THE ASIA-PACIFIC SCHOLAR
MEDICAL AND HEALTH PROFESSIONS EDUCATION

PERSONAL VIEW

Submitted: 20 July 2020
Accepted: 30 September 2020
Published online: 13 July, TAPS 2021, 6(3), 108-110
https://doi.org/10.29060/TAPS.2021-6-3/PV2369

Leading through change: Human-based leader development for health professionals

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I. INTRODUCTION

Historically, health professional education has focused on the development of clinical expertise over leadership skills that enable practitioners to lead dynamic teams who can adapt and pivot rapidly in a crisis. Clinical acumen and the ability to lead effectively are not mutually exclusive within healthcare systems. Leadership development is vital for health professionals as it allows them to lead patients and health systems, adapt to rapidly changing healthcare environments, and elicit optimal performance from their teams—all of which lead to improved health outcomes. The COVID-19 crisis highlights an opportunity to innovate health professional education to create practitioners who can treat and lead with excellence.

In December 2019, the Wuhan Municipal Health Commission reported four cases of pneumonia of an unknown origin. The cluster of cases were the first sign of COVID-19. COVID-19 is caused by a novel coronavirus that can spread from person to person. Within six months, the virus spread to 231 countries and infected over 13 million people worldwide. In attempts to slow the spread of the virus, countries issued emergency shutdowns, schools were closed, global travel was prohibited, and every industry was affected. One industry most affected by COVID-19 is the healthcare industry. Healthcare infrastructures are facing unprecedented challenges to meet the demands for care related to COVID-19. Providers are battling burnout, insufficient supply of personal protective equipment, depression, anxiety, job dissatisfaction and in some cases increased rates of suicide (Greenberg et al., 2020). To identify the contributing factors to challenges faced by health professionals during COVID-19, leaders must go to the root: health professional education.

Current health professional education competencies prioritize the development of hard skills that focus on clinical performance or evidence-based practice over the development of soft skills that facilitate building healthy interpersonal relationships, self-awareness, communication, leadership skills and effective coping (Albarqouni et al., 2018). Health professions encompass art and science. Current health professional education rewards the science of healthcare but starves the art of leadership. The COVID-19 pandemic, has created a collective trauma within the global community for which current leaders are not equipped to respond (Greenberg et al., 2020). The evidence for COVID-19 is constantly changing and leaders do not have the confidence and care algorithms to which they have grown accustomed. Due to COVID-19, health care workers worldwide have experienced an increase in depression, anxiety, and other forms of psychological distress. Health professionals already experience higher levels of burnout and job dissatisfaction than other professions; COVID-19 has amplified existing challenges for healthcare leaders who were struggling with employee recruitment and retention prior to the global pandemic.

As COVID-19 becomes a critical component of the world's new normal, this is the optimal time for health professional education to innovate and prepare graduates

who can lead in the midst of the new normal. This paper draws on experience of the two authors and their work with students enrolled in health professional programmes at the initial level and the specialist level, as well as the post-academic level in the United States and South Africa. This paper aims to introduce a new model of leadership development informed by over three decades of observations from combined experiences in health professional education, hospital learning and development, and leadership coaching.

II. DISCUSSION

Top down, traditional styles of leadership with an emphasis on self-sacrifice do not have a future in 21st century healthcare leadership. Leaders who are highly aware, connected, and genuinely compassionate experience success in productivity, high performing teams, cost effectiveness, strategy, innovation and employee retention. Just as health professional education relies on evidence-based practice, the Human-based leader (HBL) Model was developed to explain how effective leadership skills are developed. The HBL model utilizes an ecological framework. Ecological systems theory was developed by Urie Bronfenbrenner and posits that development is guided by interactions between an individual and the surrounding environment; this interaction populates a system (Bronfenbrenner, 1979). Bronfenbrenner's original system is comprised of four systems represented as four concentric circles: the individual/microsystem (the core), mesosystem (second sphere), exosystem (third sphere), and macrosystem (fourth sphere) (Bronfenbrenner, 1995).

The HBL is comprised of three concentric circles. At the core is phase I. The goal of phase I is the development of self-awareness. The microsystem (the individual/leader) is housed within this sphere. The next sphere is phase II which houses the mesosystem (relationships with others such as family, friends, team members, peers) and the exosphere (additional factors related to the organization including patients and the community). In phase II leaders develop an awareness of others. The third sphere, phase III, houses the macrosystem (factors related to the profession, population, values, and cultural customs). Development of this phase allows the health professional leader to contribute to the building of a global community. The HBL makes the following assumptions: (1) Leadership development is a dynamic process that is influenced by exchanges between the individual (the leader) and the environment. (2) Leadership development is a continuous process. (3) Leadership success is not limited to job related competencies. Success includes healthy organizational culture, employee job satisfaction, recruitment, retention, customer/client satisfaction, and work-life balance as well as profit and loss.

Historically, health professional education focuses on team development and neglects teaching students how to understand their own experiences and worldview. Engaging in reflective practices are vital for professional identity development, however, current practices limit the reflection to clinical experiences (Wald, 2015). This approach ignores the very rich and varying life experiences students bring with them into a health professional programme. These life experiences follow students well into practice. Healthcare leaders with decades of experience are often surprised to find how influential their worldview is on patient care and working within teams. In this phase, it is vital for the individual to be able to answer, "Who am I?" beyond the professional identity. As individuals reflect on who they are, they can identify triggers, motivators and fears. Seeing the Self and helping a leader understand the Why behind behaviour is fundamental to healing and growth for the leader and the organization. Leaders who are self-aware in a crisis, such as a pandemic, can move dynamically as the environmental norms shift.

Current practices in health professional education emphasizes teamwork, however, by ignoring phase I, health professional educators make a fallible assumption that self-awareness is not vital to working effectively in teams. If individuals are unable to see the humanness in themselves (self-awareness) to value their own stories, challenges, and uniqueness, then they will fail to see it in others (peers, staff). In this phase, leaders gain a clear understanding of how to connect with and motivate each member of the team for optimal performance and retention. Failure to successfully achieve this phase results in poor performance, increased risk for medical errors, and high turnover.

Once leaders have an awareness of self and an appreciation for others, then they can graduate to the macrosystem or global sphere. The COVID-19 pandemic has illustrated the power of globalization. Within six months, healthcare systems experienced a global rate of infection that needed a swift, fluid, innovative and agile response. It is imperative that health professional education helps students and future leaders develop a global paradigm that sees beyond local hospitals and communities. A healthy worldview facilitates an easier transition into a global macrosystem.

The HBL can be adapted and implemented at various levels of health professional education and practice. It can be incorporated as learning modules in existing courses at the initial level and as a formal coaching

programme at the specialist and post-academic levels. At the initial level of health professional education, the HBL was implemented with students in their final semester of a health professional (baccalaureate) programme at a research institution in the United States. The model was integrated into a leadership and management course as learning modules, case-studies, and self-development activities to equip students with skills needed to successfully progress through phases I, II, and III. At the specialist level, health professional students in the United States benefited from a formal coaching programme comprised of individual and group coaching sessions delivered over 12 weeks. At the post-academic level, the HBL model was implemented with practitioners in the United States and South Africa. At the post-academic level, practitioners benefit from a formal, customised coaching programme comprised of individual coaching sessions or a combination of individual and group coaching sessions delivered over 12 to 16 weeks. The greatest challenge with implementing the HBL at the specialist and post-academic levels is facilitating the unlearning of maladaptive leadership behaviours that lead to unhealthy organizational culture.

III. CONCLUSION

As demands for quality health care increase, health professional education is charged with meeting the supply. COVID-19 has provided a unique disruption for global health professional education to pivot from a rigid, process-driven and task-oriented model towards a model of a self-aware, empathetic leader. The Asia Pacific health care market was significantly impacted by COVID-19. Building this model into health professional education curriculums now will result in increased resilience and retention among providers. The HBL model can be adapted to regional needs to provide guidance for health professional educators to help students embrace their unique worldview and experience, teach lifelong reflective processes, be effective members of teams, and significantly contribute to improving population health.

Notes on Contributors

Assistant Professor Kimberly Hires reviewed the literature, designed the manuscript, developed the conceptual framework, and wrote the manuscript. Colleen Davis developed the conceptual framework, developed the manuscript, gave critical feedback to the writing of the manuscript. All the authors have read and approved the final manuscript.

Acknowledgements

The authors thank all students, faculty, colleagues, and clients who have informed our model.

Funding

No funding was used for the development of this personal view.

Declaration of Interest

The authors declare no conflict of interest concerning any aspect of this research.

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