A MANAGEMENT SYSTEM FOR CREATING ENTREPRENEURS

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In 1984, a private health care company, We Care Health Services, was co-founded by a nurse and the author to deliver home health care in Canada, where traditionally this service was provided by the government. In a three-year period, innovative business systems were developed for effectively delivering quality care. This included, among others: a marketing system, management system, computer system and training programs. In order to deliver private health care throughout Canada, the franchise business methodology was chosen where nurses would be required to act as chief executive officers of their own corporations. This required the identification of, or creation of nursing entrepreneurs. Through extensive research, we determined that the typical personality profile of a nurse was one classed as a "Care Taker Profile" which is necessary for effective care but it becomes more challenging for this type of person to operate and innovate their own business. This profile is diametrically opposite to the typical entrepreneurial profile in a Canadian corporation. In this paper, we will describe methods for identifying nurses with an entrepreneurial bent, how to identify and enhance those entrepreneurial abilities that may be missing, and how to select and surround themselves with the type of people that will enhance their chances of business success. The results of this management methodology have been proven to be effective. In 8 years, 65 home health care businesses have successfully emerged, operated by 60 nurses, and the home health care company has become the largest in Canada.

THE CANADIAN HEALTH CARE ENVIROMENT

We first describe the challenging environment that the nurse finds themselves in today. The rational for selecting and developing a nurse entrepreneur will then be seen as a necessary adjunct to this description. Recent developments in the Canadian health Care
system have prompted many organizations to rethink the way they operate. The economic crisis facing governments is threatening the security of a health care system which is considered sacred by most Canadians.

The Canadian health care environment is profoundly impacted by the current deficits of both the federal and provincial governments. Both have accumulated considerable long term debt and the consequence of this financial situation has necessitated cut backs in government funded programs in health and education as well as pending reform of Unemployment Insurance and welfare. Although the provision and delivery of health services are a provincial responsibility, the federal government has consistently reduced transfer payments to the provinces. At current levels, more than 40% of provincial government budgets is spent on health services. This action, coupled with the reduction in federal transfer payments has forced scrutiny of all health related expenditures at the provincial level as the provinces struggle to meet the public's demand for services.

The Canadian workplace is also changing and so are the needs of employers and their employees. This we believe, causes a demand for new management systems and models and new ways for analyzing them. While provincial governments are shifting more health care responsibility to individuals and their employers, the 90s have also brought unprecedented stressors on workers and thus to management. Trends suggest:

- an aging population with an emerging labor force dominated by less mobile "baby boomers"

- roughly 65% of all new entrants to the work force are female; 40% of all families have dual incomes

- a growing number of single parent families

- a growing number of Canadians working longer hours

- crippling absenteeism rates due to family pressures and stress related conditions (the rate for family-related causes doubled between 1977 and 1987)

- families often have to care for aging parents in addition to children

These stressors are compounded by the fact that the recent recession has limited opportunities for growth and mobility of the workforce. Companies are operating with fewer and fewer resources in a highly competitive global marketplace. As federal and provincial governments struggle with skyrocketing budget deficits and out of control health care cost, employers are burdened with a proportionately higher allocation of health costs through taxes, workers' compensation rates, disability and health benefit premiums. Thus additional ways to analyze a business to ensure a higher success rate are needed.

The health and life insurance industry is also undergoing significant change, with many Canadian insurance icons disintegrating in an uncertain economy. Scarce resources in all sectors have prompted increased claims for supplemental health care, either because services are no longer available or waiting lists deter reasonable access.

These trends, combined with financial pressure on business, mean that the role of all stakeholders will be redefined. Private insurers, business, and individuals will ultimately be accountable for and fund proportionately higher shares of health care costs. As a result, private home health care companies such as We Care Health Services have emerged to meet the exploding demand for private health care.

We Care's business strategy is to use the vehicle of franchising, where a motivated franchisee is given a proven business system. From a business effectiveness point of view, this is an excellent strategy for the nurse entrepreneur, since the average first five year survival rate for a franchise business is *85%,* however for individual persons starting a business, the average is only *15%.*

Experientially, we have determined that the best franchisee is a nurse, who has the medical skills and the determination, and when these skills are combined with the We Care business systems that are learned at We Care franchise University, they become skilled business people. However, we use a screening process to obtain a profile to select those nurses who are awarded a franchise in the We Care System. In this paper we will discuss the profile that is optimal, those that are acceptable, and personality profiles that we have found to not lead to good business people in the health care industry. This selection process thus minimizes the risk associated with starting a new business. The motivation for nurses to choose a business is certainly there, since in the changing landscape of health care, no one has a secure position and owning and operating a business provides a higher degree of security and correspondingly, a greater reward.

Additionally, in today's knowledge society, crucial issues for managers are innovation and entrepreneurship. Hence, this paper provides useful advice for managers in addition to advice to individuals starting up a business. It is important to observe that the traditional factors of production, no longer assure a particular competitive advantage. Management has become the decisive factor in productivity. Hence explorations such as the one conducted in this paper will become increasingly important to business survival and prosperity.

CHARACTERIZING THE ENTREPRENEUR

The word entrepreneur is often given as a name for the ideal business person. When the French economist J.B. Say coined the word entrepreneur over 200 years ago, he meant someone who upsets and disorganizes. Later Joseph Schumpeter, the only modern economist to take entrepreneurship seriously, described the process as "creative destruction". To get at the new and better, you have to throw out the old, outworn, obsolete, no longer productive, as well as the mistakes, failure, and misdirection of effort of the past (Drucker, 1992). This certainly requires a special individual, or a corporation with a carefully selected management team.

To put this idea in a medical frame work, think of the old medical saying "as long as the patient eliminates, there is a chance. But once the bowels and the bladder stop, death does not take long". If organizations cannot get rid of their waste products, they poison themselves. They must organize abandonment, a most difficult thing to do, because most organizations, most governments and the people they govern, develop a strong emotional attachment to the services, employees, system and/or products that they create. This is certainly true in the health care system.

In the context of this paper, we describe the entrepreneur as someone who can adapt to the rapidly changing health care environment as described in the introduction, and can innovate but can still work within a system defined by the franchiser, in order to provide the best possible care to the public. This is important in health care since entrepreneurship, invention and innovation can profoundly alter the economy in a very short time (Drucker, 1992) and we believe that this ability is essential.

In our business environment, we need to find and develop successful business entrepreneurs. At We Care Health Services (Gappa, 1987), we have identified the following characteristics that profile a successful entrepreneur.

1. *Good Health.* Successful entrepreneurs are physically resilient and free of illness. They are able to work for extended periods of time. In the process of building their business, entrepreneurs seem to deny themselves the luxury of illness and will themselves well.

2. *A Basic Need to Control and Direct.* Entrepreneurs do not function well in traditional structured organizations. They do not want anyone in authority over them. They believe that they can do the job better than anyone. They need maximum responsibility and accountability. It is a need for freedom to initiate the action that they see as necessary. It is not a need for power, especially not a need for power over people. They enjoy creating and executing strategies. They thrive on the process of achieving. Goals achieved are superceded by greater goals. They see the future in their life as within their control and they strive to exert their influence over future events.

3. *Self-confidence.* Entrepreneurs are ebulliently self-confident in what they believe possible when they are in control. They tackle problems immediately and directly. As long as they are in control they are persistent in their pursuit of objectives. They are at their best in the face of adversity. Conversely, with loss of control, their involvement and constructive participation diminishes.

4. *Never-ending Sense of Urgency.* Entrepreneurs seem to have a never-ending sense of urgency to do something. Inactivity makes them impatient, tense, and uneasy. When in control, and especially when building their businesses, they seem to thrive on activity and achievement.

5. *Comprehensive Awareness.* Successful entrepreneurs have a general overview of the entire situation when they plan, make decisions, and work in specific areas. They have a constant awareness of the effect of a single event upon the whole undertaking. They have distant vision and simultaneously, an awareness of important specific immediate detail. They are continuously aware of the possibilities and alternatives.

6. *Realistic.* Entrepreneurs accept things as they are and deal with them that way. They may or may not be idealistic, but they are seldom unrealistic. They want to know the status of things at all times. They want to measure and be measured. News is neither good nor bad as long as it is timely and factual. They seek firsthand verification of data, often bypassing organizational structure. They deal with people the way they deal with functions and things. They say what they mean and assume everyone else does too. They are good to their word. Honesty and integrity flow from this characteristic.

7. *Superior Conceptual Ability.* Entrepreneurs possess that peculiar raw intellectual ability to identify relationships among functions and things quickly in the midst of complex and confused situations. They identify the problem and begin working on the solution faster than other people around them. They are not troubled by what appears to be ambiguity and uncertainty because they perceive order. They are accepted as leaders because they are usually the first to identify the problem to be overcome. This conceptual ability applies primarily to functions and things; it does not often appear when interpersonal problems need resolution.

8. *Low Need for Status*. Successful entrepreneurs find satisfaction in symbols of success that are external to themselves. They like the business they have built to be praised but are often embarrassed by praise directed toward them as individuals. Their status needs are satisfied by achievements rather than clothes, office decor, or the automobiles they drive. Their egos do not preclude their seeking facts, data, and guidance. They don't hesitate to say, "I don't know," especially in areas outside their own expertise where they are not expected to know.

9. *Objective Approach to Interpersonal Relationships*. Entrepreneurs are more concerned with peoples accomplishments than with their feelings. They generally avoid becoming interpersonally involved. They keep themselves at a distance psychologically. They don't hesitate to sever relationships to help them progress toward established goals. During the period of building the business when resources are scarce, they seldom devote time or assets to satisfying people's feelings beyond what is essential to achieving operational effectiveness and efficiency.

10. *Sufficient Emotional Stability*. Entrepreneurs have considerable self-control and are able to handle the anxieties and pressures of the business and other problems in life. In stress situations having to do with functions and things, entrepreneurs are cool and effective. They are challenged rather than discouraged by setbacks or failure, but this does not extend to problems involving people's feelings. Entrepreneurs tend to handle these problems by suggesting an action plan. This is seldom perceived as addressing the "feeling" problem.

11. *Attraction to Challenges. Not Risks*. Entrepreneurs are neither high nor low risk takers. They prefer situations in which they can influence the outcome. They are highly motivated by a challenge in which they perceive the odds to be interesting, but not overwhelming. They seldom act until they have assessed the risk. In one sense, they may appear to take great risk. They play for high stakes. In entrepreneurland, all personal assets are at stake until the business becomes a very substantial enterprise.

METHODOLOGY

In finding franchisees for home health care, it was determined through applied research that nurses and in particular, some nurses, made ideal entrepreneurs for operating a We Care franchise. One goal of the research was to determine the characteristics of these nurses so that their risk of failure would be minimized.

After much evaluation, one of the tools that proved to be most effective was the DISC System (Marston, 1989). It is uncanny, that the independently determined CEO profile or/and their explanation of the characteristics of a CEO, closely models our description at We Care Health Services of an entrepreneur.

The DISC Personality Profile is derived from the works of Dr. William Moulton Marston (1989). In 1928 he published a book, "The Emotions of Normal People," in which he described the theory in use today. He viewed people as behaving along two axes with their actions tending to be active or passive depending upon the individual's perception of the environment as either antagonistic or favorable.

By placing these axes at right angles, four quadrants were formed with each circumscribing a behavioral pattern.

1. DOMINANCE produces positive activity in an antagonistic environment.

2. INFLUENCE produces positive activity in a favorable environment.

3. STEADINESS produces passivity in a favorable environment.

4. COMPLIANCE produces passivity in an antagonistic environment.

Dr. Marston believed that people tend to learn a self-concept which is basically in accord with one of the four factors. It is possible, therefore, using Marston's theory and a forced choice adjective checklist device (DISC Personality Profile, Appendix B), to apply the powers of scientific observation to behaviour and to be Objective and Descriptive rather than Subjective and Judgmental. The 96 forced choice adjective questionnaire and an ancillary position analysis questionnaire, enable us to identify "Patterns of Behaviour" in such a way as to make practical application of the Marston theory. A mini-sample questionnaire is included in Appendix B to illustrate the methodology of obtaining a DISC profile.

An important underlying premise to this paper is that there are no "good" or "bad" profiles, no "right" or "wrong" answers to the profile instrument. Research has shown that there are appropriate profiles for specific roles, and that in order for an organization to function effectively, it requires a balance of different behaviour patterns.

Before setting out to attract and interview the nurses who display the ability to operate their own business, a careful assessment of the role and responsibilities of a chief executive officer/entrepreneur was examined. This process must be completed by at least four individuals with relevant business experience in a "round-table" discussion format. An instrument comprising 24 job related, questions is used to focus the discussion.
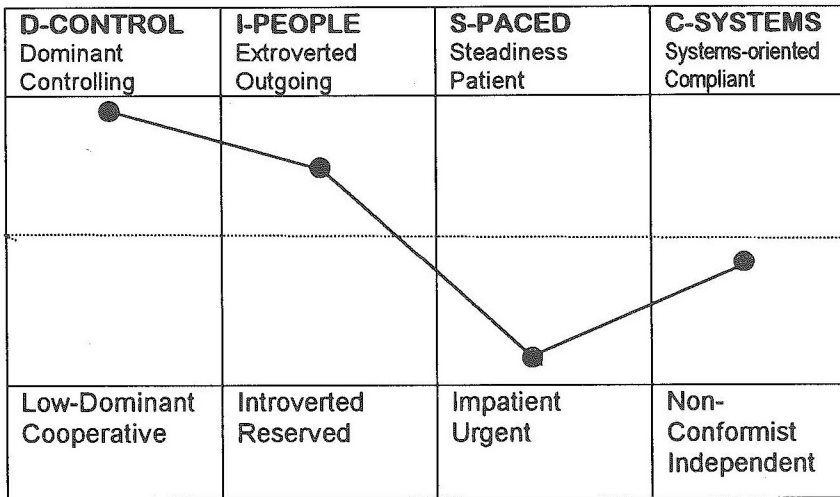
As much information about the role as can be gathered should be available. This could include the following: A job description; an advertisement for the role; details of specific functions to be performed; key result areas or critical success factors which will be measured to analyze effectiveness in the future; and specific competencies relating to nursing and care giving in general.

Fundamental questions require answers, such as: What are the specifics of acceptable or excellent performance for the role?; What functions will the CEO perform'; How large and diverse is the team responsible to the CEO role?; Is the role pro-active or re-active?; In what kind of cultural/behavioral environment does the work take place?; What are the most critical characteristics of the role which are non-negotiable?; What is the management style of the Franchiser to whom the CEO reports?

The resulting position profile compiled by the group is only a theoretical benchmark — simply a guiding picture of the perceptions of the group regarding the CEO role. These perceptions must be validated by comparing them to the profiles of successful CEOs' occupying the identical or similar position. These profiles will represent an actual benchmark of current performance in the job.

In 1995, a study was conducted on 248 top Canadian CEOs. Ninety percent (90%) of participants shared the same behavioral emphasis: High Dominance, High Influence with Low Steadiness and Low Compliance. To illustrate, consider the profile of a typical CEO (See Figure 1—CEO profile). This profile shape represents the actual benchmark of current CEO behaviour. As stated in our introduction, it has been our experience that the typical personality profile of a nurse is different.
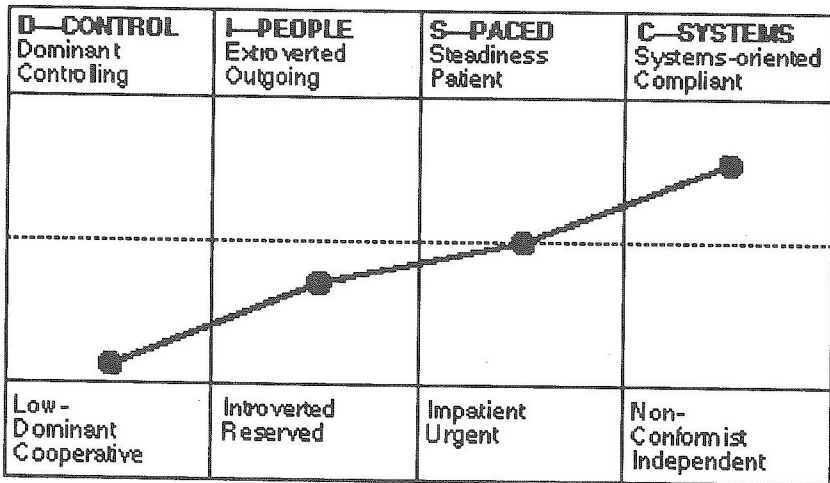
FIGURE 1

D-CONTROL Dominant Controlling	I-PEOPLE Extroverted Outgoing	S-PACED Steadiness Patient	C-SYSTEMS Systems-oriented Compliant
Low-Dominant Cooperative	Introverted Reserved	Impatient Urgent	Non- Conformist Independent

This profile make sense since a CEO must be dominant (high D), also a "people person" (not a high 'I' but still likes people), have a sense of urgency (the company has to get something accomplished, especially in today's challenging and highly competitive environment), and to be an independent thinker, but not totally independent, as the flare-up in the line indicates—he/she must work with others while maintaining a healthy degree of independence. To contrast, examine a typical nurse and software programmers profile shown in Figure 2.

In a survey of 60 nurses applying for a We Care franchise, 90% of them were high S or high C (their highest personality trait was an S or a C), as shown in Figure 2, which represents a typical "Care taker" profile. It is for this reason that our method of identification and coaching has had to rigorously encompass an integrated recruiting and management system that takes these differences into consideration. Note that the graph is divided into two parts by the middle or center line. If a factor, either D, I, S, or C, is above or below the center, it is referred to as either HIGH or LOW. HIGH factors are called "work strengths," and low factors are called intensifiers or efficiency factors. Each individual has a unique blend of high and low DISC factors. The profile in Figure 2, causes a lot of challenges for this person who deals with directors. The directors and managers tend to be the bottom-line dominant type that say "let's do it", but the nurses with the "S" and "C" personality styles say "let me have the detail." The CEO is frustrated with the nurse because they want all that detail; the CEO feels that they should "get on with it", but the nurse feels frustrated because the CEO goes off, in their opinion, "half cocked" without having all of the requisite information.

FIGURE 2

D—CONTROL Dominant Controling	I—PEOPLE Extroverted Outgoing	S—PACED Steadiness Patient	C—SYSTEMS Systems-oriented Compliant
Low– Dominant Cooperative	Introverted Reserved	Impatient Urgent	Non- Conformist Independent

The question then is: What is the ideal profile?

Let us examine a **We Care CEO** Position Description: The role of CEO requires that tangible and measurable results must be obtained despite opposition or resistance to their accomplishment. The position requires decisive and pro-active performance, geared to ensuring that all critical goals are achieved on time and according to thorough planning. There will be pressure to meet tight and rapidly changing deadlines in an environment laced with a wide variety of problems and interruptions. The ideal CEO will react quickly, be competitive, results focused, have a demanding yet flexible attitude, be an original thinker (innovative) and a quick decision maker.

The CEO will be active, mobile, open and alert. By definition, the CEO will be opportunistic and self-starting with the persistence and firm confidence to practically solve problems. The CEO should have good knowledge and understanding of themselves. This will promote an open-minded strategy that embraces collaborative input without sacrificing the individual independence required to make a business successful. We demonstrate clearly in this paper how that is possible.

The next step is to understand the nature of the health care organization structure, the reporting relationships, and each role within the team. To produce an effective behavioral analysis of a team it is essential to have a "real" team and to see that team in its work situation. The behavioral characteristics of the CEO will have a strong influence upon the team culture.

1. Position Fit: an essential pre-requisite to analyzing the effectiveness of the team is to have carried out a comparison of each persons fit to the profile of the position. Position fit implies looking at all aspects of the incumbent's fit with the role; an analysis of each team members current personality profile; a comprehensively prepared position analysis; and the comparison.

2. The personality profile of the team should then be set out in a diagram (see Appendix A and Figure 3) showing the reporting relationships. Generally speaking, clarity will be enhanced if only two levels are analyzed at a time.

    An analysis of the team is then conducted as follows: identify team work strengths; assess team compatibility; identify potential power struggles; identify potential team conflicts; assess team training and development needs.

3. Having identified any problems, shortfalls or potential weaknesses it is now necessary to review the possible courses of action to improve working strengths and/or reduce potential team conflicts. There are four main options:

- Change the position profiles—thereby altering the balance of work within the team.

- Develop people—If possible, by training and by management.

- Live with the status quo—It may be too costly or difficult to effect change in the short term.

- Redeploy people—within the team or the company.

4. For both parts of this review, the indication from the DISC profile as regards the possible success of training and development should be noted. Namely, the LOW factor nearest to the centre line is likely to be worth developing, but that the LOWEST factor on the graph will not be susceptible to development. The easiest factors to enhance and further develop are those above the centre line i.e. the Work Strengths.

5. Assuming that suitable programs are identified to satisfy the training and development needs, and assuming that the programs are successful in developing the desired characteristics, then one can compare and comment on the improvement or reduction of the problem and make the necessary management decisions.

As an example, let us consider a real life corporate application of the methodology. The company background is as follows:

The company provides home health care services within the city limits in which it operates. It is part of the National We Care Health Services Operation comprised of 68 Franchises and has achieved the distinction of being the "Top Performing Franchise" in the We Care System.

The company hierarchy structure is shown in Appendix A and the DISC profiles are overlaid on the position.

Let us examine Appendix A. Through effective screening by the franchiser, We Care Health Services, the president (and CEO) and nurse franchise owner, has the typical CEO profile. Her profile explanation closely matches the description of an entrepreneur. This contributes to much of her success and is certainly a factor in the corporate recruiting scheme. We attempt to find as many nurses that are as close as possible to this profile.

Notice the predominance of caregivers in the other positions on the chart where the majority are high S's and high C's which is consistent with the statistics gathered on our population of nursing applications.

Let us examine the profile for the V.P. finance. This is a typical accounting profile where a high attention to detail and caution is required. As a potential franchise operator, we note that we would not grant this person a franchise. Notice that this profile is opposite to the directors profile. This person is so "cautious in nature" that they seldom enter the arena to play the great game of business. They are constantly concerned about what may or may not happen and have difficulty taking action in a timely manner. This is an ideal profile, however, to ensure that all client details are taken care of and that all clients receive the best possible care.

We have now identified the ideal candidate and the candidate that would not be chosen. Let us for the moment, extract further management data that will assist us in making our franchise director successful. Using all of the profiles in the office, we can create a composite corporate profile. This profile characterizes the office as an identity in itself and Figure 3 is the result.

FIGURE 3
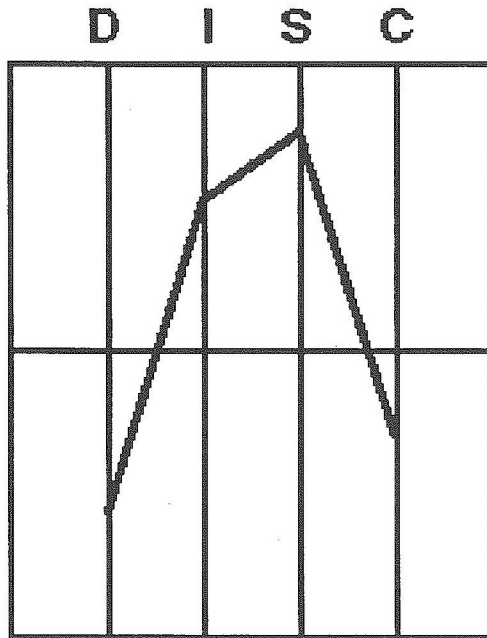
This profile is another variation on the caretaker profile. What this means then, is that the business propensity is to maintain the status quo. Ideally, every business wants to grow. The entrepreneur or director profile is a perfect DISC profile for growth, however without the constant presence and drive of the director, growth will be challenging for this franchise. To effect this goal, some of the positions in the management structure can be adjusted. Notice the profile for the V.P. of marketing in Appendix A. This again is a care taker or status quo profile and not a growth profile. The ideal profile for a marketer follows.

FIGURE 4

D—CONTROL Dominant Controlling	I—PEOPLE Extroverted Outgoing	S—PACED Steadiness Patient	C—SYSTEMS Systems-oriented Compliant
Low - Dominant Cooperative	Introverted Reserved	Impatient Urgent	Non-Conformist Independent
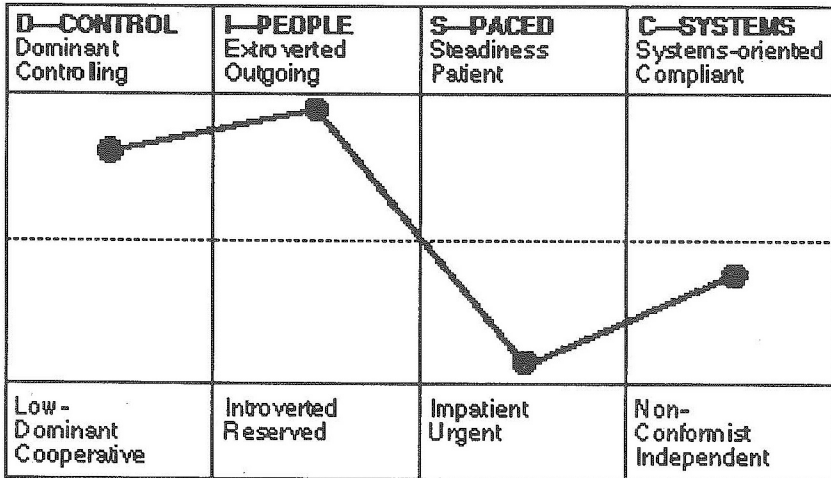
Notice that the dominance factor is above the centre line indicating that they have to be strong but not too dominant (D factor), very much a people person (I factor), with a sense of urgency (S factor) and a certain degree of independence (C factor).

If a person with this profile is placed in the marketing position, then the overall corporate profile will shift more to the entrepreneur profile. Additionally, the director will have someone in the office who can act as an engine for growth when they are not there (the profile is closer to the entrepreneur profile).

The question then remains, what of the nurse that does not have the ideal profile? It has been our experience that a high S profile, such as the V.P. of marketing, can make an excellent entrepreneur in the franchise system. The first thing that we do is make this director aware of their profile, and the areas that they can adjust to be more effective. We

believe that this is, in itself, *50%* of the solution. The second step is to choose staff to join this director that will complement their profile to ensure that the franchise has an entrepreneurial bent. The business systems that are given to the franchisee such as management and recruiting all motivate the entrepreneurial result. These adjustments and fine tuning lead to very successful franchise offices. We have also found that the directors profile, after several years in business, begins to shift, and more closely models the CEO profile, although certain shifts, as those mentioned earlier, are very unlikely.

CONCLUSION

This paper has demonstrated an exciting tool that is relevant for success in business management in a rapidly changing environment such as health care. In order for companies to survive and prosper, they must practice entrepreneurship and innovation. This paper strongly suggests a management style and a personnel composition that will lead to optimizing success. It has contributed to making a franchise capable of innovation. This methodology has been applied for over seven years and has lead to one of the most successful business results in Canadian health care.

There is a dark side to focusing on an entrepreneur mentality in running a company or in shaping the composite management profile to resemble the entrepreneurial profile. The entrepreneur who starts their own business, generally does so because they are a difficult employee. They do not take kindly to suggestions or orders from other people and want most of all, to run their own shop. Their idiosyncrasies do not hurt anybody so long as the business is small, but once the business gets larger, requiring the support and active cooperation of more people, they are at risk if they do not change their approach. It is correctly said, that the biggest burden a growing company faces is having a full-blooded entrepreneur as its owner. These issues are addressed when we discuss awarding a franchise to a prospective applicant.

This fact was identified in the early development years of We Care Health Services Inc. by applying the tool that has been specified here. As can be seen, the entrepreneur nurse at the helm of the company is very different from the rest of the company personnel, that basically have a caretaker profile, which is maintain the status quo, and provides excellent client care. Thus, the entrepreneur would say, "Why don't they like me and why aren't they like me?" "Why don't they see a need to grow the corporation?" This could be a stressful situation for them. When the owner sees that their profile is diametrically opposed to the rest of the company, then this awareness means that half the challenge is already over come. Coaching with the franchisee can then proceed, using this data, to create a more effective management environment.

Occasionally, the entrepreneur's preoccupation with control affects their ability to take direction or give it appropriately and has serious implications for how they get along with others. They find it very difficult to work with others in structured situations and are unable to submit to authority. Again, coaching is needed here.

People who are overly concerned about being in control also have little tolerance for employees who think for themselves. They are most reluctant to delegate authority. Because true accountability is lacking, the entrepreneur builds a mediocre management group, endangering the future growth of the enterprise. In organizations, this desire for control can lead to extreme behaviour, for instance, an owner-manager needing to be informed about even the most minute operation of the company. Excessive concern with detail that may be appropriate in the start-up phase of a company, will increasingly become a burden to the organization as it stifles the information flow, hampers decision making, and inhibits the attraction and retention of capable managers. Again all of these issues can be discussed effectively using the DISC model, and the composite corporate DISC model of Figure 3 and Appendix A.

The entrepreneurs bias toward action, which makes them act rather thoughtlessly, sometimes can have dire consequences for the organization. The company pays a price in deteriorating morale, low employee satisfaction and declining productivity for the entrepreneur's lack of attention to peoples' feelings.

Again, there issues can be discussed fully using the DISC model and the enhanced "Corporate DISC hierarchy" chart as explained in Figure 3. We can focus on behaviour and understanding by the affected parties and our experience with applying this tool in many situations has led to astonishing results with less personality stress throughout the management structure.

We conclude with a micro example of the power of the model of Appendix A. The author, in the corporation, has the CEO profile. Their publishing person has the profile of the V.P. of operations, what we call a "high C" since the "C" characteristic is the highest. The CEO, before a meeting, would see the publisher's two page written list of items to cover and think in a frustrated way, "I'm going to be here forever!" The publisher would think of the CEO, "He'll come up with a few way-off-the-shelf ideas" and we'll never complete the next marketing newspaper issue.

Once they were aware of each others behaviour mode, they both saw each other's roles as being essential to the effective accomplishing of the goal. A newspaper won't be successful if there is no attention to detail, and it also won't be successful if bold new ideas are not used. The recognized balance is necessary and productive.
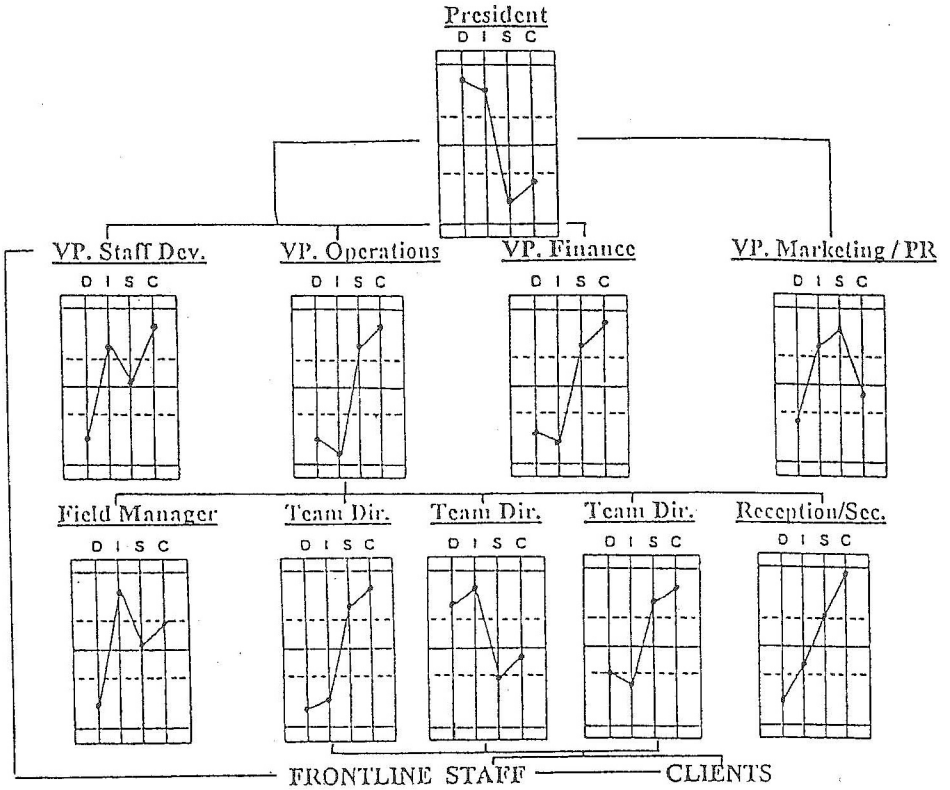
Finally, we briefly mention some of the coaching concepts that we focus on in this environment. We train the entrepreneur to move from a controlling style to a delegation style. From the initial start-up of the franchise, rather then focus the franchise around the entrepreneur, we organize it around the mission statement. We encourage the entrepreneur, who thinks of themselves as the expert, to train others to be an expert. The tendency of the entrepreneur to do everything themselves (Gerber,1995) is counteracted by developing an effective management team that is iconized in Appendix A and can be used as a communication tool. The entrepreneur, who naturally prefers a hands-on approach, is given a proprietary management system that focuses on accomplishments and behaviour. One tendency of the entrepreneur is to keep all of the information and power to themselves and this characteristic is countered by communicating the vision

throughout the organization (Barker,1993) and by having the franchise head office continually reinforce the collective franchise system's vision during visits to franchise sites. The entrepreneur prefers to make all the important decision themselves and our management system encourages a participative management style. This is built in, not only to the management system, but a model of this style is actually demonstrated during the hiring period (McMaster, 1992). Finally, the tendency of the entrepreneur to hire but drive away superior performers is modified to hire and retain superior performers by utilizing a reward and recognition system, and a compensation method that focuses on retaining high performers.

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Appendix A

APPENDIX B

Behavioural Tendency Inventory

In column 1, rank the four items in each group by placing a 1 beside the item that is most like you, a 2 beside the item that is second most like, a 3 beside the item that is third most like you, and a 4 beside the item that is least like you. Once complete, transfer the number on each line into the white box in column 2 for that line. Then, sum each column in section 2. Place your totals for each column into the boxes in section 3.

Now, transfer the totals for D, I, S, and C to the boxes at the top of the chart immediately below. In each column, circle the number that represents each of your D, I, S and C scores. Join the numbers together to give yourself a profile line.

	1	2
	Stubborn	
	Convincing	
	Relaxed	
	Soft-spoken	
	Satisfied	
	Emotional	
	Restless	
	Fussy	
	Accurate	
	Self-controlled	
	Confident	
	Forceful	
	Attractive	
	Determined	
	Careful	
	Generous	
	Demanding	
	Correct	
	Willing	
	Outgoing	
	Charming	
	Precise	
	Even-tempered	
	Daring	
	Aggressive	
	Good-natured	
	Agreeable	
	Talkative	
	Optimistic	
	Considerate	
	Competitive	
	Diplomatic	

3. TOTALS D I S C

TOTALS	D	I	S	C
HIGH	8	8	8	8
	9	9	9	9
	10	10	10	10
	11	11	11	11
	12	12	12	12
	13	13	13	13
	14	14	14	14
	15	15	15	15
	16	16	16	16
	17	17	17	17
MIDDLE	18	18	18	18
	19	19	19	19
	20	20	20	20
	21	21	21	21
	22	22	22	22
	23	23	23	23
	24	24	24	24
	25	25	25	25
	26	26	26	26
LOW	27	27	27	27
	28	28	28	28
	29	29	29	29
	30	30	30	30
	31	31	31	31
	32	32	32	32