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REVIEW

Healthcare leadership development during a pandemic: do not stop, adapt

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Abstract

Research carried out in 2016 by two of the authors of this article investigated the role that leadership 'theory' plays within an individual's leadership development and identified other components of clinical leadership programmes that are key to enabling the development of future leaders. While early career doctors identified leadership theories and concepts as important within their development as clinical leaders, these must be closely tied to real-life practices and coupled with activities that aim to develop an increased self-awareness, understanding of others, clinical exposure and leadership tools that they can use in practice. During a healthcare crisis, such as a global pandemic, maintaining a focus on leadership development (particularly for more junior clinicians) might not be seen as important, but leadership is needed to help people and organisations 'get through' a crisis as well as help develop leadership capacity for the longer term. This article, drawing from contemporary literature, the authors' own research and reflections, discusses how leadership development needs to continually adapt to meet new demands and sets out tips for those involved with clinical leadership development.

Key words: Healthcare leadership; Leadership development; Medical leadership

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Introduction

Healthcare leaders and managers are at the forefront of delivering future system change, and work in increasingly complex environments. However, many clinical leaders tend to find themselves in leadership positions by default, with few formal opportunities provided for personal development in the competencies of management or leadership and very little succession planning. This has been exacerbated during the pandemic because of disrupted training programmes, with many clinicians finding themselves shifting roles, responsibilities and locations.

In 'normal' times, initiating change can be difficult and is often met with resistance (Le-Dao et al, 2020). Although rapid positive changes have been initiated in response to the pandemic, the focus on more long-term and substantive service change has understandably somewhat faltered. As services begin to emerge from the crisis, strong and informed clinical leadership is essential to learn lessons from the pandemic and help shape services and organisational cultures (Jazieh and Kozlakidis, 2020). Organisations that invest in leadership and management development and in succession planning are more successful than those that do not (The King's Fund, 2012). In healthcare, this has led to a proliferation of programmes aimed at developing future leaders and the incorporation of leadership standards and competencies into medical education and training at all levels, such as the General Medical Council (2018) and the UK Faculty of Medical Leadership and Management (2020). This shift is echoed around the world and across all health professions (eg the UK Council of Deans of Health 150 Leaders Student Leadership Programme, www.councilofdeans.org.uk/studentleadership).

Despite such guidance, how healthcare leadership development should be provided is far from agreed (Day et al, 2014). Programmes place different emphases on the amount and nature of theories, concepts and models and the balance between these and experiential and self-development activities. Many programmes emphasise service and quality improvement; however, these tend to focus more on quality improvement models and techniques rather

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than on underpinning leadership and change theories. More recently, new theories and concepts have been introduced, such as compassionate leadership (de Zulueta, 2016; West and Chowla, 2017). This has shifted the focus on techniques to the inclusion of more self-development activities.

It is difficult for those running leadership programmes to keep abreast of the zeitgeist and make sense of the huge volume of literature. There is also a 'generational lag' in healthcare leadership development, as the acknowledgement of its importance and the wide availability of development programmes is relatively recent. The pandemic has highlighted the need for timely, purposeful and multilevel leadership development to help individuals and organisations cope with crisis and plan for the longer term, particularly given the huge impact on the wellbeing, morale and mental health of health professionals (Gavin et al, 2020; Tsamakis et al, 2020). This article reconsiders and reflects on how existing and future healthcare leaders might best be nurtured.

Background and context

This article builds on the findings of a research study reported in 2016 (Vogan et al, 2016) which analysed written accounts of doctors in training on a leadership programme to identify 'theory in use' and 'theory in action' (Schön, 1992). Ethical approval was granted by Leicester University. The study identified key features of the programme that learners deemed most helpful and important for their leadership development (Table 1).

In times of crisis, effective and timely healthcare leadership and management is essential. However, the strain on services, personnel and organisations has impacted on clinical and management training and development programmes worldwide. Those responsible for training therefore need to provide timely, purposeful and multi-level leadership development to help individuals and organisations cope with the current situation as well as plan for the longer term.

The role of theory

The study of leaders and leadership is centuries old and still evolving. Leadership embodies activities relating to leadership, management and followership (the 'leadership triad'; McKimm and O'Sullivan, 2016). Leadership also involves setting a vision for people, and inspiring and establishing organisational values and direction. Leadership theories help clinicians understand more about what leadership is and how it affects individuals and organisations. They provide a range of conceptual frameworks (drawing from management, psychology and sociology) which can be used to better make sense of people's experiences and challenge what might be unhelpful prevailing ideologies or beliefs (Dinh et al, 2014) as well as appreciate and analyse leadership successes and failures of recent years. This creates a deeper understanding of leadership and its role within organisations (Training tips 1–3).

Table 1. Key features of medical leadership development

Feature	Study findings
Learning leadership theory	Creates an 'awakening.' Challenges preconceived ideas of leadership; allows sense to be made of leadership, followership and management within the clinical environment and workplace
Development of self-awareness	Allows learners to identify their motivations, strengths and weaknesses; helps them reflect more effectively
Developing an understanding of others	Develops insight into why others have differing perspectives. Student peers offer alternative opinions and solutions into work dilemmas and challenges
Application to clinical practice	Provides opportunities to practice leadership skills and apply theory to everyday work. Assessments support clinical management and quality improvement projects doctors are involved in
Relevant leadership tools and techniques	Leadership and management tools, coupled with deliberate practice, equip learners to understand and apply leadership techniques to clinical and management situations

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Developing self-awareness

Effective leadership development involves learners understanding themselves and how they behave under pressure. Heightened self-awareness allows students to identify their motivations, strengths and weaknesses, and how they relate to others (Vogan et al, 2016). By offering opportunities to display vulnerability and reflect on actions in a safe space, learners feel more confident and empowered to control their emotions and use leadership in a range of situations (Training tip 4).

Training tip 1

One way of introducing and contextualising leadership theories and concepts is to provide a short chronology of how leadership has been conceptualised over time and between cultures, including the strengths and limitations of each. Such a chronology might range from the heroic or 'great man' theories, through situational or contingency theories, to more recent approaches such as shared, distributed, or collective leadership, compassionate or inclusive leadership (West et al, 2015; Greenhill and McKimm, 2018; McKimm et al, 2021a).

Doctors in training identify leadership theory as important for their development, helping them make sense of and analyse the clinical environment they work in (Vogan et al, 2016). Being introduced to leadership theory can trigger an 'awakening', a realisation that preconceived ideas about leadership were misguided. Relevant theoretical or conceptual frameworks can empower the learner, enabling them to identify positive and negative role models, understand the relationship between leaders and followers in the context in which they operate (McKimm and Vogan, 2020; Boardman et al, 2021) and develop greater understanding of themselves and others within a complex healthcare system. Students feel better positioned to identify their own learning needs and develop further as more rounded and adaptive clinical leaders.

Training tip 2

Many clinicians have learned through scientific methods grounded in a positivist paradigm, so leadership educators need to help learners understand how social sciences gather and present 'evidence'. Because this is very different from much of the scientific literature, making the cognitive shift can present a challenge for some learners. Presenting some different perspectives on leadership ('leadership lenses') can be useful here, enabling learners to see situations from, for example, a situational, personality trait or compassionate leadership perspective (McKimm et al, 2021b).

For many students the awakening began with the realisation that leadership goes beyond the traditional great man approach, is complex and culturally contextualised, and can be viewed through multiple lenses. Eschewing a 'traditional' leadership theory allows students to understand that, although they may not think they are 'traditional leaders', they can still lead in a different way. This first step of leadership development allows students to see leadership within a bigger picture. In a crisis, although it might seem that theories are less relevant than operational planning and reactive change, it is essential that clinical leaders take a more adaptive and flexible approach in which they understand the complexity of healthcare leadership and can select relevant management tools and leadership approaches (Heifetz et al, 2009).

Training tip 3

The authors suggest that it is essential to address the multiple types of leadership overtly in leadership development programmes with a series of 'myth-busting' activities, supported by evidence from the literature and experience. Typical myths to 'bust' include:

- Leaders are born not made
- Leadership is all about big 'L' leadership and senior positions
- You must look like a traditional leader to be a leader
- Leaders and leadership are more important than managers and management and followers and followership (McKimm and Vogan, 2020).

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Developing an understanding of others

Collaboration and teamworking activities help learners to develop insight into differing perspectives and better understand their clinical environments and dilemmas (Training tip 5).

Clinical experience

Practically applying leadership theory and skills into day-to-day practice is an important learning step (Vogan et al, 2016). Clinical exposure and the opportunity to be involved in management projects allows students to appreciate the complexity of organisations, how leadership works within them, and recognise challenges they might face in future practice. Learning through successes and failures cements theory learnt within the classroom. Having opportunities to work alongside current healthcare leaders allows students to identify both positive and negative role models and identify developmental learning needs (Training tip 6).

Leadership and management tools

A wide range of tools and techniques (including management, change, self-development and quality improvement tools) can reinforce students' learning and help them better understand and analyse themselves, others and the world around them (Training tip 7).

Training tip 4

Emphasise that understanding oneself is essential for good leadership; one are always learning about oneself. Share stories and provide examples of where lack of self-insight led to poor outcomes. Provide opportunities for self-development activities, feedback and self-reflection. Ensure a safe psychological space for sharing stories and learning from self-development activities, taking care to avoid naming aspects of people's personalities as 'better' or 'worse'. Instead, focus on how the behaviours that stem from personality traits might be more or less helpful in leadership situations. Remind them that people's beliefs about what leaders should look like and how they should behave impact on each individual's leadership credibility and effectiveness. One-to-one coaching or mentoring is typically well-evaluated by learners (McKimm and Povey, 2018; Spears-Jones et al, 2021).

Training tip 5

Set clear ground rules in sessions, provide a safe space for discussion, challenge any microaggressions and unfounded assertions, model good behaviour (Edmondson, 2018). Provide opportunities for learners to meet in small peer or facilitated groups, eg action learning sets, peer groups or virtual activities such as breakout rooms or WhatsApp. Provide time, structure and purpose so that a forum is created where learners can share issues and challenges, help find common solutions and celebrate achievements. Activities should nurture and reward collaboration. During a crisis, leaders need to provide clear communications, make decisions, and maintain their own and others' wellbeing (Paixão et al, 2020). Developing these aspects through activities and discussion is useful for leaders who are working in times of change and uncertainty.

Training tip 6

Provide examples and opportunities for learners to apply theories or models directly to clinical or management situations through individual or group activities, explain why this is important, and how it helps our understanding of the situation. Encourage learners to bring their own examples of situations where effective or ineffective leadership has impacted on the process or outcome and nurture a reflective approach. Tools such as significant event analyses can provide a structure for a written reflection or analysis.

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What have we learned from the pandemic?

Although the pandemic has hugely impacted on training and development throughout health services, it brought new insights and learning about leadership and leadership development. Programmes had to quickly adapt both their delivery mode and content to the virtual world. Teaching and meeting virtually breaks down geographical barriers, reduces the environmental and cost impact of training, enables experts to be brought in remotely, and sessions can be run synchronously and asynchronously, thus broadening the reach of training. However, the value of bringing people together face-to-face, having stimulating discussions 'in the room', and networking outside formal teaching cannot be underestimated. Leaders and clinicians will all have to adapt to changing situations in the future: leadership educators need to be adaptive leaders themselves (Heifetz et al, 2009) (Training tips 8 and 9).

Conclusions

A range of factors drive effective leadership development. Relevant and practical theories and concepts, greater self-awareness, an understanding of others, clinical exposure and leadership and management tools need to be provided which work symbiotically to help a learner develop. Healthcare organisations must create an environment and positive culture which fosters leadership development, is open to change and supports potential leaders. Leadership development in times of crisis and uncertainty might seem a low priority but

Training tip 7

Provide learners with relevant tools and techniques to support practical self-development activities, depending on what tasks they might be required to undertake (eg managing a project, writing a business plan, leading a ward round or clinic, chairing a meeting). Support self-development with instruments and activities (eg team role preferences, personality traits or preferences, case studies) and give opportunities for discussion and feedback in relation to leadership development. Many free resources are available online.

Petrie (2011) describes two types of leadership development theory – horizontal (the what you know) and vertical (the how you think) – and argues that the horizontal approach, adopted by many leadership courses, is restrictive. It enables people to understand the what but fails to explain the how, so it is important to also encourage and foster vertical leadership, which has three vital elements:

1. 'Heat experiences': situations which disrupt and disorientate the individual's habitual way of thinking. By doing so the individual realises that current methods are inadequate and becomes more receptive to new ideas
2. 'Colliding perspectives': exposure to people with different world views, opinions, backgrounds and backgrounds – challenges existing mental models and increases the range of perspectives on how they see the world
3. 'Elevated sensemaking': allows the leader to make sense of their experience, gaining a wider and more advanced world view (Petrie, 2011).

Training tip 8

Encourage learners to identify and bring heat experiences for discussion and reflection. Stimulate discussion, encouraging different perspectives about situations and issues. Provide opportunities for the learner to reflect, identify what they have learned, and how they might change their behaviours or practice. Psychological safety is important, particularly if the heat experience has been powerful or traumatic, and skillful facilitation will help reduce emotional overload, allow enough time for debrief, and acknowledge the need for restoration.

In the programme that was the subject of the earlier study, a range of experiences and opportunities was provided that aimed to facilitate and integrate horizontal and vertical leadership development. Figure 1 describes some of these, illustrated by quotes from study participants on what this meant for them.

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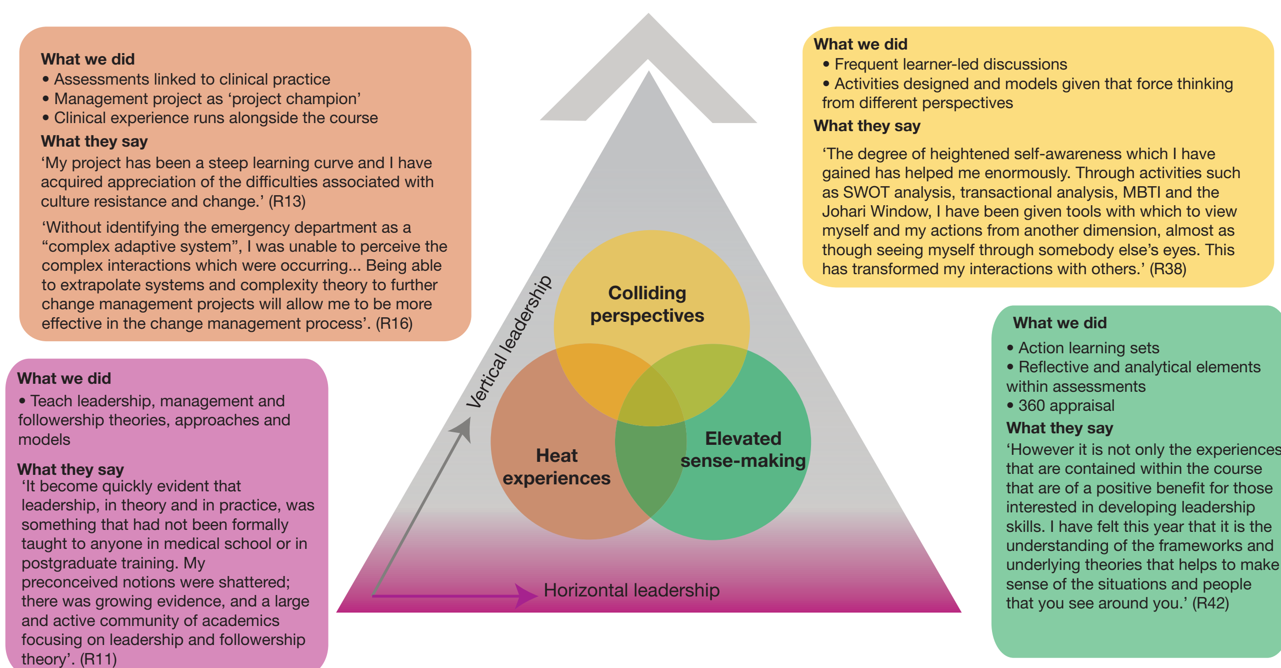

Figure 1. Leadership development in practice (Vogan et al, 2016). MBTI=Myers–Briggs type indicator; SWOT=strengths, weaknesses, opportunities and threats.

Training tip 9

Consider the purpose of each precious contact session, how best they can be delivered, and support these with online resources, including recordings of lectures. As more face-to-face sessions are permitted and social distancing reduces, consider how a blended learning approach might widen participation and reduce the environmental impact of training (Boelens et al, 2017).

Because of constraints imposed by the pandemic, many educators had to rethink what was core ('precious') to the programme and go back to first principles of the programme's aims and purpose. It was vital to be responsive to what learners actually needed in the short term, what would help them and their teams understand and get through the crisis, and what would help them move forward as leaders in the longer term.

From a horizontal leadership perspective, this checklist might help leadership educators to focus on what is important and support clinical leadership learners who may be balancing multiple additional demands.

- Maintain a focus on key (threshold) concepts/theories
- Leadership, followership, management – what these are and what they mean to them
- Why leadership is important and the evidence base
- Emphasise that leadership is a process; everyone leads, manages and follows depending on the situation and role
- Include more on how to recognise and lead in a crisis (Paixão et al, 2020)
- Remind learners of the four levels at which leadership and change operate (McKimm et al, 2021b)
    - Intrapersonal
    - Interpersonal
    - Organisation or system
    - The global eco-system level.
- Gather and relate leaders' stories on coping through crisis

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Training tip 9 (continued)

- Target leadership development activities to groups and individuals in terms of their career, role or training
- Provide just in time training, relevant to their current situation, do not overload
- Stimulate discussions and learning from different perspectives
- Provide easy access to well signposted information and share practice
- Provide flexible programmes, eg online, blended, out of hours.

From a vertical leadership perspective, learners could be helped to make sense of heat experiences, offer colliding perspectives and aid sense-making of complex or distressing situations, for example:

- Include more activities related to self-development, self-care, wellbeing, emotional support, maintaining motivation, positive psychology approaches and debriefs
- Create safe spaces for discussion with clear boundaries
- Trainers may need to shift to a more facilitative approach and include mentoring or coaching to support their learners
- Enable the conditions for peer support and informal networks to thrive
- Provide opportunities for purposeful reflection and sense-making
- Existing workplace projects may not be relevant, so consider whether they could do other things and support them in so doing. However, some projects might be very relevant, for example new service delivery models, rapid quality improvement projects, patient safety or research, but learners may need more support to succeed
- As people start to move back to more typical work patterns, identify their ongoing needs and shift to a more future-oriented focus.

leadership development programmes can provide a space to nurture and support healthcare leaders to cope both in the short and long term. Those involved in leadership development (both trainers and learners) need to continually adapt to changing circumstances and rebalance and refocus their programmes to support healthcare leaders. Such timely, purposeful and targeted leadership development opportunities can help individuals and organisations move through crisis and uncertainty, support their teams more effectively, consider the wider complex picture, and plan for the future.

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Conflicts of interest

The authors declare that they have no conflicts of interest.

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Key points

- A range of factors drive effective leadership development.
- Relevant and practical theories and concepts, self-awareness, understanding others, clinical exposure and leadership and management tools work together to help a learner develop.
- Leadership development programmes for healthcare professionals are now well-established but, in a crisis, might seem a low priority for organisations.
- Leadership programmes need to adapt to changing circumstances but should be rebalanced and refocused to help health professionals cope with the current situation and beyond.
- Timely, purposeful, and targeted leadership development opportunities can help individuals and organisations move through crisis and uncertainty, support teams more effectively, consider the wider complex picture and plan for the future.

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