others. Instead, people trust and respect a leader due to innovative thinking, ability to take risks, create initiatives through change agency, and assert your own professional development and the development of your team.

“Thinking back to my OT training, I think about the problem based method and the group work and how that was emphasized and the conflict that sometimes would happen in those groups and the skills I developed to give and receive feedback. I think that was crucial in my ability and comfort level in communicating in teams, communicating with superiors and just being able to assert myself.

I think what is required in leadership is to be assertive. It doesn’t necessarily mean to be managing someone; I think it’s about being able to speak up about your work with clients. It’s about being able to give feedback and receive feedback appropriately. And I think its also about team building. I found that was important to me, to have a good team atmosphere.”
Natalie also recognized the overlap that exists between the clinician leader role and management. She stated that, in her opinion, it is the possession and display of leadership qualities that usually leads to promotion into management positions. Natalie posited that it might be easier to be a leader than a manager due to the freedom to pursue personally driven initiatives that can shape an individual’s path with fewer restrictions. Natalie also stated that the characteristics that reflect a quality leader are the same characteristics that create quality managers. Natalie reflected that, while it may be traditionally perceived that leaders must enter management roles, this is not the case. Leaders often do not enter management positions, but rather, they choose to remain clinician leaders throughout their careers. Natalie noted the importance of both of these pathways.

3. Transitioning From Clinician Leader to Manager

We really appreciated Natalie’s honest and candid account of her experiences as she transitions into a managerial role at CAMH. She is a young and energetic occupational therapist who is reflective about her professional progress. We learned that the pathway from her OT graduation to her current manager position has been a multi-dimensional experience. Early questions she asked herself when considering a management position are “Do I want this? Am I ready? Do I have something to offer?”. She decided to take the management role after careful deliberation, and when we talked to her, was just two weeks into her new role.

The importance of support during her transition into a management role was an important point that Natalie discussed. There is a supervisory body that Natalie meets with on a weekly basis to debrief on issues that she has encountered. An organizational support that Natalie has taken advantage of is developing a mentoring relationship with a leader in the Organizational Development Department. This is a service offered at CAMH that Natalie views as being integral in promoting her successful transition. This mentor will be available to Natalie to provide objective feedback about her
leadership activities. Natalie noted the importance of having objective feedback outside of her superiors.

“...sometimes being able to be comfortable talking about your challenges with your director, is a little less comfortable than having a direct conversation with someone who is there to help you”

Natalie also discussed some concerns regarding the transition from the role of a clinician leader to the role of a manager. A specific concern that Natalie mentioned was her current experiences with changing boundaries. One of the teams that Natalie is now managing is the same team she was once a part of as a clinician. She recognized that her history with the team can be seen as a source of strength or as a source of concern for her transition. Her relationship with her team members is already strong and she is well informed of the operations of the clinic. However, her relationship with her colleagues is changing and this is an area she reflected upon.

“I know the team, I worked on the clinic for four years. But, I also have senior clinicians who I work with, who are older than me, and that were at an even level with me, but are reporting to me now.”

This dynamic can be a complicated one but, with reflection and careful consideration, it can be an excellent learning experience for all individuals involved. Natalie noted that her new role is less about personal accomplishment and more about supporting the work of the team. She will now play more of a guiding and supporting role for her team members. For a more detailed account of Natalie’s concerns about navigating changed relationships during her transition, see her personal story.

Another challenge that Natalie identified is that, within a mental health setting, knowledge of the setting being managed is paramount. It is important for a manager to understand how the team
functions as well as the needs of the team. While she has knowledge of the clinic she previously worked on, she is not as knowledgeable of the other two clinics she will be managing. To meet this challenge, Natalie noted the importance of being transparent when uncertain about a component of her job. She also stated that a certain level of competency is required for her team to trust her guidance and feedback and balancing competence and transparency is key.

“To be a leader you don’t have to know it all. But, there’s also a certain amount of competence you want to portray so, as beneficial as it is to admit that you’re not sure, there’s also the part that people want to see you as having a certain amount of competence to foster trust.”

Another challenge Natalie noted was the change in her occupational repertoire from clinician leader to manager. The origin of her interest in becoming an OT was to work with clients with mental health issues. She was passionate about her client interactions. Her manager role decreases her time with the actual client and increases her time supporting the overall goals of the team. She still gets to engage in client interaction on a minimal basis, and when team members are away she can step back into the clinical role. She identified this repertoire change as particularly difficult.

“It’s a really hard decision and I was really passionate about my work with clients. It was probably the hardest part about stepping into management. I thought, ‘this is a part of my job that makes it really rewarding, do I want to give that up?’”

Although Natalie’s role will no longer primarily involve client interaction, she talked about how she will remain connected to client care. First of all, she advocated for herself to remain providing client care to a small number of clients on a minimal basis. Also, when team members are away she can step back into the clinical role to fill in. She also stated that, as a manager, she must reconstruct her concept of client care. She stated that in her management role, she is extended
from clients and must view her team as her clients. She also recognized a point of excitement that she will now be a part of the most complex cases, as her team members will come to her for support in these situations.

As students, it is difficult to appreciate this component of becoming a manager. In our mental health education, our learning revolves around client-centred care. We learn and gain awareness of social issues that may be strengths or limitations for our clients with mental health issues. Stepping away from the client and looking at the mental health system at a more systemic level requires an additional skill set that will take experience to develop.

“For me what is really important is Why am I doing this?. I think, as a leader, the one thing I am learning that is really interesting is I am used to being a “doer”. I think that is fairly common amongst OT’s. But now I am slowly working on sitting back and supporting others to do a great job. And, in my leadership training, that is one thing I learned, its kind of less recognition for you and more about you supporting the team. It’s interesting, it’s a whole new dynamic.”

A final challenge Natalie described was promoting her staff to excel in client care within the context of the medical model that holds a strong presence within the current mental health care system. For team cohesion, the staff members are all responsible to report their work to Natalie to ensure that all members contribute and understand the team goals. As this is a multi-disciplinary team, Natalie noted the division between the psychiatrists and the rest of the team. The physicians are required to contribute to the team; however, they are accountable to an entirely separate group of medical professionals. This may be a challenging component in leading a team in the setting of mental health that requires an interprofessional approach. She has been reflective about how she can promote team cohesion and notes that a valuable strategy is motivating teams based on a common goal.
“A lot of people talk about, why are we here? That it’s about bringing people together on a common cause. We’re here to help the clients and their families.”

4. Tips To New OT Graduates:

Natalie also offered suggestions for new OT graduates interested in entering a mental health position. Natalie described the importance of employing one of the tenets of occupational therapy: occupational balance. It’s important for occupational therapists, especially new graduates who are trying to establish and build their career, to remember that to help people with mental health issues, your mental health must also be maintained.

“I remember on one of my first jobs I went really gung hoe. I had the largest caseload on the team, I did groups...several at once, I was doing assessments...lots of things. I loved the work, I didn’t really burn out but I was doing A LOT. I think it’s really easy, I’ve seen young OT’s get pressured. I think it’s good to work hard and go the mile, but I think it’s really important to learn to be assertive and set your limits. As OT’s we tell our clients about balance, and when you don’t have it yourself it doesn’t feel very good. I think to be a good clinician for your clients you just have to take care of yourself. I think my mantra is you just can’t get it all done, so what can I deal with?”

Upon reflection of this advice, we realize that, throughout a career, it is important to remain grounded in the things that you are passionate about. An important motivational technique is connecting with the aspects of mental health you were originally inspired by. For example, if your passion is working one-on-one with clients, teaching students about mental illness, educating coworkers, research, or running groups, it is important to maintain those connections even if your occupational repertoire begins to change due to a transition in professional roles.
As new graduates, we were curious to find out Natalie’s perspective on entering a management position at a rather early point in her career. While Natalie stated that OT grads are well equipped to take on leadership roles, and she thinks that a new grad may be capable of taking on a management role right away, there are other factors to consider, such as experience and respect. Natalie expressed that she had intended to enter this position eventually, but was surprised at the timing of her promotion. She stated that there are several factors that have prepared her for this change.

Natalie expressed her gratitude for the experience that she has had thus far. She feels that she has had the opportunity to work on several different teams, observe different management styles, and engage in clinician leadership roles in varying capacities. She has also discussed the role that respect can play as a young clinician entering a management role.

“I am so grateful for my clinical experience...because I really rely on that to deal with the scenarios that come up as a manager...that’s really helped me feel more comfortable in this role. But, I think also for people to have respect for you...people talk about if you’ve been “in the trenches”. There’s more respect there, because you’ve done the job.”

Natalie discussed several strengths that OTs possess that promote our suitability for leadership positions. Some of these strengths include our Masters level education, our understanding of the health care system at the micro, meso, and macro levels, and our research focus.

“And students that are graduating now with the Masters, the program sets you up more to be leaders because it gets you to think of things more at the systems level and it gets you thinking about well how do you best communicate your evidence and
thinking evidence-based and also, not just the client care, but how are you thinking about advocacy and leadership and quality of care.”

Natalie also had some important insights into factors that may affect an OT leader’s ability to enter into formal leadership roles within a particular setting. She stated that certain factors can increase the chance of promotion.

One factor she stated is the recognition of OT as a valuable profession within that setting. Natalie expressed that OT is recognized in the mental health setting as a valuable profession on the health care team. She also stated the importance of a history of OTs holding leadership roles in that setting. If you examine the setting and see a history of OTs in leadership positions, you are more likely to be considered for these positions. She also stated the importance of advocating for leadership positions in arenas where OT is not generally recognized for leadership positions.

### Occupational Repertoire of a Manager vs. a Leader

**Leader**

- Develops initiatives that reflect personal passions or interests
- Is concerned with professional development over performance management.
- Supports professional development
- Gives and receives feedback.
- Reflective
- Conflict

**Manager**

- Supports and promotes initiatives at the team level.
- Incorporates administrative components such as budgeting & hiring.
- Is concerned with performance management of individual team members.

Figure 1: The occupational repertoires of a leader and a manager and the overlap between them
Navigating Personal Relationships and Maintaining Appropriate Boundaries: A Personal Story

One of the hardest things about my new role is managing my team members who I have worked alongside for the past few years. I have grown quite close with my fellow team members and now I am in the position of being their boss. As I transition into this role, I have reflected about what changes I may need to make in terms of professional boundaries.

Before I was in the role of manager, I would regularly go for lunch with a few of my colleagues. However, it was pointed out to me that I should be very careful about going for lunch with team members now. It is very important to me that I treat all team members in a fair and consistent manner so I have given a lot of thought about how I will approach boundaries with team members. During a stressful transition, this change has been important but also caused me to feel a bit of sadness over loss of closeness with my colleagues. Work-life balance is very important to me and going to lunch with my team members was one of my favorite ways to reduce stress during the day. However, being a good manager is also a very important value for me and that involves being fair and transparent with all team members. So I have decided that I can go for lunch once in awhile when the whole team is invited and spend time with colleagues outside the program and those on the leadership team.

Another challenge has involved being in the position of discussing issues like compensation (wage, office space allocation) and giving feedback to senior team members. I have recently been in position of hiring for a leadership position and then discussing wage with a close colleague. One of the strategies that I have used to maintain an objective approach is that many of my decisions involve discussions with my director in my supervision meetings. This way I know that the decisions have involved reflection and are not solely based on my opinion. I also try to regularly ask for feedback from staff about decisions or issues so that I can understand their perspectives and viewpoints. However, I won't deny that discussing wages with my former team members can seem a
bit awkward in early stages of my manager role. I have also done a lot of reflection about if my decisions would seem fair if I was in employee's position. My lens as a manager is very different from when I was in the clinician position because I am starting to consider things from both the budget side and the clinical side. I am also aware of fact that the role of middle management in healthcare is not one that comes with great power. One is often negotiating the directives from above (upper management) with the requests from the team. One can often be in role of the messenger of initiatives that may seem very out of touch for frontline staff.

My new role has also involved giving constructive feedback to senior clinicians who have been working longer than I have and are also older than me. I have given some thought to what it may be like for some of my older team members to receive feedback from a new and young manager. I do not want to make assumptions about their experience, however, I can't help considering what it may be like for them in the later stages of their career to hear feedback from a new, younger team member. In thinking about this issue, I have thought about importance of being respectful, honest, and transparent in my leadership style. I have also thought about how it is important for me to take a less active/direct role and be more of a guiding team member. In previous leadership training, I learned how one of largest transitions for managers is how recognition is less directed towards the manager and more about the work of their team. I have realized that it is important as manager to take a back seat and allow the team to take an active role. The manager's role is to support the great work that is being done by the team. One of the ways I have tried to implement this approach is by looking to the team for solutions rather than simply giving my input right away. In team meetings and supervision, I have focused on asking what clinicians think first and, if necessary, added my input and then trying to work collaboratively to identify best solutions. My goal is to demonstrate my respect for clinicians by avoiding micro-management style and validating their knowledge and expertise. I am also in the process of thinking about the best way to
ask for feedback from team (i.e one on one or in team and frequency). So far, I have had some good
discussions one on one with team members but I plan to continue to gather feedback to improve my
leadership skills. I am still very early in the learning process as I transition into this new role and I
hope that over time things will become a bit easier.

Assessing Leadership Performance:

We also explored the ways in which Natalie engages in procedures to assess her leadership
performance. We have divided these assessment procedures into colleague feedback and self-
evaluation. Natalie classified her role as ‘middle management’. This, she maintains, requires
continual feedback from both her superior managers, as well as the team members she is
managing. Colleague feedback is a valuable method for accessing others’ perceptions of a
manager’s skills. Another method Natalie uses to assess her managerial performance is utilizing
strategies for self-reflection. In a study by Lowe et al. (2007), the use of specific reflection practices
improved the quality of learning for participants. It is stated that ongoing reflection before, during,
and after the development of a learning objective showed improved quality of learning and ability to
implement the learning objective. In order to guide this reflective process, a rubric has been
developed for a manager in a mental health facility (see Appendix A).

At the summary of this interview experience, we have gained insight into several areas. We
have a better understanding of the challenges that arise when transitioning from a clinician
leadership role to a management role, the differences between leadership and management, the
factors that make a good leader, and tips for new OT graduates wanting to enter into a mental health
position.

A particularly interesting realization that came to light in our interview is the role that the
social and cultural environment can play in the promotional pathway of OTs. The presence of OTs
already in positions of leadership can affect the ease with which one can move into leadership
positions within an institution. The regard of OT within the workplace can foster or stifle OT promotion into leadership positions. It appears that some mental health setting are an arena where OT is highly regarded and where OTs are already holding leadership positions; this was encouraging for us to realize. These environmental factors establish the mental health arena as rich with opportunities for OT leadership.

Upon reflection of the opportunities for OT leadership in the mental health profession, we want you to remember that “[e]ffective leaders are crucial to the development, promotion, image, culture, and sustainability of any profession” (Davis, 2006). As such, the development, promotion, image, culture, and sustainability of OT relies on the leading capabilities of current and future OTs. We encourage you to go forth, and LEAD!
References


Appendix A

Self-evaluation:

To evaluate and assess professional change and development as a leader the Competency Based Fieldwork Evaluation for occupational therapist (CBFE-OT) has been modified to assist in guiding the occupational therapy manager in self-evaluation, reflection and personal performance management (Bossers et al., 2007). The original CBFE-OT was designed to mirror the seven core competencies outlined by the Canadian Association of Occupational Therapists and meant to be a student evaluation. The modified evaluation form is not meant to be an objective evaluation, but a method to develop professional goals and document how the manager plans to disseminate their goals. This goal of this entire process is to promote reflection of professional development in a managerial position. It is the choice of the manager to develop objectives to encourage their own learning; the objectives the manager may create may not reflect all CAOT core competencies.
Learning Objective: To self-evaluate and guide reflection

<table>
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<tr>
<th>Objective (SMART goal)</th>
<th>Resources required to meet objective</th>
<th>Evidence</th>
<th>Validation</th>
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Table 2: An outline for self-evaluating and reflecting on leadership skills.

(Modified from Bossers et al. 2007)
Appendix B

Conflict Management:

Figure 2: A visual representation of the Thomas and Kilmann Conflict Mode Instrument.

Thomas and Kilmann (2008) developed the Thomas-Kilmann Conflict Mode Instrument. This instrument is a model comprised of five interpersonal conflict management styles. All five styles lie upon two continuums which include level of assertiveness and level of cooperation. The appropriateness of each conflict management style depends on the context within which the conflict develops.
Five Conflict Management Styles:

1) Forcing: Assertive + Uncooperative
   - Individual pursues his or her own concerns at the other person’s expense, using whatever power.
   - Example: When safety is a concern.

2) Avoiding: Unassertive + Uncooperative
   - Individual does not immediately pursue his or her own concerns or those of the other person.
   - Examples: postponing an issue until a better time, withdrawing from a threatening situation.

3) Accommodating: Unassertive + Cooperative
   - Individual neglects his or her own concerns to satisfy the concerns of another person.
   - Examples: selfless generosity, yielding to another’s point of view.

4) Compromising: Intermediately Assertive + Cooperative
   - The objective is to find an expedient, mutually acceptable solution that partially satisfies both parties.
   - Examples: splitting the difference, seeking a quick middle-ground.
5) Collaborating: Assertive + Cooperative

- Individual attempts to work with the other person to find a solution that fully satisfies the concerns of both parties.

Examples: form of exploring a disagreement to learn from each other’s insights to try to find a creative solution to an interpersonal problem.

As an exercise, read the following scenarios and identify which interpersonal conflict management style is most appropriate. This exercise is to promote reflection regarding conflict management that may occur inter-personally on a mental health care team.

Scenario 1:

You are a manager of an interprofessional inpatient team in a mental health facility. One team member has been going through many issues in her personal life. For the past few weeks, this individual has been arriving to work consistently late, is tired at work, and you notice her the quality of her performance at work is starting to diminish. Which conflict management style would you utilize to address this issue? Why?

Scenario 2:

You are managing an interprofessional inpatient mood and anxiety disorder team. You have noticed one of your team members has left documentation binders related to client’s healthcare management on the front counter that could be easily accessed by people passing by. You have
noticed this occur 2 or 3 times. You see it occur again and at that moment as everyone is working amongst the counter you mentioned to him once that you would prefer he show more caution with documentation as it is a confidentiality issue. He responds defensively, and states it was an accident and it only happened a few times. Which conflict management style would you utilize in this instant? Why?
Appendix C

Leading Change

One of the factors that makes a good leader is the ability to embrace and create change. However, it is important to assess the readiness of your team before you can effectively enact change. The following is a description of the Transtheoretical Model of Change to help you assess your colleagues’ readiness for change.

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<tr>
<th>Stage</th>
<th>Description</th>
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<tr>
<td>Pre-contemplation</td>
<td>No intention to take action</td>
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<tr>
<td></td>
<td>- may be uninformed or underinformed about the consequences of not changing</td>
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<td></td>
<td>- may not believe in ability to change</td>
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<tr>
<td>Contemplation</td>
<td>Intends to take action</td>
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<td></td>
<td>- weighing the pros and cons of change</td>
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<td>Preparation</td>
<td>Intends to take action soon and has taken some steps in this direction</td>
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<td></td>
<td>- have a plan for engaging in change</td>
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<tr>
<td>Action</td>
<td>Has changed behaviours</td>
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<tr>
<td></td>
<td>- have made overt, specific changes</td>
</tr>
<tr>
<td>Maintenance</td>
<td>Maintains changed behaviours</td>
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<tr>
<td></td>
<td>- have taken steps to avoid relapse (or reverting back to pre-change condition)</td>
</tr>
<tr>
<td></td>
<td>- display confidence that they can maintain changes</td>
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Table 3: The stages of the Transtheoretical Model and their descriptions. (Adapted from Glanz, Rimer, Viswanath, 2008).
With these stages in mind, think of a scenario when you might be encouraging a change in your teammates.

How might you alter your approach if a team member was in the pre-contemplation stage? the contemplation stage? the preparation stage? the action stage? the maintenance stage?