NURTURING LEADERSHIP POTENTIAL FOR PERSONAL EFFECT IN MEDICAL PRACTICE

Leadership in practical terms means influencing people towards goals for a desired future which is a change from current situation. The thrust of leadership has been variously expressed but the following two quotes provide the essence of what it is about:

- “Leadership is cause; everything else is effect.” - Stephen Adei
- “The single biggest way to impact an organisation is to focus on leadership development. There is almost no limit to the potential of an organisation that recruits good people, raises them up as leaders and continually develops them.” - John Maxwell

Some other attributes of the leadership process can be found in expressions such as: leadership is not a position, it’s who we are and what we do; leadership is a dynamic condition that changes constantly among the leader and the followers; we need to show leadership at all levels and not just at the top.

Unlike management which seeks to achieve specific set targets through functions such as controlling and directing, leadership seeks to create change which we aspire to through imagination, innovation, novel thinking and creativity for improvement in our lives. We all have innate leadership potential of some sort, even if to different extent in different individuals. What is needed is for each person to be aware of its existence, nurse it and unleash its energies to create changes in our individual lives and that of the family, community, organisation or profession, nation and the world at large. This is because even in the midst of extensive knowledge, proficient skills and abundant resources, effective leadership must be employed to create the changes and improvements we truly desire in our lives. How do we then unearth, or build on, the leadership potential in us, in this case, for personal effect and for improved medical practice?

This commentary looks at a model for nurturing leadership. It explains how to develop our individual capabilities for personal, professional and career advancement in medical practice. The model for this discussion is the Strategic Thinking Action and Reflection (STAR) model of the ‘Leadership Seminar for Health Systems Transformation in Developing Countries’ a flagship course offered as part of Masters programmes offered at the Kwame Nkrumah University of Science and Technology School of Public Health (KNUST-SPH). This model is an adaption from the STARGuide Leadership framework of Henry Mosley and Benjamin Lozare of the Bill and Melinda Gates Institute for Population and Reproductive Health at the John’s Hopkins Bloomberg School of Public Health, and the book, the Fifth Discipline (2006, Random House, Business Books) by Peter M. Senge.

In order to unearth our innate leadership potential and, consequently rediscover ourselves as effective leaders and agents for the change we must be creative to improve our lives by practicing the disciplines of:

- Personal Mastery
- Shared Vision
- Mental Models
- Team Learning
- Systems Thinking

These are the core leadership disciplines and learning organisation tools which must be applied simultaneously and seamlessly in all our endeavours in an all-or-none fashion to release the energies of leadership deep within us, or strengthen our professed leadership skills in order to impact positively on ourself and professional practice.

Personal Mastery

Effective leadership must seek to change oneself first for the better and for assurance of credibility from potential followers before seeking to influence others towards a vision or desired change. The discipline of Personal Mastery therefore enjoins leaders to be introspective at all times, clarify what one wants to really become or achieve, explore how to be creative and purposeful in life and focus efforts and energies towards the goal. For instance, we must not perform with business-as-usual mentality or perform tasks without actively seeking improvements. Indeed, if a task is performed repetitively, Personal Mastery will require that each subsequent performance must be better and even stimulate innovative ways of doing it for better outcomes. Do we prepare, equip and hold ourselves in readiness for any personal or professional challenges? If you were asked, for instance, to present your up-to-date CV, can you make it instantly? Also, are you filling your CV towards your vision or you are using the conveyor-belt approach and just collecting points as they come by?

Clearly, to lead yourself for personal effect, an active, continued self-directed learning, taking on leadership roles and increasing responsibility in patient care activities should be aimed at as Personal Mastery is exercised.

Shared Vision.

This discipline is nurtured by having a personal clear mental or visual description of goals you truly desire to
reach. This personal vision will become a shared vision only when other people buy into it. How do you see yourself to have contributed to medical practice, say in five years’ time? The response to this question should be a clear picture (your vision) in your mind’s eye like a dream. Then looking at your situation or status at present, you must strategise on the interventions and steps you need to take – additional courses, skills training, attitudinal changes, or whatever inputs – to reach that dream. Focusing on the dream and sacrificing or letting go all your other non-desirable competing interests will be crucial to keep you on track towards the vision. Remember that there will be challenges and detractions but you must brace up against them all, especially if your vision is strong and describes what you truly want. Do not allow paths to take you to just where they lead if they don’t meet your vision objectives, rather create paths to take you to where you aspire to be; that is the essence of leadership and change.

Mental Models.

Mental Models are our unconscious assumptions, perceptions or deeply held views of how the world is or how things look and work. They control what we do and how we respond to the world around us; they are indeed our reality! They therefore limit the development of our leadership potential, capabilities and what we see or do among others. Nurturing innate leadership potential for personal effect therefore calls on us to genuinely examine and evaluate our views (mental models), and be open-minded and receptive to innovations, new ideas, practices and values. Doing this will release us from being bugged down to, for instance, ‘this-will-not-work’ syndrome which immediately forestalls anything new we want to try. Issues such as: changing work schedules; re-arranging work teams; revising times of clinical meetings; and the unending work-related conflicts among various health care providers are examples of phenomena which are influenced by our mental models and so prevent us as individuals or groups from making headway for resolution to achieve the changes we must have. So, for the purpose of nurturing our leadership potential, the discipline of mental models enjoins us to embrace new ideas so as to create the needed changes.

Team Learning.

It is important for leadership to align people for action because the desired changes in our lives must be created as a people not as individuals. Team Learning enables groups of people to work together to achieve larger goals way beyond the sum of what can be achieved by the individual members of the group. Of course, individual members must themselves align their own values, resources and practices and feed into the group so that other group members’ deficiencies will be compensated for and their strengths enhanced. Let’s use an example from the clinical domain to better explain this. In a clinical care team comprising house officers, medical officers, junior and senior residents, specialists and consultants, Team Learning calls for the members to dialogue, work together and align their values, resources (knowledge, skills and attitudes) and practices to achieve the changes the team wants. This will produce extraordinary results by the team, and the individual members will themselves develop at a rate faster than attainable per their specific contributions alone. Indeed, in a team that works, “together everyone achieves more.”

Systems Thinking.

Leadership nurtures change. The world operates through complex interconnected and dynamic events, not as isolated unconnected events. Any change instituted somewhere therefore also triggers a series of other changes. These ripple changes are usually not very obvious because their interconnections to the index change may not be evident. There may even be some time lapse before the secondary changes surface, a situation that further blurs the cause-and-effect link between the two. How then can we see beyond isolated events in order to identify the interconnections and deeper patterns so that we can create change effectively with minimal repercussions? The discipline of Systems Thinking is the tool which addresses this challenge in leadership. Any change not properly introduced can create untoward or even reinforcing vicious consequences in favour of what had been targeted for redress. Therefore, to nurture innate leadership potential, either in an individual capacity or for group or team effort, systems thinking enjoins us to see the whole system as well as the parts and interconnections. In other words, to create an enduring change, leadership must understand the workings of the system to understand the workings of the component parts; and also seek to understand the workings of the component parts to understand the workings of the system. When changes are made as single events without application of systems thinking it may result in the consequential situation where “today’s problems come from yesterday’s solutions.” Undisputedly, there are several examples of this phenomenon in Ghana and the world at large today.

To conclude, the disciplines discussed in this commentary are meant to enliven our imagination, stimulate new thinking, generate creative tension between the change we want in our personal life and professional work on one hand, and the situation we now find ourselves in on the other, and also facilitate the innovation we have to make towards the change we aspire to.

In the context of medicine, there is no doubt that there has been improvement in medical training and practice in Ghana. New medical and dental schools including private ones have been established. The establishment of the Ghana College of Physicians and Surgeons about two decades ago and the recent addition of subspecialty programmes have completed the full range of medical training from undergraduate to postgraduate at home. This has impacted positively on
the range of specialty services available in-country now, even though not in quantity. However, several challenges crying for change, change that leadership must facilitate, still do exist. For instance, in general, resources for medical care in our hospitals are inadequate, undergraduate training positions are tight, career path development for new doctors is delayed in terms of timelines and entry requirements into postgraduate medical programmes, and the postgraduate training positions are inadequate.

There is therefore the need for individual and collective leadership effort to tackle these challenges head on by adopting the learning organisation mindset to continually expand capacity to face the challenges by creating the change needed to resolve them. The application of the core leadership disciplines in this regard will be apt. Change we must have because “the problems we face cannot be solved by the same level of thinking that created them.” (Albert Einstein). Also, in the wisdom of Akan traditional philosophy, “when you fall down whilst walking, you need to change the style of your steps because the ground may be slippery.”

References


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