

# A values-based approach to medical leadership

**Integrity, trust and authenticity are essential characteristics of an effective leader, demonstrated through a values-based approach to leadership. This article explores whether Covey's (1989) principle-centred leadership model is a useful approach to developing doctors' leadership qualities and skills.**

**M**any European countries are reconstructing their health-care systems to improve efficiency, reduce cost and improve the quality of care. In the UK the NHS is at a 'critical leadership tipping point' (Rose, 2015). While it is recognized that there is a need to deliver services with smaller budgets, there is also a need to respond to the quality recommendations from the Francis (2013), Keogh (2013) and Berwick (National Advisory Group on the Safety of Patients in England, 2013) reports. The NHS is operating with unprecedented levels of demand, low employee morale, and increasing patient complexity and life expectancy, which present additional challenges. Thus the key goal is to do more with less, often referred to as the Nicholson challenge (Appleby et al, 2014), and at the same time increase quality and employee engagement (The King's Fund, 2015).

In response to the challenges outlined above, the NHS Chief Executive, Simon Stevens, published his 5-year vision for the NHS (NHS England, 2014). In addition, Lord Rose was commissioned by the Secretary of State for Health to review how best to develop leaders to deliver the Five Year Forward View (Rose, 2015). His recommendations include the need to 'develop, recognise and reward appropriately, leadership qualities across the whole NHS workforce' and the recognition that 'strong leadership and management' are required at all levels of the organization (Rose, 2015).

The Francis report (2013) acknowledged that there was a lack of leadership based on values throughout the NHS. Post-Francis there has been a strong emphasis on clinical leadership at every level of an organization because it is argued that clinical leadership is essential to promoting high quality patient care through driving up standards, improving patient safety and enhancing patient experience (The King's Fund, 2013; Department of Health, 2014).

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Post-Francis there has also been a call for a different leadership approach with a focus on integrity and for leaders 'to be seen as embodying the culture and values of the NHS' (Rose, 2015). One could argue that this signals a return to the character ethic whereby leaders reinforce the values of high-quality care.

## A new approach to leadership

In addition there has been a move away from a heroic leadership style that focussed on one formal leader at the top of an organization to a shared approach (Academy of Medical Royal Colleges and NHS Institution for Innovation and Improvement, 2010; West et al, 2014). This resonates with Stevens' Five Year Forward View (NHS England, 2014) as Stevens argues that in order to improve patient safety, experience and quality, a radically different style is required, based on collective, including system leadership, approaches. The underpinning philosophy is that leadership is not restricted to people who hold designated leadership roles; instead leadership is shown through a shared sense of responsibility for the success of the organization and its services (Academy of Medical Royal Colleges and NHS Institution for Innovation and Improvement, 2010; West et al, 2014).

Such an engaged leadership approach facilitates increased effectiveness without reducing employee motivation or wellbeing (West et al, 2014). The personal qualities and core values that are central to engagement are acting with integrity, being honest and consistent as well as compassion, dignity, respect and equality (Faculty of Medical Leadership and Management, 2015).

## Doctors' leadership role

Within the medical context, leadership is a key part of doctors' professional work regardless of specialty and setting. It is already a requirement of all doctors as laid out in the General Medical Council's publications *Promoting Excellence: standards for medical education and training* (General Medical Council, 2016) and *Leadership and management for all doctors* (General Medical Council, 2012). The competencies to meet these requirements are articulated within the Medical Leadership Competency Framework (Academy of Medical Royal Colleges and NHS Institution for Innovation and Improvement, 2010).

The first domain within the Medical Leadership Competency Framework is demonstrating personal qualities; specifically doctors need to demonstrate effective leadership to draw upon their values, strengths and abilities to deliver high standards of care. This requires doctors to demonstrate competence in the areas of: developing self awareness, managing yourself, continuing personal development and acting with integrity. Within the element of self-awareness doctors need to be aware of their own principles and values and within the element of integrity doctors need to behave in an open, honest and ethical manner. This implies that an inside-out approach is required, based on a strong character ethic.

## Leadership and management standards for doctors

The Faculty of Medical Leadership and Management (2015) has published the *Leadership and Management Standards for Medical Professionals*, which define what is expected of doctors working in the UK health sector to lead, manage and improve health-care delivery and health outcomes. The Faculty of Medical Leadership and Management (2015)

argue that an 'effective medical leader is defined by how and what they do, underpinned by why they do it'. The underpinning 'why' is guided by the seven principles of public life (The Committee on Standards in Public Life, 1995) and the General Medical Council (2013)'s *Good Medical Practice*. It is interesting to note that these seven principles and the General Medical Council guidance correlate with the underpinning principles of Dr Stephen R Covey's *7 Habits of Highly Effective People*<sup>®</sup> (Covey, 1989) (Table 1). The 'how' and 'what' medical leaders do is articulated as three clusters of behaviours that can be observed, measured and developed. These three clusters are:

- Self (Self awareness and self development. Personal resilience, drive and energy)
- Team player/team leader (Effective teamwork. Cross-team collaborations) and
- Corporate responsibility (Corporate team player. Corporate culture and innovation).

The aspect that appears to be missing is a model to support doctors to develop these behaviours and thus enable them to translate the Faculty of Medical Leadership and Management values, principles and behaviours to their

**Table 1. The principles underpinning the 7 Habits of Highly Effective People<sup>®</sup> (Covey, 1989) mapped to the behaviours, core values and principles outlined within the Faculty of Medical Leadership and Management (2015) standards for medical professionals\***

		Covey principles					
		Fairness – equity and justice	Integrity – honesty and trust	Human dignity and compassion	Service – the idea of making a contribution	Commitment to quality or excellence	Developing others
Faculty of Medical Leadership and Management behaviours	Self	*	*	*	*	*	
	Team player/team leader	*	*	*	*	*	*
	Corporate responsibility	*	*	*	*	*	*
The seven principles of public life	Selflessness	*		*	*		
	Integrity		*				
	Objectivity	*					
	Accountability	*	*			*	
	Openness		*			*	
	Honesty		*				
	Leadership	*	*			*	*
General Medical Council <i>Good Medical Practice</i>	Knowledge, skills and performance			*		*	
	Safety and quality			*	*	*	
	Communication, partnership and teamwork	*	*	*			
	Work in partnership with patients	*	*	*			*
	Maintaining trust	*	*	*			

\*The Faculty of Medical Leadership and Management standards are espoused in the seven principles of public life (The Committee on Standards in Public Life, 1995) and the General Medical Council (2013) guidance, Good Medical Practice

**Table 2. The 7 Habits of Highly Effective People® (Covey, 1989) applied to medical leadership (Faculty of Medical Leadership and Management, 2015)**

Habit and linked behaviours	Application to medical leadership
Habit 1 Be proactive® – take responsibility for own actions and behaviours rather than a reactive mindset. The habit of proactivity links to self-awareness, personal resilience, drive, energy, corporate team player, corporate culture and innovation	Effective medical leaders: <ul style="list-style-type: none"> <li>■ are self-aware and understand their impact on others</li> <li>■ are able to make decisions based on their values and principles</li> <li>■ take responsibility for their choices</li> </ul> This is consistent with transformational, values-based leadership and change
Habit 2 Begin with the end in mind® – have a clear understanding of your vision and goals. The habit of personal leadership links to effective teamwork, corporate team player, corporate culture and innovation	Effective medical leaders: <ul style="list-style-type: none"> <li>■ start with a clear understanding of their final destination</li> <li>■ have an in-depth understanding of both their real self and their ideal self</li> <li>■ their vision and goals are aligned to their values, beliefs and principles</li> <li>■ their time and energy is focused on what is most important</li> </ul>
Habit 3 Put first things first® – ensure you spend your time and energy on what is most important rather than being driven by issues perceived to be urgent. The habit of personal management links to personal resilience, drive, energy, corporate team player	Effective medical leaders are able to: <ul style="list-style-type: none"> <li>■ prioritise according to what matters most, i.e. Habit 2, their vision, goals, aims and objectives</li> <li>■ adopt an authentic, self-aware, principle-centred approach to leadership so their actions, behaviours and decisions are consistent with their values and principles</li> </ul>
Habit 4 Think win-win® – ensure you adopt a win-win approach rather than a win-lose or lose-win mindset. The habit of win-win links to effective teamwork, cross-team collaborations, corporate culture and innovation	Medical leaders with a win-win attitude: <ul style="list-style-type: none"> <li>■ are able to appreciate and seize opportunities that add value to both self and others</li> <li>■ require a strong character ethic, particularly trust, respect and the development of collegial relationships</li> </ul>
Habit 5 Seek first to understand, then to be understood® – based on empathic listening. The habit of personal communication links to effective teamwork, corporate culture and innovation	Effective medical leaders: <ul style="list-style-type: none"> <li>■ actively listen with the express intention to understand the perspective of others</li> <li>■ are able to communicate effectively with openness, honesty and transparency</li> <li>■ require emotional intelligence, empathy, compassion, integrity and consideration of other viewpoints</li> <li>■ develop authentic relationships based on mutual trust</li> </ul>
Habit 6 Synergise® – the ability to explore alternative solutions through adopting a win-win mindset, rather than compromise, fight or flight. The habit of creative cooperation links to effective teamwork, cross-team collaborations, corporate culture and innovation	In order to develop alternative options, effective medical leaders: <ul style="list-style-type: none"> <li>■ have a strong character ethic based on integrity, trust, respect, credibility</li> <li>■ are able to embrace diversity and have an inclusive approach</li> <li>■ are able to appreciate and value another's perspective (patients/carers, colleagues, managers), can be a positive opportunity for change</li> <li>■ Adopt a strengths-based, inclusive approach, recognising that each team member is a valuable asset with a positive contribution to make</li> </ul>
Habit 7 Sharpen the saw® – the ability to self-renew and top up your resilience in order to prevent burn out, stress and stagnation. The habit of self renewal links to self-awareness, personal resilience, drive, energy, corporate culture and innovation	Effective medical leaders have: <ul style="list-style-type: none"> <li>■ Insight and awareness of their personal resilience levels, what recharges their battery and strengthens their resilience and what drains their resilience levels</li> <li>■ a high degree of emotional intelligence, able to acknowledge and act upon signs of stress</li> <li>■ seek out 'critical friends' who are able to provide both support and challenge, with honest, constructive feedback, on their attitude and behaviour, so early intervention is possible</li> <li>■ recognize the value of critical reflection and action planning leading to continuous personal and professional development</li> </ul>

personal context of practice. As these clusters of behaviours can be mapped to Covey's 7 Habits® (Covey, 1989) it could be argued that Covey's model bridges this gap (Table 1).

The key theme throughout the literature is the importance of trust demonstrated through leaders acting with integrity and a values-based approach. This implies the need to restore the character ethic and a model that

has been developed to facilitate this is Covey's (1989) *7 Habits of Highly Effective People*®.

## Aim

This article reviews Covey's principle-centred leadership model and explores whether the 7 Habits® can be applied to medical practice.

### **An overview of the 7 Habits of Highly Effective People® (Covey, 1989) in relation to the medical context**

Covey (1989) argues that we tend to focus on quick fix solutions rather than underlying root causes; how to appear to be rather than how to be. His argument is, if you want to change the situation, start with yourself. Before leaders can focus on personality ethic and techniques, they need to ensure a strong character ethic (especially integrity) because 'what we are communicates far more than what we say or do' (Covey, 1989).

Through developing the 7 Habits®, Covey suggests people move along a maturity continuum from dependency to independency, to the highest level of interdependency. This links with collective, including system leadership, approaches (West et al, 2014). Covey's model is aligned with the maturity continuum so the first three habits focus on the character ethic and the next three focus on the personality ethic, the outward expression of self. Relating the model to the Faculty of Medical Leadership and Management standards, the character ethic resonates with the behaviours that can be observed, measured and developed. The final habit (7) focuses on 'sharpening the saw', self renewal, reflection and self development.

Covey (1989) argues that the key to personal effectiveness is when your character and personality ethic are aligned with your values or principles. Effective people are guided by their own personal vision, values, beliefs and principles which provide a blueprint for decision making and influences their actions and behaviours. This resonates with Francis's recommendation that the right leadership should be in place 'to nurture the right values and behaviours' (Francis, 2013). In the health-care context personal goals should be aligned to both team and organizational goals and vision, so that there is a shared purpose and collective vision (West et al, 2014; Department of Health, 2015; Rose, 2015). Therefore time and energy should be spent on things that matter most, i.e. things that are important to the medical context – delivery of high quality patient-centred care, patient safety, patient experience, staff engagement, effective team-work, developing a learning values-based culture and positive climate.

Covey (1989) suggests that the key to understanding the 7 Habits® of Highly Effective People is to consider the actions an effective and ineffective person would take in relation to each of the 7 Habits®. These habits have been translated to the medical context (*Table 2*).

### **Innovation and application to the educational context**

Covey's 7 Habits® model (1989) has been embedded within a postgraduate medical leadership module that was commissioned by Health Education England North West (formerly Mersey Deanery). The medical leadership module is delivered by Edge Hill University in collaboration with the Royal College of Physicians. The 7 Habits® model has been taught to twenty cohorts of senior medical trainees across all specialities (423 trainees over a 3-year period).

The module assessment strategy requires the trainees to reflect on their leadership qualities, skills, values and leadership approach as well as how they impact on others. The trainees are provided with a variety of self-assessment tools including a benchmarking exercise against Covey's 7 Habits®. Within their assignment the trainees can choose which self-assessment tools to reflect on in-depth. The trainees are also required to apply their reflection to their context of medical practice so they gain new insight in terms of how they impact on their team, manage their service and lead people through the change process. There are some recurring choices in the selection of significant self-assessment tools within the submitted assignment. Four key themes have been identified (emotional intelligence, personality type preference, team role and Covey's 7 Habits® or individual habits and related tools). Covey's 7 Habits® are a popular choice with trainees in relation to understanding self and the impact of self on their team.

As Covey's model has been such a popular choice a bespoke self-assessment tool, which facilitates reflection on both the 7 Habits® and the Faculty of Medical Leadership and Management standards, has been developed by the authors. This tool makes explicit the resonance between Covey's model and the medical leadership standards.

In addition an applied version of Covey's model has been developed for the medical context (*Figure 1*). The foundation for the applied model is an inside-out approach with the NHS values and principles in the centre. The applied model is based on concentric circles to illustrate the individual's increasing spheres of influence; leadership starts with understanding and managing self, then managing your team and finally an ability to both manage and lead practice-based change. This development is facilitated through a values-based approach, based on integrity and having the right mindset, therefore the development of a strong character ethic is required before trusting relationships can be developed with others. Practical tips to apply the model to the medical context are explored in *Figure 1*.

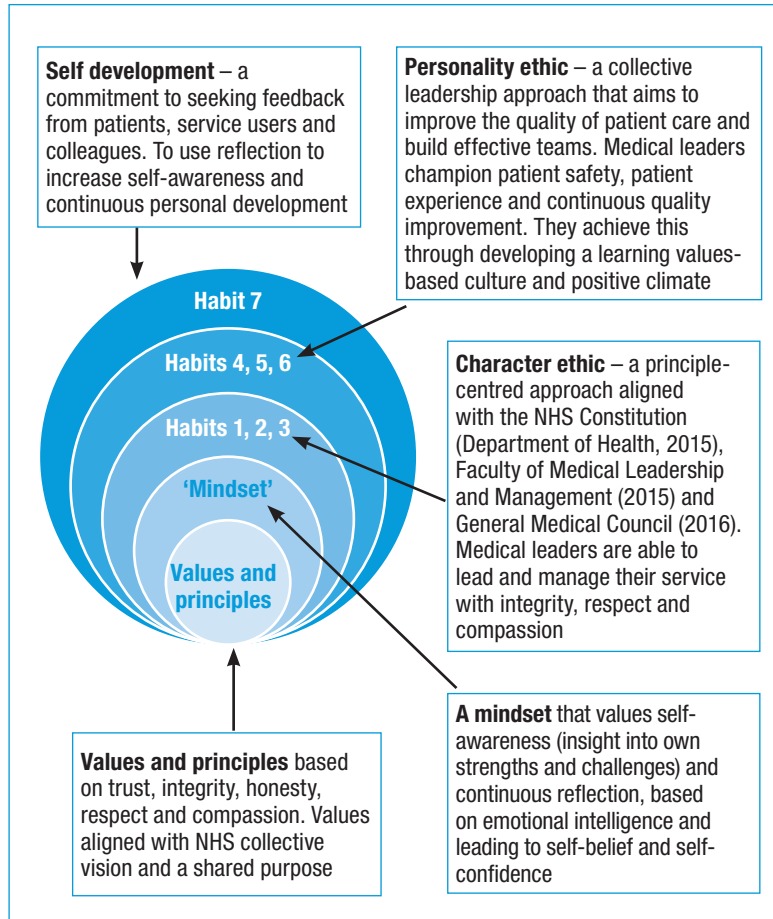
The links between the solutions to the leadership challenges outlined within this article and Covey's 7 Habits® (1989) are illustrated in *Table 3*.

### **Conclusions**

The consensus of opinion is that leadership should be authentic, based on principles that are aligned with the NHS values and beliefs (Francis, 2013; NHS England, 2014; West et al, 2014; Department of Health, 2015; Rose, 2015) as well as medical standards (Academy of Medical Royal Colleges and NHS Institution for Innovation and Improvement, 2010; Faculty of Medical Leadership and Management, 2015; General Medical Council, 2016). It is also argued that the cultural foundations should be based on openness and honesty (Francis, 2013) so doctors are able to challenge practice, identify risks and champion patient safety (West et al, 2014).

Within such a culture activists with an ability to champion change, a passion to innovate and to energise

Figure 1. Covey's (1989) 7 Habits® model applied to the medical context. Portions of the content contained herein are based on The 7 Habits of Highly Effective People book and are used herein with permission. The above registered trademarks are the property of Franklin Covey Co. All rights reserved. Used herein with permission.



people to work together will flourish. Bevan and Fairman (2014) refer to these people as rebels, people who can ‘rock the boat and manage to stay in it’. They achieve this through working within their sphere of influence and thereby expand their connections. Effective medical leaders also require courage and resilience to challenge standards, behaviours, actions (West et al, 2014) and to overcome Heffernan’s (2011) notion of ‘wilful blindness’. This point is further supported by Halligan (2013) who argues ‘what you permit, you promote’.

It is also acknowledged that we need to ‘develop a value-based culture’ and this requires effective leadership (Rose, 2015). Rose (2015) further argues that effective leadership exists within an organization when there is a shared understanding, a clear sense of purpose, colleagues share values, trusting relationships are evident and where people are nurtured and supported in their roles.

The authors suggest that Covey’s 7 Habits® (1989) provides a framework to implement this vision and provides doctors with a model to develop an authentic, appreciative values-based leadership style. In order to apply the model to the medical context, they propose an applied version of Covey’s model (Figure 1). They further suggest that Covey’s model facilitates benchmarking against the Faculty of Medical Leadership and Management (2015) standards and thereby supports doctors to identify their personal leadership goals, the aim being to gain insight into how they could develop a values-based approach to medical leadership. [BJHM](#)

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Table 3. Solutions to the key leadership challenges mapped to Covey’s (1989) 7 Habits® model	
Solutions to the key leadership challenges*	Links to Covey’s (1989) 7 Habits® model and the principles in it
A new leadership approach is required based on a shared purpose and collective vision	Habits 2 and 3
A learning culture and positive climate is also required	Habits 4, 5, 6
The cultural foundations should be based on openness and honesty so doctors are able to challenge practice, identify risks and champion patient safety	Strong character ethic – a principle-centred approach based on integrity
Within such a culture activists with an ability to champion change, a passion to innovate and to energise people to work together will flourish	Personality ethic – the outward expression of your values, principles and beliefs results in authenticity
Leaders require an ability to challenge and take action	Habit 1
High performing teams need to be enabled to develop	Development of the habits enables leaders to move from independency to interdependency through developing trusting relationships with others
Leaders are required to be positive role models, champion morale and behaviours and develop trusting relationships	An inside-out approach requires a strong character based on the principles underpinning Covey’s model
It is essential to reflect on the progress of the change, its impact and team performance	Habit 7

\* from Academy of Medical Royal Colleges and NHS Institution for Innovation and Improvement (2010); Francis (2013); Bevan and Fairman (2014); West et al (2014); Department of Health (2015); Faculty of Medical Leadership and Management (2015); Kutsyruba and Walker (2015); Rose (2015); General Medical Council (2016)

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## KEY POINTS

- Leadership is integral to a doctor's professional role and personal effectiveness.
- Post-Francis a values-based, authentic leadership approach is required.
- Covey's 7 Habits® provides doctors with a model to develop a principle-centred, values-based leadership approach.
- The adapted model offers a structured, reflective and practical approach to demonstrating leadership authenticity and trust.

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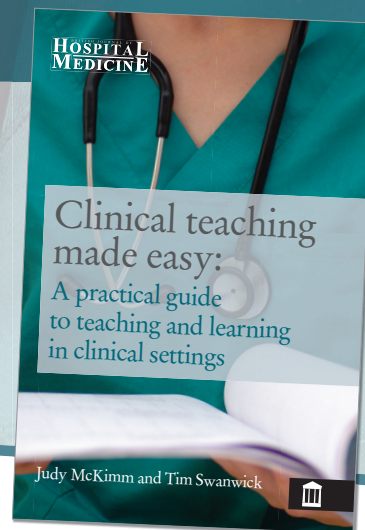
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