

Leadership boost retains the human touch

Caring and learning in a mental-health setting

Program designed to meet needs of individuals, teams and organization

It may be relatively easy to recognize that your organization needs leadership development as a priority within a strategic organizational development plan. Perhaps more difficult, given the multitude of leadership development programs available, is to decide what leadership behaviors and qualities are required. And for whom?

While many courses are capable of developing the intellectual skills associated with “management” what about the transferable skills such as coaching, reflection and inspiring others?

This was the challenge facing a British not-for-profit mental health organization, where it was recognized that there was an opportunity to combine emerging leadership theory, such as authentic leadership, with cultural and organizational development needs. It was also imperative that appropriate and relevant methods of adult education were chosen in order to optimize learning and performance development.

The resulting program for a diverse group of clinicians and middle managers was co-designed by managers, clinicians and higher education contributors in order to specifically meet the needs of individuals, teams and the organization. It combined and blended what has been described as “experiential liberalism,” which is a course that is practical in approach, grounded in managerial experience rather than theory. The principal aim of this approach was to create the “reflective practitioner (leader)” equipped with appropriate practical skills and knowledge and the ability to adapt and learn from clinical situations.

Participants encouraged to consider three levels of learning

Throughout the program attention was paid to the culture of the organization. At critical times during the course (such as when a patient committed suicide and during intense periods of turbulent change and transition associated with radical structural reorganization), the hidden and basic assumptions and beliefs in the organization started to emerge, which necessitated skilled facilitation to be worked in an atmosphere which promised confidentiality, empathy and human kindness.

Participants were encouraged to consider three levels of learning as described in 2000 by Tom Boydell and Malcolm Leary:

1. *implementation* – doing things well;
2. *improving* – doing things better; and
3. *innovating* – doing new and better things.

“Course content was largely experiential in nature and self-awareness was a key component.”

Project achievements and outcomes demonstrated individual, collective and organizational benefits as follows:

- implementation of an infection control strategy for an older persons clinical unit;
- implementation of improved and modern organization-wide information management;
- redesigning clinical team meetings leading to improved patient experience and greater satisfaction;
- improved staff training and induction processes using a competency framework;
- improving attitudes and aptitude for staff within hospital facilities;
- improving customer and commissioner perceptions for community based hospital services through marketing processes;
- pushing the boundaries – innovation and successful board approval for introducing new ways of service delivery; and
- creating an innovative assessment tool from written reflections and *in situ* research.

The notion of “leaders as teachers” and the need for leaders to be adept at making decision-makers rather than making decisions was enshrined in the program which contributed towards improving organizational learning and performance by enhancing each participant’s leadership (performance) effectiveness while also producing transformational change.

The course was 12 months with eight monthly taught days based at a local university and facilitated by a university lecturer. The deliberate space between sessions enabled time in subsequent classes to discuss the impact of any personal or professional changes. The 12-month period allowed sufficient time for assimilation and internalization of the theory with its relevance to practice.

Delivering the course away from the workplace enabled participants to separate themselves from their work issues in order to concentrate on the program. The course content was largely experiential in nature, with theoretical input on management and leadership. Self-awareness was a key component using a Transformational Leadership Qualities 360-degree appraisal feedback tool, the Myers-Briggs Type Indicator (MBTI) and analysis of personal learning and team styles.

Importance of endorsement by an executive sponsor

Given that the leadership program was endorsed by an executive sponsor and by organizational systems that were able to support the reflective questioning and subsequent application and transfer of learning from the classroom into practice afforded a greater chance of success.

The aims of the course were to provide participants with the opportunity to develop knowledge and skills as follows:

- analyze the theory and practice of leadership and management, linking this to their own responsibilities;
- apply the research associated with leadership theory and styles;
- critically appraise the leadership qualities required for today’s mental health care culture;

- intellectual confidence and enhanced competence in making creative leadership responses to complex and challenging situations;
- apply ethical and moral principles of leadership;
- differentiate between effective and poor leadership behaviors;
- apply the principles which enable a team to perform to its full potential;
- strive to facilitate others' contributions and to share leadership, nurture capability and long-term development of others;
- utilize essential tools for change to enhance performance and improve the service;
- develop insights into the human responses to change by critical reflection; and
- appreciate the importance of effective leadership within the context of providing high standards of mental healthcare.

A work-based change orientated project was agreed between the participants and their line manager. This encouraged participants to seek out and use organizational resources. Inevitably this required people skills and political acuity. Risks and decision-making were also inherent to the project process. The leadership and management skills of the participants were exposed so that personal action development plans alongside coaching could assist with further learning.

Authors Lorna Storr (Department of Health Sciences, University of York, UK) and Steve Trenchard (West London Mental Health Trust, St Bernard's Hospital, London) say: "We believe this program contributed towards improving organizational learning and performance by enhancing each participant's leadership (performance) effectiveness whilst also producing transformational change."

Comment

This review is based on "From swampy lowlands to giddy heights: a case study of leadership development in a mental health setting," by Lorna Storr and Steve Trenchard. They describe the design and delivery of a leadership program for a British mental health organization. Using a three-dimensional model developed by Boydell and Leary (2000) of implementation, improvement and innovation, performance outcomes were identified and placed within a taxonomy of learning. This enabled a more specific and sophisticated approach to eliciting the learning that has taken place.

Reference

Storr, L. and Trenchard, S. (2010), "From swampy lowlands to giddy heights: a case study of leadership development in a mental health setting", *Journal of European Industrial Training*, Vol. 34 No. 5, pp. 475-87, ISSN 0309-0590.

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