

Everyone's Smart University

Project (Spring 2021)

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PROJECT LEADERSHIP

Instructions:

- ☐ اخر موعد للتسليم هو يوم الخميس 20-05-2021 في تمام الساعة ٩ مساءً.
- ☐ الإجابة متاحة باللغة الإنجليزية أو اللغة العربية مع مراعاة أن تكون المصطلحات العلمية باللغة الانجليزية.
- ☐ يتم تسليم المشروع في صيغة ملف pdf مع الالتزام بنموذج الجامعة ولن تقبل أي مستندات أخرى.
- ☐ يجب مراعاة أقسام البحث الرئيسية (مقدمة Introduction، دراسات علمية سابقة Literature Review، طريقة البحث Methodology، النتائج والمناقشة Results and Discussion، وأخيراً المراجع References. وان كان هناك ملحقات Appendices يتم إضافتها)
- ☐ يجب الالتزام بـ Theme موحد كما يلي:
 - حجم الخط 12.
 - نوع الخط Arial.
 - لون الخط أسود.
 - المسافة بين الأسطر 1.5 line spacing.
 - عدد صفحات البحث (لا تقل عن ثلاث صفحات ولا تزيد عن ستة صفحات).

Instructor's Name: **Dr. Sara Adel**

The Effect of Affiliative leadership style in rebuilding a Team

Introduction:

Sultan Bin Abdulaziz Humanitarian City (SBAHC) is one of the non-profitable projects of Sultan Bin Abdulaziz Al Saud Foundation, under the patronage of the late HRH Crown Prince Sultan Bin Abdulaziz Al Saud, "peace be upon his soul" SBAHC is a 511-bed Rehabilitation Hospital and Medical Centre which started its operation in 2002, providing Physical Rehabilitation and Medical Care to both inpatients and outpatients. SBAHC's Services are designed to assist in restoring health and function of people with disabilities whether in-born or following an acute illness, and to allow for a safe return to a home-based family. SBAHC is accredited by National and International Accrediting Bodies such as Saudi Central Board for Accreditation of Healthcare Institutions (SBAHI), Joint Commission International (JCI) standards, The International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO), and Commission on Accreditation of Rehabilitation Facilities (CARF) wherein 8 of their Specialty Rehab Programs are accredited.⁽¹⁾

Late 2019 the organization start facing some financial challenges which has direct impact on employee, yet nothing major were happening and businesses continued as it is supposed to, when COVID-19 started spreading in the kingdom, SBAHC was affected greatly financially, since the number of patient referred to the organization dropped significantly, which the high management taking the following action:

- Stop all promotions
- Stop all merit increase
- Take advantage of the government SANED program
- Sending staff on Unpaid leaves
- Cutting working hours
- End of contract for very limited number of staff.

Most of the employee were understandable due to the clear situation, by July 2020 business start catching up and number of patient increased gradually and overall situation is becoming healthier. Yet measures taken previously were still implemented, and there were clear communication issues happening which made most of employee feeling lost and uncertain what is going on, but morals of employee were high since we are treating people with difficulties and all of them were focusing in overcoming challenges and keep going on.

Until the beginning of 2021, our there were announcement of returning of merit increase but with special arrangement, here there were two challenges:

- 1- Human resources was not clear on the process who will get merit increase and the selection criteria

2- For our department Manager and supervisors did not know which of our staff will get the increase.

Then salaries arrive with none of my team having any merit increase including myself, knowing that most of the team were outstanding performant and they achieved beyond the goals stated for them.

Staff start complaining, so the CEO give a speech which I only can describe it as Catastrophic, calling and labelling staff as lazy and not entitled for anything and he threatening that no one job is secured !

Team Morals were destroyed, frustrating were clear, and willing to take the extra mile in treating were vanished.

Back ground:

I am Rehabilitation Clinical supervisor for paediatric In-patient unit, currently responsible of two units, each unit consider on 13 Rehabilitation member and 26 kid and their care giver with the other associated personal such as Doctors and nursing.

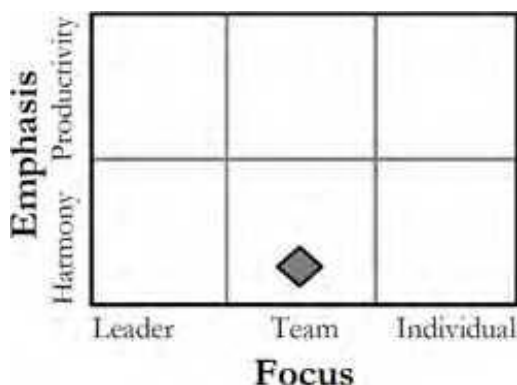
As their leader I had to take action on how to support them and making sure our services for the kids won't be affected and our KPI will reach target, so I will adapt the affiliative leadership style to achieve my goals for the team.

Literature Review and Conceptual framework:

Affiliative

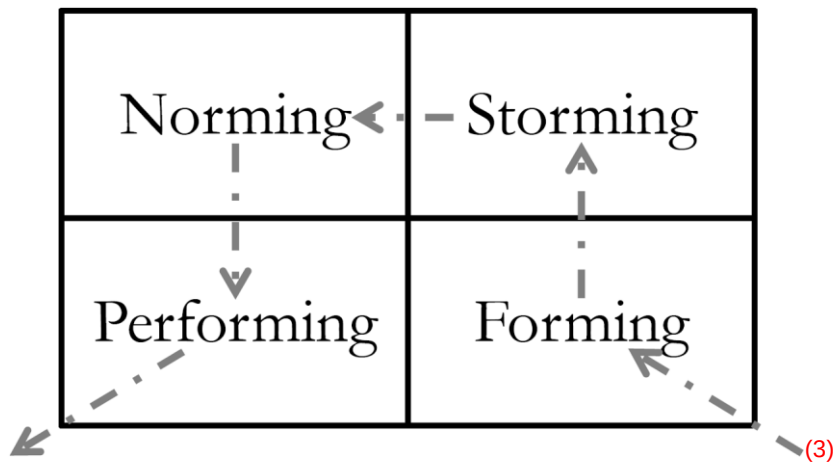
This style emphasizes connection, harmony, and conflict resolution above all else. It's especially effective when conditions have left a team in need of "repair." Though affiliative leadership is often effective at boosting morale, it leaves a potential for abuse; poor performance can go uncorrected and team members may begin to perceive that mediocrity is acceptable as long as harmony is present. This type of leadership works best in combination with others. (2)

This style will focus on the team to rebuild it which is the main target.



Methodology:

So, I take under consideration redeveloping the team structure keeping in the the four stages on developing a team



And keep in mind the team needs based, just like individuals, teams have basic needs. In his book *The Five Dysfunctions of a Team*, Patrick Lencioni lists five major needs: *Trust*, *Managed Conflict*, *Commitment*, *Accountability*, and *Results*.



So my frame of work was built on the bases of rebuilding the team and providing the team with their basic need.

The aim:

- Regain the trust of the team in their direct management
- Regain the harmony between the team
- Facing the negative vibes and transfer it to positive vibes
- Insuring services delivery excellence provided for patients
- Achieve out key performance indicators goals “monthly”
- Motivating and celebrating our achievements during this journey and at the end of the month.

Data collection in the KPI (Appendices 1.1, 1.2 & 1.3)

Action plan:

Started by rebuilding the duties assigned for each member (Appendices 2), explained it first in unit meeting then acknowledge by emailed.

Then set personal individual meeting with each member in my office which I labelled as “ the safe zone” which I mean you have full freedom to say and express your feeling without any consequences, this action improve significantly the trust and improve the rapport and understanding the feeling the feeling that they are experiencing.

I increased the time I invested in the working area instead working in my office

Storming face in building the team occurred and handled quickly and effectively in the personal meeting and acknowledging the conflict, followed by setting a support action for each member needed.

During this all member knows exactly what they are supposed to do, and it was clear for all whenever they need assistance how they can get it 100% guaranteed.

So now we reached to the performing face of team development followed by celebrations

While we are in this stage I started throwing motivational feedback(5) and activity such as:

- Emailing all member, C.c management about appreciation form parents and kids for the team.
- Emailing all member, C.c management about duties assigned compliant and how it is positively affecting over whole workflow
- Moral post by going inside working area and call out a Thank you note from parent to the team.
- We facilitate the team to do appreciations to kids and families with little celebration, which improve their morals highly.
- Taking opportunities such as Mother's day, all team arranged simple thank you and gift to all mother in the units, Patients mothers and our female staff member.
- Mini breakfast gathering of coffee and doughnuts and sharing funny stories, a lot of laughs and smile.
- At the end before Ramadan we did for each unit a big Team building, one of the teams we have two female staff will get married soon so we got gist for each and decorate a photo both.
- And we are planning to do Eid Celebration by the team member for all patient and their families, planning and execution will be done by the team.
- Latest Unit meeting we shared all achievement and how great the team are in pulling everything together.

Results:

- Team stated the they remembered the CEO appreciation is not as important as the appreciation from the patients and their families first and not as important as the appreciation from each other
- The trust and harmony was back positively, I do not need to be in the working area and every single part of our duties were done perfectly
- Even though we have different religious background but all members verbalize that God is happy with their performance
- Our KPI was Excellent

References:

- 1) <https://sbahc.org.sa/en-us/AboutUs/Pages/About-us.aspx>
- 2) Project Team Leadership and Communication Samuel Malachowsky, PMP
Section, 1.2. LEADERSHIP STYLES page 3
- 3) Project Team Leadership and Communication Samuel Malachowsky, PMP
Section 4.3. TEAM DEVELOPMENT, page 123
- 4) Project Team Leadership and Communication Samuel Malachowsky, PMP
Section 4.4 Needs and the Team, page 124,125
- 5) Project Team Leadership and Communication Samuel Malachowsky, PMP
Section 1.4. MOTIVATORS, page 9, intrinsic motivators

Unit	HM			Peds HF										Peds LF										Overall FIM		
	YES	NO	achvd	Imp	Eff	goal	achvd	goal	achvd	goal	achvd	goal	achvd	Imp	Eff	goal	achvd	goal	achvd	goal	achvd	goal	achvd	Imp	Eff	goal
B2L1	0	0		11	0.30	1	1	0	0	1	1	0	0			0	0	0	0	0	0	0	0			0
B2L2	0	0		11	0.31	3	2	1	1	1	1	0	0			0	0	0	0	0	0	0	0			0
B2L3	0	0		14	0.39	2	2	4	4	1	1	4	4			0	0	0	0	0	0	0	0			0
B3L1	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
B3L2	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	19	0.37	1
B3L3	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	23	0.42	1
B4L2	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	13	0.28	2
B4L3	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
B5L2	1	0	100%			0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
B5L3	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
B6L1	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
B6L2	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0	19	0.40	3
B6L3	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
B7L1	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
B7L2	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0
B7L3	0	0				0	0	0	0	0	0	0	0			0	0	0	0	0	0	0	0			0

Appendices 1.1

Unit Aggregation for Rehab Documentation

1											
2	Month	Mar									
3	Year	2021									
4		Amp		BI		Spinal		Stroke		Peds	
5	Unit	PFE	POC	PFE	POC	PFE	POC	PFE	POC	PFE	POC
6	B2L1									91.3%	96.8%
7	B2L2									100.0%	100.0%
8	B2L3									100.0%	100.0%
9	B3L1							100.0%	100.0%		
10	B3L2			100.0%	100.0%	97.9%	83.3%	100.0%	100.0%		
11	B3L3			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		
12	B4L2					97.5%	100.0%	88.5%	95.8%		
13	B4L3							100.0%	100.0%		
14	B5L2			100.0%	100.0%			100.0%	100.0%		
15	B5L3	100.0%	75.0%								
16	B6L1										
17	B6L2					100.0%	100.0%				
18	B6L3										
19	B7L1										
20	B7L2										
21	B7L3										
22	B8L2										

Documentation-Aggregation

Outcome-Aggregation

Documentation-Aggregation

Outcome-Aggregation

Appendices 1.2

	A	B	C	D	E	F	G
3	2. Revenue-SAR/day	2. Revenue-SAR/day	SAR/day budgeted	22,214	22,540	26,178	
4	3. Monthly Gross REV	3. Monthly Gross REV	5,839,795	466,500	450,800	602,100	
5	4. YTD Gross REV(Actual)	4. YTD Gross REV(Actual)	Actual gross year to date:	466,500	917,300	1,519,400	1,519,400
6	5. YTD REV Budget	5. YTD REV Budget (adjusted target)					
7	6. YTD REV Variance SAR	6. YTD REV Variance SAR					
8	7. Actual monthly EXP	7. Actual monthly EXP	<5,402,844/mo				
9	* Admin (SW&B) EXP	* Admin (SW&B) EXP	<4,729,073/mo				
10	* General EXP	* General EXP	<673,771/mo				
11	8. EXP (BEP) to REV %	8. EXP (BEP) to REV %	<70%				
12	9. Revenue to achieve Budget BEP (EXP)	9. Revenue to achieve Budget BEP (EXP)	Rev(#3) > (#7) Exp.(BEP)				
17	14. FIM efficiency AML	14. FIM efficiency AML	>0.25 /day	0.1	0.41	0.39	
18	15. Avg. Visits/day	15. Avg. Visits/day	55/day	55	56	65	
19	16. Visits/month (annual 1,346,410)	16. Visits/month (annual 1,346,410)		1,164	1,129	1,505	
20	17. No Show %	17. No Show %	IP <5%: OP <12%	0.0%	0.0%	0%	
21	18. Average Therapy Hours		3	2.8	2.51	2.67	
22	19. Staff to patient Ratio-PT	1 is to 5		5	5	6	
23	20. Staff to patient Ratio-OT	1 is to 5		6	6	6	
24	21. Staff direct patient care	21. Staff direct patient care	85%	113%	85%	86%	
25	22. Staff Attended in-house training	9 per staff member/year	294	12	12	13	
26	23. Staff provided in-house training	23. Staff provided in-house training	2/month/cost center	4	0	4	

Appendices 1.3

Appendices 2

QI responsibilities	Assign therapist	Backup in case AL	NOTE	Remark
Wee-fim & 0-3 fim Tracking	Murad Kennedy	Murad Kennedy	Follow up with the team by 30 th of the month to complete the fim scoring and send non-compliance Therapist list to supervisor for action.	Staff will block his/her schedule for 1 hour monthly
Document tracking	Fai MK	Fai MK	To be completed by 2 nd day of the month in QI file	Staff will block his/her schedule for 2 hours monthly/ 2 DAYS
Validation	Walla	Walla	To be completed by 2 nd day of the month In QI file	Staff will block his/her schedule for 1 hour monthly
We-accomplishment	Fawaz	Bahaa	To be completed by 2 nd day of the month In QI file	Staff will block his/her schedule for 1 hour monthly
3 hrs direct billing, extra indirect billing	MZ	MK	Daily monitoring and support	
Media	Fawaz		All team member will facilitate	Communicate with supervisor if there is need for extra time
EOC	Antony	Bahaa	To be completed by 2 nd day of the month In QI file	
Huddle report	MM	MZ		
Durability	Alhanouf	MM	Assign to complete monthly durability call for discharge patients and send report to Abdullah Al-shami	Staff will block his/her schedule for 2 hours monthly
Wee-Fim benchmarked & excel sheet	Alaa	sara	To complete benchmarked form of discharge patients and send it to Tita copy supervisor by 5 TH Day of month	Staff will block his/her schedule for 1 hours Monthly/ 5 DAYS
TC & R	Walla	Murad	Monthly update in unit meeting.	
Educational roaster	Sara & Khawlah	Sara & Khawlah	Arrange the roster and follow up in weekly basis with the team to make sure they are aware about the date and no missing In-service	