

# Building Leadership for Health



Through experience based  
training and development in a  
cascade programme led by you.

Graham Lister

# Notes for course leaders

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- ❑ This presentation provides an introduction to the modules and explains how you can develop your own course material based on your assessment of leadership development needs and local experience.
- ❑ This course material is intended to help build leadership through shared experience – if you want to teach people about the theories of leadership you should start them off with background reading and lectures on the development of leadership theory at:
  - <http://www.ncsl.org.uk/mediastore/image2/lgresources/lskills/bbcpl/ncsl.htm>
- ❑ You would also need to stress the theoretical basis for the course set out in the notes for course leaders and maybe give some theory lectures or get help from an academic who knows the field.
- ❑ But I suggest that leadership can be developed by using theory as an aid to reflection and learning from experience rather than as a learning objective in its own right.
- ❑ If you are looking for more detailed training on how to develop a Master's level qualification go to the INEPEA Curriculum Design and ELearning for Clinical Teachers programmes.

# Introduction

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- ❑ Leadership is a relationship between people
- ❑ This course helps you build this relationship
- ❑ It is for you to adapt and develop to suit your needs
- ❑ This introduction provides
  - An overview of the approach
  - An example of how it has been applied in practice
  - How to assess leadership development needs and competences
  - Examples of development needs competences and capabilities
  - Notes on training design and case studies
  - Notes on assessment and qualifications
  - Notes on supporting leadership development for health

# Building Leadership for Health: Objectives

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- ❑ You cannot “teach” leadership, but
- ❑ You can provide the opportunity to learn
  - Reflecting on your practical experience
  - Using analytical frameworks as guides to discussion
  - Using case studies and best practice examples
  - Recording and trying out the lessons learnt
- ❑ You can build the self confidence of participants
- ❑ You develop a common language of leadership
- ❑ You can build trust between leaders and teams
- ❑ Trainers can support the program but
- ❑ Leaders should lead the training sessions

# Building Leadership: Overview

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- Leadership is part of personal development
- It requires leaders to
  - Know themselves and how they seem to others
  - Understand how to respond to different situations
  - How to work through a formal organisation
  - How to use power and influence wisely
  - How to agree vision and objectives with others
  - How to express and live by ethical standards
  - How to put their approach and values into practice
- Management competence is essential to a good leader

# Building Leadership: In Practice



## Leadership Development Team

**Dr. Karla Říhová,  
Dr. Vladimír Valenta,  
Dr. Bohumil Pokorný,  
Dr. Jan Mareček,  
Dr. Tomáš Hellmuth,  
Dr. Graham Lister  
Dr. Pim van Arkel  
Dr Jan Vavřáč**

- ❑ Based on experience and best practice in the Czech Republic PH System
- ❑ Eight modules :
  - Leadership of Public Health
  - Leading Healthy Communities
  - Leading Change in Public Health
  - Leading People in Public Health,
  - Policy, Business Planning and Finance
  - Leading Information & Communications
  - Project Management for Public Health
  - Training for Trainers
- ❑ Certificate and materials to enable participants to lead courses for others.

# Building Leadership: In Practice

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- ❑ Team of health leaders and Czech academics
- ❑ Developed Czech version of programme
- ❑ Team of 5 leaders trained 56 people
- ❑ Who will then train at the next level
- ❑ They learn leadership by leading training
- ❑ A network of good practice was developed
- ❑ A common understanding of leadership for health
- ❑ Better understanding between leaders and teams
- ❑ Good way to improve leadership skills of tutors

# Building Leadership: In Practice

- A recent train the trainers course in Oman



- And a Somali community leaders programme



# Leadership development needs

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- ***The Key Purposes of Leadership and Management are to...***
  - ***Provide direction, gain commitment, facilitate change and achieve results through the efficient, creative and responsible deployment of people and other resources such as information, money and facilities.***
  - ***This requires self awareness and personal development as leaders***

# Leadership development needs

- Typical leadership and management issues:
  - Managing change of all sorts
  - Addressing ethical issues
  - Working with politicians and local community leaders to develop integrated health policies
  - Working with local communities
  - Working in partnership with other agencies
  - Introducing and managing new information systems
  - Financial control and responsibility

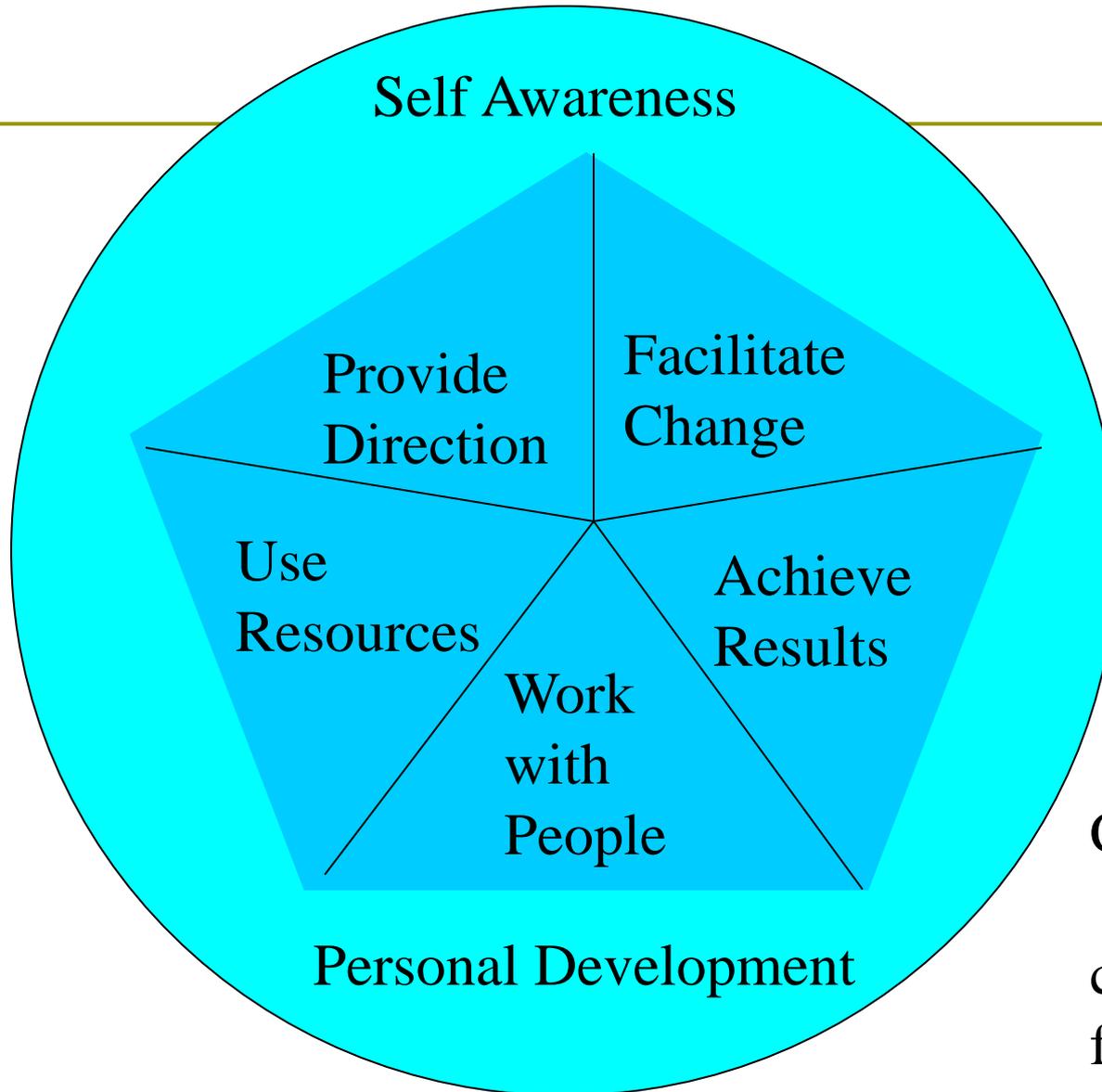
# Leadership development needs

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- Assess leadership and management competence
  - Use a skills framework adapted to your needs
  - Assess leadership roles required at each level
- Define capability (what must they be able to do)
  - Define practice that is ideal, best, typical, worst
  - Set realistic goals for improvement
- You can add competence by training programmes
- Capability develops through practice and support

# Leadership and Management Competences

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Click [here](#)  
for detailed  
competence  
framework

# Example of leadership roles

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National Director	Regional Director	Hospital Manager	Clinical Director	Nursing Director
Express vision and lead by example	Relate vision to local needs	Lead change within the hospital	Communicate change and lead colleagues	Communicate change and lead colleagues
Lead health service / finance targets	Lead regional strategy/plan	Lead business plan for hospital	Lead clinical input to plans	Lead nursing input to plan
Lead and demonstrate quality goals	Lead local actions to improve quality	Lead hospital actions to improve quality	Lead medical action to improve quality	Lead nursing action to improve quality
Give leadership to all health service staff	Lead regional staff	Lead all hospital staff	Lead medical team	Lead nursing team

# Example of competence and capability

Competence = knowledge and skills

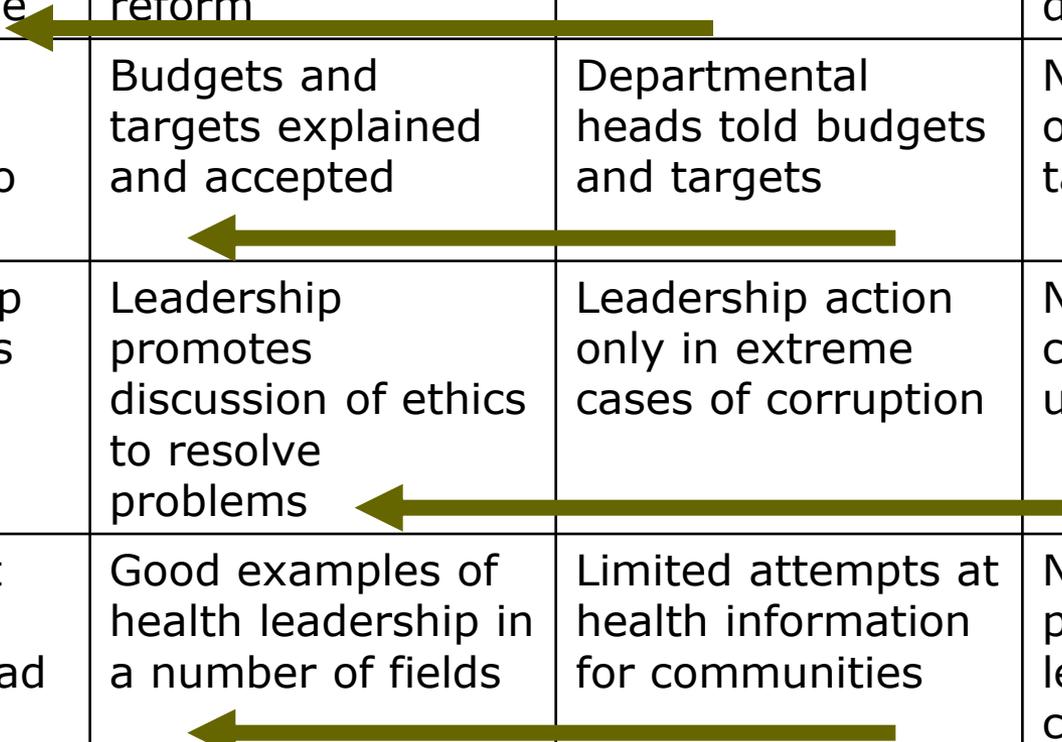
Capability = competence + critical thinking and understanding

National Director	Regional Director	Hospital Manager	Department Head
+ Visioning scenario planning, work with media/politicians	+ Strategic planning and working with communities	+ Business planning working with professionals	Understanding planning and budgeting
+ International health systems, comparisons and best practice	+ National policies for health, understanding determinants of health	+ Hospital management principles	Understanding management of health resources
+ National health reform programmes	+ Chaired programme boards for change management projects	+ Designing hospital improvement programmes	Project management

# Example of capability framework and development targets



Ideal Practice	Best Practice	Typical practice	Worst Practice
Establish and lead programme of reforms and behaviour change	Lead programme for two or three specific aspects of reform	Lead meetings and discussion but no action programme	No action at all except to explain why nothing is done
Leadership of budgets and targets setting to involve staff	Budgets and targets explained and accepted	Departmental heads told budgets and targets	No communication of budgets or targets are
Ethical leadership of staff promotes high values	Leadership promotes discussion of ethics to resolve problems	Leadership action only in extreme cases of corruption	No action on minor corruption or other unethical practice
Full engagement with local community to lead health	Good examples of health leadership in a number of fields	Limited attempts at health information for communities	No attempt to provide health leadership to local community



# Designing Leadership Development Courses

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- ❑ Remind participants of their relevant experience.
- ❑ Set group learning objectives for each session.
- ❑ Get participants to set personal learning goals.
- ❑ Allow time for reflection on their experiences
- ❑ Reinforce training messages at end of session
- ❑ Use informal sessions to develop team spirit.
- ❑ Encourage participants to share personal insights
- ❑ Learning logs (diaries) to record behaviour change.

# Building Leadership: Case studies

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- Find examples of best practice in
  - Leading reforms, tackling problems, improving performance, working with communities, partnership etc
- Get the person responsible to think back
  - What was the basic problem faced?
  - What was their objective in this situation?
  - What resources were available -who could help?
  - What was their approach to the problem?
- Case studies may involve external health leaders or participants in the course

# Building Leadership: Case studies

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- ❑ Participants and leader learn in three ways
  - Preparation prompts basic leadership ideas
  - Case study review prompts alternative ideas
  - The leader then explains what actually happened
- ❑ Do not present too much detail at first
  - It prevents understanding of basic leadership issues
  - It reduces creativity in thinking about alternatives
  - Explanation is more useful when the problems are understood.
- ❑ Case studies help develop your culture of leadership
  - By showing examples of good leadership
  - By drawing general philosophy from practice
  - Creates a culture of health as a learning organisation

# Building Leadership: Case studies

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## The seven step approach to problem solving

- 1. Review the case study description carefully**
  - 2. Define the basic problems, opportunities and constraints**
  - 3. List possible clarifications and ask for information**
  - 4. Draw on special expertise in the group**
  - 5. Only then try to formulate possible solutions**
  - 6. Evaluate possible options and select action**
  - 7. Check if the solution solves the basic problem, if not recycle**
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# Case study facilitation

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- ❑ Where several working groups are required
- ❑ Facilitators may be required
- ❑ Their job is to observe and comment on:
  - ❑ How they appoint their leader
  - ❑ How the leader organises the group, do they:
    - Make sure everyone is sitting so they can participate?
    - Set out the task and the timescale?
    - Ensure everyone has the same understanding of the task?
    - Involve everyone and /or delegate tasks?
    - Do they summarise the group view and check agreement?
  - ❑ How does the group behave, does anyone:
    - Withdraw e.g. fold their arms and look away?
    - Talk too much or too little?
    - Get ignored or ignore others?
    - Show enthusiasm and support colleagues?

# Reflection

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- Participants should reflect on lessons about :
  - Their leadership strengths and weaknesses
  - How to deal with particular issues or situations
  - How organisations work
  - How to use power and influence wisely
  - How to agree vision and objectives with others
  - How to express and live by ethical standards
  - What they will do differently.
- Lessons should be written in learning logs

# Building Leadership: Part of a Personal Development Programme

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- ❑ Building Leadership is part of a personal development Programme. Course Participants should:
  - Set personal **learning objectives**
  - Use **learning logs** to record personal lessons
  - Read **books and papers** on leadership
  - Try out **new approaches** between courses
  - Study their **own style** of leadership
  - Keep a **diary** of their leadership behaviour
  - Complete the course **evaluation** form
  - Have fun!
- ❑ Learning logs, a reading list, a style questionnaire, diary and evaluation forms are included on the CD.

# Certificate Level Qualifications

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- ❑ If you wish to give formal recognition to the skills developed on such a course a scheme of assessment should be agreed with academic colleagues.
- ❑ You will need to define learning outcomes in terms of:
  - Knowledge (e.g. of leadership theories)
  - Understanding (e.g. insight into their own approach)
  - Skills (e.g. ability to lead group exercises)
- ❑ You will need to construct assessment criteria and scoring scheme, for example:
  - Participation (attendance, reading, questioning and reflection)
  - Contribution (papers or presentations, support for other team members)
  - Insight (into their own and other people's strengths and ways to improve)
  - Behaviour change (examples taken from learning logs)
- ❑ You may be able to give participants a formal qualification or a certificate of participation.

# Supporting Continuing Leadership Development

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- Follow up training by giving leadership tasks
  - To lead innovation and research to improve practice
  - To pass on leadership training to other levels
  - Give out copies of **your version** of BLFH
- Recognise and praise best practice
  - By writing them up and getting leaders to give talks
  - Form health leaders network – meetings and seminars
  - Recognition in annual appraisal and promotion
- Establish a health leadership centre
  - With a University or College
  - Mentoring and continuing development (click [here](#))
  - Links with other international centres
  - A Leadership Library

# Building Leadership: Course Material

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1. Leadership and Management of Health
2. Leading People in Health
3. Leading Change in Health
4. Leading Healthy Communities
5. Leading Health Information and Communications
6. Project Management for Health
7. Strategy and Business Planning for Health
8. Leading Health Policy Development
9. Leading Finance for Health
10. Leading Information Systems Implementation
11. Leading Social Marketing for Health
12. Leading Health Responses to Globalisation
13. Leading Health Futures Planning
14. Leading Negotiations for Health
15. Leading Knowledge Management for Health
16. Leading Public and Patient Involvement for Health
17. Leading Networks for Health
18. Leading Innovation and Improvement
19. Training for Health Leadership Trainers

# Other training resources on this CD

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- Cambridge International Health Leader's Programme
  - 8 days of training materials and cases studies
- INCLLEN Trust
  - Leadership and Management Programme LAMP
  - 7 programmes for self development + 2 resources guides
- Health Development Agency
  - Developing Healthier Communities
  - 4 major training modules plus background material
- Building Community Leaders
  - Professor Randal Peterson of the London Business School
  - 7 module development programme
- Health Futures Planning
  - A further programmes with 6 elements
- Leading Knowledge Management for Health
  - 9 day modular leadership training programme
  - HINARI, CASP and FOLIO courses in knowledge management
- Other
  - Leading Health Economics – 5 day courses
  - Leading Public Participation in Health – 1 day course

# Building Leadership: Course Material

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- ❑ You will need to select from the content available here or elsewhere and modify it to your needs
- ❑ And develop case studies which reflect local issues
- ❑ You may decide that 5-6 sessions on aspects of leadership comprising say 40 hours of study are needed
- ❑ This could be accompanied by a 6 month project to lead a particular innovation or research with input of say 120 hours
- ❑ You will need to assess the understanding and practical competence of the trainee in applying BLfH lessons
- ❑ For assistance and advice contact Graham Lister
  - [G\\_C-Lister@msn.com](mailto:G_C-Lister@msn.com)

# Higher Level Qualifications

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- ❑ If you wish to develop a higher level qualification e.g. MSc Nursing please look at the INEPEA material [here](#).
- ❑ You will need to establish a programme of say
  - 60 Guided learning hours (class room and online sessions with lecturers)
  - 60 Mentored learning hours and
  - 1200 Self directed and practical learning hours
- ❑ This might be made up of say 5 courses developed from BLfH
- ❑ And 5 courses on specialist areas of Advanced Nursing Practice
- ❑ Plus a practical leadership project undertaken over say 2 years
- ❑ For thoughts on leadership projects and how to assess them
- ❑ See the section [here](#)

# Remember this is only a starting point

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- ❑ This material reflects modern theories of management:
  - Distributed leadership,
  - Situational leadership style
  - Transformational leadership,
  - Emotional intelligence and
  - Authentic leadership
- ❑ It reflects common issues in nursing leadership
- ❑ But we do not have all the answers to your problems
- ❑ Use this as a base for a course to meet your needs
- ❑ And please let us know of improvements you make
- ❑ So we can share it with others

# Background Reading List

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- ❑ Dawson S.1996 (revision) *"Analysing Organisations"* MacMillan
- ❑ Mintzberg H.1983 *"Structure in Fives"* Prentice Hall
- ❑ Belbin R.M. 1993*"Team Roles at Work"* Butterworth Heineman
- ❑ Senge P. et al 1994 *"The Fifth Discipline Fieldbook: Strategies for Building a Learning Organisation"*. Nicholas Brearley.
- ❑ Morgan G. 1998 *"Images of Organization"* Sage Publications
- ❑ Pedler M., John Burgoyne and Boydell T. 2001 *"A Managers Guide to Self Development"* MCGraw-Hill
- ❑ Pedler M., John Burgoyne and Boydell T. 2004 *"A Managers Guide to Leadership"* MCGraw-Hill
- ❑ Mintzberg, H., 2004 *"Managers not MBAs: a hard look at the soft practice of management development"* Prentice Hall
- ❑ Daly, J. Speedy, S. Jackson, D. 2007 *"Nursing Leadership"* Elsevier Australia.

Establish a health leadership /management library, encourage health leaders to read so they think of themselves as leaders/managers.

# Course Books

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There are a great many books on nurse leadership I suggest you might take as course books:

- ▣ Tim Swanwick and Judy McKimm 2011 *"ABC of Clinical Leadership"* BMJ Books ,Wiley Blackwell London
- ◆ John Daly, Sandra Speedy and Debra Jackson eds 2007 *"Nursing Leadership"* Elsevier Australia

You may also encourage participants to look at online resources as including

- ▣ Radcliffe Publishing's Ebulletin for Nurse Leaders (free)  
[http://www.radcliffepublishing.com/adw\\_cinM\\_tier5\\_leadnu rs.htm?gclid=CJ28hte57a4CFUcntAodPTDKHQ](http://www.radcliffepublishing.com/adw_cinM_tier5_leadnu rs.htm?gclid=CJ28hte57a4CFUcntAodPTDKHQ)

# Graham Lister

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- ❑ Visiting Professor Health and Social Care London South Bank University
- ❑ MSc Management Science PhD in Leadership and Organisation Behaviour
- ❑ 30 years experience in management consultancy and training with health services in UK, Europe, Africa, Asia, Australia
- ❑ Worked with Nuffield Trust: health policy and management think tank on Global Health Issues and Health Leadership
- ❑ Worked with the Netherlands School of Public Health on health reforms in EU accession countries
- ❑ Lectured in 20 countries on health management including:
  - International Health Leaders Course, Cambridge
  - MA in Health Management at University of Bern
  - NSPOH (Netherlands) Health Management Course
  - LSBU MSc and PhD courses
  - Courses in Oman, Nairobi, Moscow, Moldova
  - WHO country leaders health diplomacy Graduate Institute
  - Global Fund Programme Managers health diplomacy

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