

Case Study

The Happy Healthy Leader Program

The issue

This organisation is a growing professional services practice with 49 employees, who range in experience from new graduates to 30 years professional experience, including 8 partners. This organisation had recent issues with unexpected staff turnover (voluntary and involuntary) which was negatively impacting financial performance. As a result, the General Manager of People and Performance (GMPP) approached Margie Ireland, to develop a program that could address these issues. Following preliminary assessment, a 12-month intervention program was implemented.

The GMPP and Managing Director (MD) believed issues influencing staff turnover were: a) conflict within leadership group; b) variety of problematic behaviours of all staff (e.g., conflict, crying, gossip, avoiding discussions); and c) a lack of awareness of the impact of these behaviours across all levels of the organisation.

Margie conducted a variety of assessments to identify what might be causing these issues which involved three processes: a) anonymous individual questionnaire using evidence-based scales to identify underlying factors influencing observed problematic behaviours; b) qualitative analysis through observation in individual and group settings to observe interpersonal styles at an individual and group level and explore conflict or group cohesion issues, and, c) behaviour analysis by utilising a multi-rater feedback survey. The survey was based on two principles of Acceptance Commitment Training (ACT) to explore if others were observing the same behaviours seen by the MD and GM and identify any common behaviours across the cohort. Figure 1 identified 6 key themes as a result of the initial analyses.

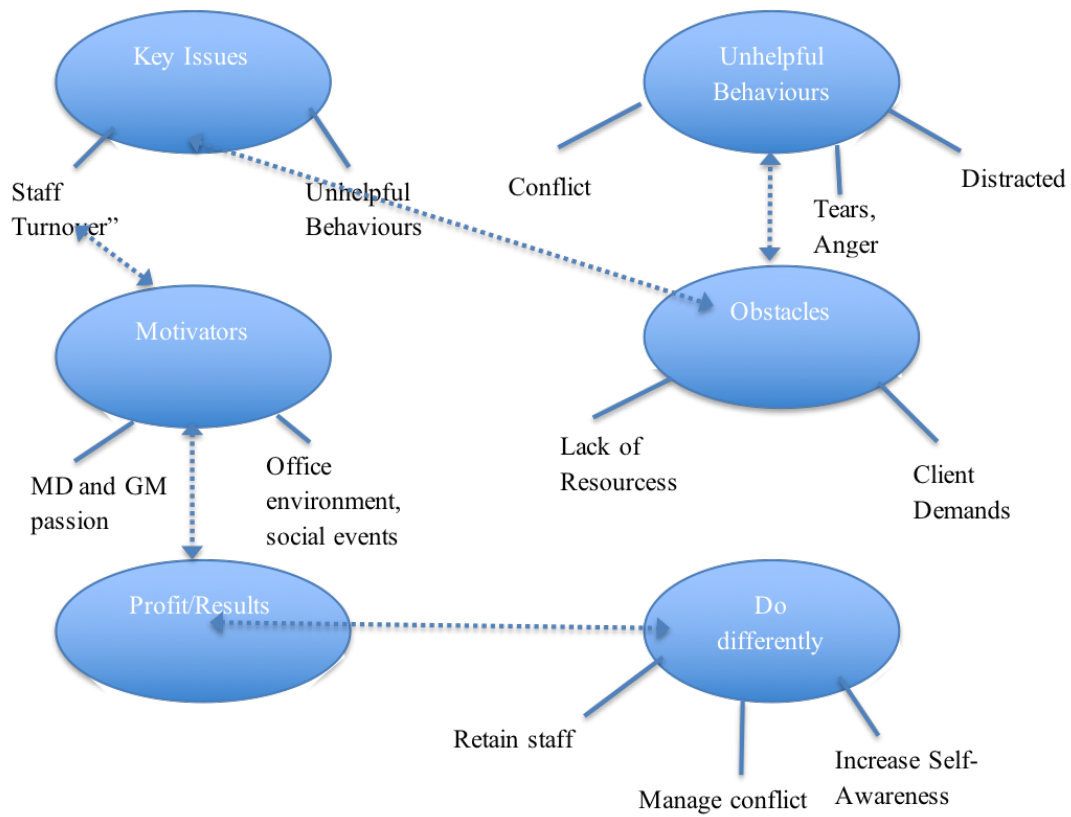


Figure 1 Thematic Map 1. Initial thematic map identifying six themes. Solid line indicates possible subthemes. Dotted line indicates relationships with other themes.

Program Plan

The key purpose of the program was to reduce to reduce burnout and unwanted staff turnover starting with educational workshops followed by group intervention workshops and one-on-one coaching as shown in Table 1. Provided here are the stages of the intervention, what discipline was used and the evidence-based approach supporting each stage and discipline. The multi-rater feedback provided a basis to commence individual and group discussions regarding problematic behaviours.

Table 1: Program Plan

	Intervention / Stage	Discipline Practiced	Knowledge Discipline
June	Pre Survey emailed out	n/a	Research, Assessment and Evaluation
	Power Up Launch	Group work, Psychoeducation	Personality (individual difference), ACT, Group Dynamics, Neuroscience, MBSR
	Matrix for Directors/Managers	Group work, Psychoeducation	ACT, Personality, Group Dynamics
	Complete Multi-rater survey - all staff FORMS	n/a	Professional Communication
	Multi-rater Feedback analysis	n/a	Assessment & Evaluation
July	Multi-rater Feedback sessions	Semi-structured interview, Coaching, Counselling	ACT, MBSR, Ethics
	Initial one-on-one session Leaders (14)	Semi-structured interview, Coaching, Counselling	ACT, Personality, SBT, MBSR
	Meeting GM - Fortnightly	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication
August	Matrix for Teams	Group work, Psychoeducation	Group Dynamics, ACT, Neuroscience, Personality, MBSR
	One-on-One sessions Leaders (14)	Semi-structured interview, Coaching, counselling	SBT, ACT, Assessment (OSR) and evaluation
	Meeting GM - Fortnightly	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication
Septmeber	One-on-One sessions Leaders (14)	Semi-structured interview, Coaching, counselling	SBT, ACT, Assessment (OSR) and evaluation
	Meeting GM - Fortnightly	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication
			Group Dynamics, ACT, Neuroscience, Personality, MBSR
October	Matrix for Teams	Group work, Psychoeducation	Personality, MBSR
	One-on-One sessions Leaders (14)	Semi-structured interview, Coaching, counselling	SBT, ACT, Assessment (OSR) and evaluation
	Meeting GM - Fortnightly	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication
November	One-on-One sessions Leaders (14)	Semi-structured interview, Coaching, counselling	SBT, ACT, Assessment (OSR) and evaluation
	Meeting GM - Fortnightly	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication
			Group Dynamics, ACT, Neuroscience, Personality, MBSR
December	Complete Multi-rater survey - all staff FORMS	n/a	Professional Communication
	Multit-rater analysis	n/a	Assessment & Evaluation
	Multi-rater Feedack Sessions	Semi-structured interview, Coaching, Counselling	ACT, MBSR, Ethics
January	Matrix for Teams	Group work, Psychoeducation	Group Dynamics, ACT, Neuroscience, Personality, MBSR
	One-on-One sessions Leaders (14)	Semi-structured interview, Coaching, counselling	SBT, ACT, Assessment (OSR) and evaluation
	6 Month Review - GM & MD	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication
	One-on-One sessions Leaders (14)	Semi-structured interview, Coaching, counselling	SBT, ACT, Assessment (OSR) and evaluation
	Meeting GM - Fortnightly	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication
			Group Dynamics, ACT, Neuroscience, Personality, MBSR
February	Matrix for Teams	Group work, Psychoeducation	Personality, MBSR
	One-on-One sessions Leaders (14)	Semi-structured interview, Coaching, counselling	SBT, ACT, Assessment (OSR) and evaluation
	Meeting GM - Fortnightly	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication
March	Post-survey	n/a	Assessment & Evaluation
	12 month review - GM & MD	Semi-structured interview	Assessment & Evaluation, Research, Professional Communication

Note: ACT (Acceptance Commitment Therapy was internally renamed Acceptance Commitment Training), SBT (Solution Focussed Therapy renamed internally as Solution Based Training), MBSR (Mindfulness Based Stress Reduction)

Results: How the Key Outcomes of the Program Contributed Value

The MD and GMPP reported to Margie that they believed the key strength of the program was most employees were recognising their problematic behaviours sooner, by using the strategies introduced and developed through the program which reduced time spent in conflict, and more time spent on activities that improve financial performance. The MD and GMPP also noted that calling out behaviours described as “AWAY” or “TOWARDS” moves had become common language around the office which they believed was the beginning of embedding the Happy Healthy Leader framework into the organisation. The two teams that participated in the program agreed on what AWAY and TOWARDS impacted their performance and agreed to measure these throughout the program. Table 1, provides the before and after of these two groups and the names they gave each behaviour.

Key short-term benefits:

1. Team Workshops and Coaching resulted in retaining three valued employees.
2. Most employees had greater self-awareness of how negative self-talk can negatively influence their behaviour and performance as an individual and as part of a team.
3. The MD and GM reported that as approximately half of the employees were regularly using “TOWARDS” and “AWAY”, to recognise behaviour the MD believed this new language provided a way for people to share when feeling stress which also helped intervene sooner while increase trust amongst some teams.
4. Two teams further developed this trust which resulted in resolving conflict sooner, faster decision making and less gossip, which also enabled employees to focus on important tasks and goals.
5. The GM believed that educating all employees on multi-rater feedback resulted in acceptance on receiving and acting on feedback.
6. Identifying that Burnout is being experienced by up to a third of employees which needs immediate intervention.
7. Having one person (i.e., internal coach) across individual coaching and group sessions meant that Margie had background information regarding conflict between employees which the GM believed to be an advantage to intervene sooner and was the key reason why the group results improved, and why three employees were retained.

Key long-term benefits:

1. A model (Matrix for Teams) that has proven to reduce voluntary staff turnover.
2. Engagement with the Coaching process
3. Acceptance of feedback allows the introduction of 360-degree feedback in the Happy Healthy Leader framework, and beyond to embed a process that is seen as a constructive process to support employee performance.
4. An innovative framework, once embedded where employees become self-sufficient in working through stressful periods, individually and in their teams, where behaviours such as gossip will not be accepted and instead addressing issues directly becomes the new norm, will positively influence organisational performance. This also has the potential to reduce involuntary staff turnover.
5. Knowledge on how to identify and assess for early signs of stress, in self and others underpinned with a culture that fosters trust amongst employees so that so that Burnout is no longer reported.

As a result of the success of the Happy Healthy Leader program, the organisation decided to continue with Margie for a second 6-month with the key aim to embed the learnings and frameworks from the first program, that have become part of this organisation's culture.

Addendum 2022

Now a few years on the MD and GMPP have reported continuing to use the Happy Healthy Leader strategies to keep themselves and their leadership team on track.

Since Covid-19 leaders have also had to navigate new ways of connecting with their direct report and colleagues, which has further required not just a change in operations, but also mindset. [For example, replicating a 2 hour face-to-face meeting to a 2 hour zoom meeting, is not the same, and for many exhausting and adds to stress.](#) The Happy Healthy Leader program is continuing to help leaders over the past 2 years, overcome sometimes a fixed mindset of how they used to lead a team, towards a new and often more effective approach.

Margie Ireland is a registered Psychologist (MAPS, COPS), Leadership Coach, Workshop Facilitator, Speaker and Author, who helps Leaders and their teams navigate stress and change with healthier coping strategies, leading to happier, healthier and high-performing teams. For more information visit www.margieireland.com

TABLE 1: Leadership Team #1 – pre- and post-results

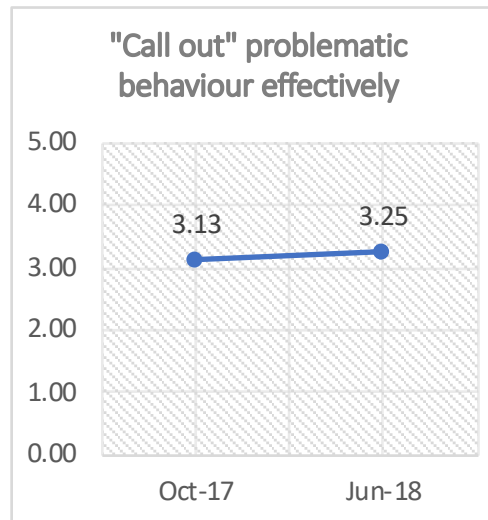
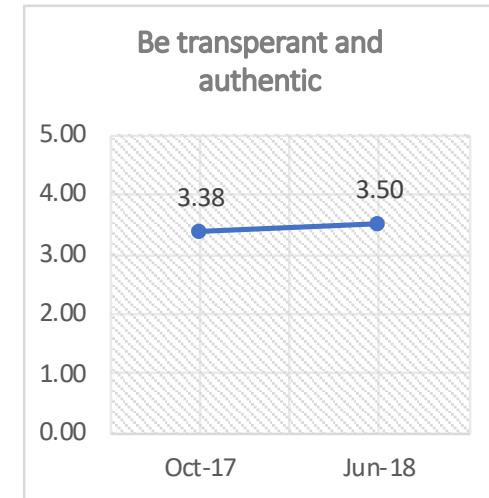
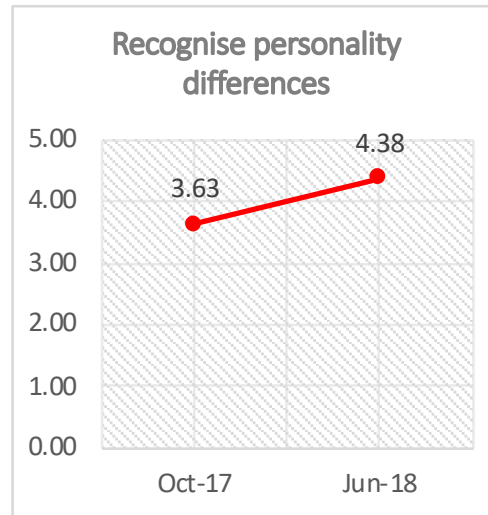
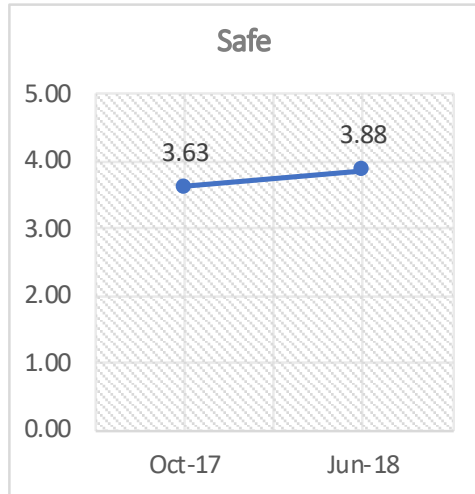


Table 2: Leadership Team #2 - pre- and post-results

