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CRITICAL REFLECTION ON PRACTICE DEVELOPMENT

Using reflection and visual representation to analyse and build leadership capacity, through a personal account of exemplary leadership

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Abstract

Background: As part of a structured leadership programme through our Local Health District, I was encouraged to use reflection, critical analysis and creativity to explore the differences between leadership and management and discover how transformational leadership can positively impact on the delivery of healthcare.

Aim: To explore, using Borton's Reflective Framework, an experience of exemplary leadership, and analyse this using Kouzes and Posner's practices in order to enhance my leadership development.

Conclusions and implications for practice:

- Structured reflection and use of creative methods can enhance leadership capacity and are important tools in the development of transformational leadership at all levels within health organisations
- Leadership development is crucial for all members of the healthcare team, not just for health managers, and so must be nurtured across the whole team
- Transformational leadership and structural change within healthcare organisations is essential to facilitate proactive, integrated approaches to care

Keywords: Transformational leadership, leadership, management, creativity, vision, enable

Introduction

The words leadership and management are often used interchangeably, yet their differences could not be more important in the current healthcare context (Dignam et al., 2012; LeBlanc, 2014). Leadership inspires, elevates, enables and enriches those who experience it (Manley et al., 2014). Effective leadership transcends the transactional nature of managing employees to complete tasks and meet objectives (Curtis and O'Connell, 2011; King's Fund, 2013). Transformational leadership in healthcare organisations shape them into patient-centred, safe, compassionate and innovative workplaces, with teams collaborating to build an evolving, responsive health system (Cummings et al., 2010; Squires et al., 2010; Dewar, 2013; Merrill, 2015). Kouzes and Posner (2012) articulate a model for developing leadership ability, providing a roadmap to becoming an exemplary leader. They describe five practices: 'modelling the way', 'inspiring a shared vision', 'enabling others to act', 'challenging the process' and 'encouraging the heart'. Each practice is supported by two commitments. To develop my understanding of effective leadership, I was encouraged as part of our South Eastern Sydney Local

Health District leadership programme, in partnership with the University of Wollongong, to describe an example of leadership from our own experience and provide analysis through the five exemplary leadership practices and 10 commitments. I reflected on this experience using Borton's Developmental Framework (Jasper, 2003) and to embed this learning, completed a creative analysis using a visual representation to relate these practices to my own leadership development.

Borton framework: 'What?' My experience of exemplary leadership

On 7 July 2005, my penultimate day of employment at the Westminster Rehabilitation Service, we learned of a significant event on the London Underground resulting in a number of casualties (later confirmed to be 56 deaths and more than 700 non-fatal injuries). The incident, originally thought to be the result of a 'power surge', was soon reclassified as a terrorist attack. Our manager requested volunteers to present immediately to Edgware Road Underground Station, in central London, to provide triage support, first aid and compassionate care to those injured by the bomb blast. Our allied health assistant, whom we later learned had been in the military, showed great courage in being the first to volunteer. The extraordinary leadership he displayed throughout that day continues to inspire me more than 10 years on.

We were confronted by catastrophe on a scale not experienced by most staff in the makeshift emergency centre set up at the Marks and Spencer shop on Edgware Road. Yet in a composed way, our allied health assistant outlined concisely and confidently the task at hand, drawing on his previous military experience. He spoke on behalf of the group to the emergency services workers, co-ordinating the response and provided clarity on our responsibilities in providing first aid and emotional support to those injured and in shock, but not in immediate danger. This helped free the time of the emergency services to concentrate on those with critical injuries.

His rapport with victims and the immediate ease he brought to them was evident and we were able to model our approach on his skills. His quiet confidence provided comfort not just to those he treated, but to the team. He was systematic, skilled in the area of trauma support and first aid, clear thinking and above all compassionate. Later, he worked tirelessly with the rehabilitation service team to provide emergency home support to people discharged from acute hospitals, to free beds for the bombing victims.

Borton framework: 'So What?'

The wider impact

In a review of the events of that day, the 7 July Review Committee gave the 'highest praise for the individuals, the unsung heroes, both amateur and professional, who responded on that nightmare of a day', despite its criticism of systemic aspects of the response (Hughes, 2006, p 666). I experienced Londoners at their very best in the worst of possible circumstances and the rise of extraordinary leadership and courage in unlikely places by people, without rank, without title, but with ability to inspire those around them. As Covey (2013) describes, we all have the ability to demonstrate leadership, no matter our role, and that effective leadership should be embedded in everyday practice and not just reserved for crisis situations. Kouzes and Posner (2012, p 31) reiterate that 'Leadership is everyone's business' and should be experienced at all levels of an organisation, just as it was in this scenario.

The health context

Criticism of the systemic response to the event in London reflects the criticism of the fragmented way we manage those living with chronic and complex conditions, such as frail older people, in our current health services (Greater London Authority, 2006; Berwick, 2013; Francis, 2013). Individuals can make an enormous difference at the interface between practitioner and the person being cared for, yet clinicians are let down by systems that are siloed, reactionary and disrupt the patient journey and experience (Smith, 2016). Without appropriate governance and a positive culture, an individual's

ability to effect change can be stifled. Just as the Greater London Authority recommended improved co-ordination of London's emergency response to significant incidents, in healthcare we must develop integrated pathways that provide comprehensive and coordinated care in a systematic rather than ad hoc way (Sorensen et al., 2008; New South Wales Department of Health, 2009; Agency for Clinical Innovation, 2013). We need to shift from an emergency-like response to the challenge of an ageing population, to a system that focuses on early intervention and coordinated, patient-centred care (Garling, 2008; Health Workforce Australia, 2012; Agency for Clinical Innovation, 2014). With such robust health systems we could foster exemplary leadership, rather than just relying on inspired individuals such as our allied health assistant on that fateful day. Exemplary leaders create a more responsive and sustainable healthcare system able to meet the increasingly chronic and complex needs of our patient population (Clinical Excellence Commission, 2008; Agency for Clinical Innovation, 2014).

Borton framework: 'Now What?'

Kouzes and Posner's five practices

Our allied health assistant did indeed 'model the way', finding his voice and affirming the purpose and role of our team in the crisis situation (Kouzes and Posner, 2012). He set the example by aligning his behaviours with the behaviours he had described as so important for us to maintain throughout, namely composure and compassion. I reflected that his ability to model these behaviours not only provided comfort to clients, but enabled the team to provide the best possible care they could under unprecedented circumstances. We did not have a handbook for this situation, and thus his steadfast leadership became our blueprint for action.

Our allied health assistant 'inspired a shared vision' and mobilised the group towards the common goal of providing compassionate care in an emotionally appropriate way (Kouzes and Posner, 2012). This vision was delivered in a calm way and as a leader I seek to develop this steady and assured leadership style. Despite the urgency of the situation, he took the time to listen to the concerns and questions of the team and it is such aspects of leadership I wish to emulate. His ability to put the patients and their needs at the centre of this vision was key (Lee et al., 2010; McCormack et al., 2011; Cliff, 2012; Martin et al., 2014). He displayed high levels of emotional intelligence in dealing with colleagues and patients. Given the effect a manager's emotional intelligence and leadership ability has on the workforce in everyday situations, nurturing these skills is crucial to my ability to promote a better workplace culture (Weberg, 2010; Dewar, 2012; Edmonstone, 2013; Hutchinson and Hurley, 2013; Lartey et al., 2013).

In volunteering to assist on the day, we all took a risk in working outside our area of expertise. Our allied health assistant seized the initiative and took on the challenge of providing care in such exceptional circumstances. He 'challenged the process' by not relying on managers or senior clinicians to take the lead, which was highly appropriate in this context given his background and expertise in trauma and emergency situations (Kouzes and Posner, 2012). In improving my leadership ability, I need to be fearless and create opportunities for change and success by taking risks and learning from mistakes (Malley, 2015).

Our allied health assistant's ability to foster collaboration quickly by building our trust in him and each other was key to enabling the team to provide the care required. By remaining 'humble and human', he was able to rally the group, 'enabling others to act' in achieving our goal (Kouzes and Posner, 2012, p 342). Despite the experience and competence of the emergency services, they could not have successfully achieved timely care on the scale required. By instilling in our small team the self-determination to provide the best possible care, he enabled and strengthened the team. This kind of leadership in turn builds leadership qualities in others (Snell and Dickinson, 2011; Health Workforce Australia, 2013). As Goleman (2016) describes on his video: 'Leadership is influencing, persuading, motivating, listening and communicating. None of these skills have to do with how good a software programmer you are.' The ability to be intelligent in the use of my emotions, rather than emotionless, will strengthen my leadership ability through greater empathy and authenticity.

I was touched by the Westminster Rehabilitation Service team's time and effort in recognising my contribution to the service on my last day. By celebrating together, we were able to share a positive experience, 'encourage the heart' and shift from the sadness of the previous day (Kouzes and Posner, 2012). Transformational leaders validate the worth and work of individuals and the team. In a respectful way, the team, including our allied health assistant, took this opportunity to recognise both my and the teams' contribution and we all felt valued and appreciated (Rock, 2009; LeBlanc, 2014). Reflecting on this and my own leadership path, I seek to celebrate small victories, even amid the sadness that working in healthcare can sometimes bring.

Key learnings through reflection and visual representation

Reflecting on that experience galvanises my vision of the type of leader I aspire to be. Clearly, few situations are of the gravity or scope of the London bombings, but in the heightened sense of self-awareness that comes from experiencing an emergency situation, I could identify my own strength of character and ability to maintain composure. In reflecting on our allied health assistant's example that day, I wish to emulate these behaviours in terms of the ability to draw and learn from the strength in others, and to provide support to colleagues and model the behaviours I wish to develop in those I lead. In my creative piece, each Lego brick is small yet significant – building a structure far greater than the sum of its collective pieces. In building each colleague's leadership ability through my own leadership growth, the organisation can become a tower of strength, the collective far more robust and inspired than its composite parts (Smith, 2015).

The creation of a visual representation of my leadership development using Kouzes and Posner's five principles and 10 associated commitments allowed me to access my creative and reflective mind. I found the experience surprisingly enlightening, given my pragmatic style of learning as identified in the Learning Styles Questionnaire (Honey and Mumford, 1986; Dewar, 2012). In my Lego creation, I depict five distinct scenes, highlighting my leadership growth and its connection to the five principles and 10 commitments.

In the first scene, my Lego 'leader' competently drives the digger, modelling a strong work ethic and setting the example. These are the leaders I admire most; those that 'model the way' and lead by example, aligning their actions with those expected by the individual team members (Kouzes and Posner, 2012). In my own leadership development, I will reflect and seek feedback to ensure that I model a strong work ethic and follow through on my commitments, therefore building trust within the team.

In the next scene, Lego team members are equal partners in an open conversation, symbolised by four Lego characters in an equal circle, on the same elevation with the leader. In a healthcare system where managers are time poor, the ability to foster collaboration and strengthen others' competence and self-determination is crucial. This in turn ensures a better work life for colleagues and most importantly improves the delivery of compassionate and patient-centred care (King's Fund, 2013). I have set myself specific goals around active listening and engaging in coaching sessions to ensure my leadership style 'enables others to act' (Kouzes and Posner, 2012; Covey, 2013; Malley, 2015). In developing my active listening skills, I can inspire others to develop their own skills and ideas, and foster collaboration among the team, building on my identified strength as recognised in the Leadership Practices Inventory (Pearson et al., 2007; Colwell, 2013; Kouzes and Posner, 2013).

The next Lego scene is symbolic of 'inspiring a shared vision' of my aim to build a comprehensive rehabilitation service for older and more complex patients via an integrated anticipatory care approach (Kouzes and Posner, 2012; South Eastern Sydney Local Health District, 2015). In this scene, the Lego leader and team stand together, head and arms raised looking up to the great tower and helicopter, the leader appealing to their shared aspirations. The Lego team is encouraged to imagine exciting possibilities of what the future could hold; I hope my leadership journey enables an inspired shared vision of a better patient journey for those in our care. I have set specific goals for myself in improving my own ability to engage and inspire others through better public speaking skills.

In the next scene, the leader seizes the opportunity to innovate, reflecting on past mistakes and ways to learn and improve. The Lego character on his motorcycle is taking risks and 'challenging the process' (Kouzes and Posner, 2012). In planning my leadership development, I look to expose myself to challenges and risks through testing and refining new models of care and ways of working, challenging the status quo and leading the team to build on our new model of care. In moving through this process, I will undoubtedly meet resistance to change, so for support and advice in my leadership development, I will turn to trusted colleagues through formal supervision sessions.

And finally, our Lego leader is 'encouraging the heart', by showing appreciation to his Lego colleague, through a celebratory drink and acknowledgement of their contribution. In my leadership plan I look to increase my awareness of ways to celebrate the individual and collective achievements of our team. I reflect that I feel awkward at times when my own achievements are recognised in a public way, and therefore I must develop my emotional intelligence to ensure that the celebration is appropriate to the colleague or situation.

Conclusion

In *The LEGO Movie*, Emmet Brickowski, a perfectly average Lego mini-figure, becomes our unlikely hero, showing true leadership in saving the world from the grip of President Business, whose vision of perfection is a world of conformity and order (Village Roadshow Pictures, 2014). Delve deeper and this movie is an exploration of 'ordinary' that has the capacity to become 'extraordinary' to inspire resistance against those who seek to rule without creativity, free thought and choice. This autocratic style of leadership is as destructive in the movie as it is to the workplace culture and wellbeing of employees and therefore patients in the healthcare context (Pearson et al., 2007; Cowden et al., 2011). However, like Emmet and my Westminster Rehabilitation Service colleagues, we have the opportunity and power to make the extraordinary happen. In analysing a leadership story from personal experience using Kouzes and Posner's practices and commitments, and exploring my leadership development through analysis of my visual representation, I can build on these principles to become not just a manager, but an exemplary leader.

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