# Critically Reflexive Strategic Leadership I – February 2017

## Pan African DrPH Consortium Open Access Module

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## Charter of Graduate Attributes

*Charter of Graduate Attributes*

1. *CRITICAL THINKING AND ANALYSIS*

*Graduates must be able to demonstrate analytic and critical thinking as demonstrated by high quality informal reasoning and argumentation, open mindedness and ability to self assess, and a striving to engage in life long learning and to continuously improve their knowledge and thinking skills. They must be able to link and transform theory into effective practice; and demonstrate application of these skills to problem identification, assessment, solution/strategy development in the field of Public Health and its associated disciplines.*

2. *TEAM WORK AND MULTI-DISCIPLINARITY*

*Graduates must have an appreciation of the multi-disciplinary nature of public health and be able to work productively in multi-disciplinary teams. They also need to be able to appreciate the efforts of others and the fact that achievement in public health practice will often require harmonized inter and multi-disciplinary skills and efforts.*

3. *COMMUNICATION*

*Graduates must have the ability to express themselves clearly and also listen to, understand and critically and objectively analyze and respond to the viewpoints and perspectives of others, even if they do not agree with them.*

4. *LEADERSHIP SKILLS*

*Graduates must demonstrate the ability to provide leadership in the attainment of the mission of Public Health to fulfill society's interest in assuring the conditions in which people can be healthy.*

# Learning Outcomes (Competencies)

## General Learning Outcome /Competency summary

Individual who are able to conceptualize, theorize, translate, analyze, think critically and creatively, adapt and be critically reflexive in their leadership practice; and lead at institutional or organization levels within the health sector with a number of operational leaders under their personal direction

## Specific Learning Outcomes /Sub-competencies

### (1) Personal Leadership /Self Mastery (Private Victory)

Leaders who:

- Develop, demonstrate and maintain Core personal values /character qualities /attributes of integrity and trustworthiness, social values and curiosity
- Are personally accountable /Ethical in their leadership practice
- Committed to social justice and health equity and apply the commitment
- Able to critically analyze and clarify their personal vision and goals and match as well as conflict between between personal vision and goals and organizational vision and goals
- Are Able to critically examine the assumptions underlying their actions, analyze and synthesize the impact of those actions on others, themselves and their organization and let the information inform their leadership and management practice

### (2) Organizational leadership (Public Victory)

Leaders who:

a. Are aware of, understand and can clearly describe and explain levels of leadership (team, operational, strategic) within an organization and the skill sets needed at each level
b. Can motivate and influence others to achieve high standards of performance and accountability and hold others to account
c. Can develop a vision and inspire others to share the vision and want to work towards it
d. Can work effectively in and with multi-professional /multi-disciplinary teams including effective networking, negotiation and conflict management

## Threshold concepts

- Leadership is who you are as a person and not just a position
- Leading and Leading Change starts from within (self mastery)
- A leader without followers is no leader – shared vision and team building and maintenance are critical skills (servant leadership)
- Leaders are not bosses: A leader must realize that there is somebody above you – you are not the ultimate
- Successful organizations have leaders at all levels
- Leaders are change agents and shapers of organizational culture and climate
- Reality is socially constructed. Our assumptions, values and actions impact others and contribute to creating the social reality of ourselves, coworkers and organizations
- Our social realities and sense of self are created between us in our everyday interactions and conversations

## Module Overview

1. PART 1: SELF MASTERY (PRIVATE VICTORY)

By the end of part 1, trainees should:

1.1. Be familiar with and explain the conceptual model of private victory before public victory of the 7 habits of highly successful people
1.2. Begin to personally apply the 3 habits of private victory:
  1.2.1. be proactive
  1.2.2. begin with the end in mind
  1.2.3. put first things first
1.3. Explain the socially constructed nature of experience and "reality" and the implications for management
1.4. Explain the difference between reflective analysis, reflex interactions and critically reflexive questioning
1.5. Analyze the implications of the socially constructed nature of experience and "reality" for their leadership practice and outcomes
1.6. Become increasingly personally critically reflexive in their leadership practice (able to think more critically about the impact of our assumptions, values and actions on others and apply it to a more collaborative and responsive approaching to leading and managing)

2. PART 2: ORGANIZATIONAL LEADERSHIP (WORKING EFFECTIVELY WITH PEOPLE OR PUBLIC VICTORY)

By the end of part 2, trainees should:

1.1. Explain and apply the paradigms of inter-dependence
1.2. Link the paradigms and habits of private victory to the paradigms and habits of interdependence (working effectively with people)
1.3. Describe collaborative problem solving in the context of confict and conflict response alternatives and apply and sharpen the skills of collaborative problem solving.
1.4. Understand the important of listening in working effectively with people, know how to listen and being to improve their listening skills
1.5. Explain why multi-disciplinary and multi-professional teamwork matters in health and principles of effective team leadership
1.6. Apply the principles and theories of leading teams in reflective and critically reflexive team leadership practice
1.7. Personally apply the habits of public victory
  1.7.1. Collaborative problem solving (think win win)
  1.7.2. Seek first to understand and then to be understood
  1.7.3. Think and act holistically

## 3. PART 3: PULLING IT TOGETHER

By the end of part 3, trainees should:

3.1. Pull together the lessons of private victory and public victory into a personal plan and approach to leadership
3.2. Analyze it in application in their personal leadership practice
3.3. Begin a process of continuous quality improvement in their personal application of the theory and skills

Cross Cutting Papers to read:

- Chris Argyris – Teaching Smart People How to Learn. Harvard Business Review May – June 1991
- Peter F. Drucker – Managing Oneself. Originally published in Harvard Business Review in March 1999 and January 2005

Cross Cutting Texts to read:

- The 7 Habits of Highly Effective People. Powerful Lessons in Personal Change. By Stephen R. covey

# Part 1 – Self Mastery (Private Victory)

## Session 1.1 Overview of the course and expectations

By the end of this session trainees should:

1.7. Be familiar with and explain the conceptual model of private victory before public victory of the 7 habits of highly successful people
1.8. Begin to personally apply the 3 habits of private victory (be proactive begin with the end in mind, put first things first)
1.9. Explain the socially constructed nature of experience and "reality" and the implications for management
1.10. Explain the difference between reflective analysis, reflex interactions and critically reflexive questioning
1.11. Analyze the implications of the socially constructed nature of experience and "reality" for their leadership practice and outcomes
1.12. Become increasingly personally critically reflexive in their leadership practice (able to think more critically about the impact of our assumptions, values and actions on others and apply it to a more collaborative and responsive approaching to leading and managing)

## Session 1.2 Paradigms of private victory

Activity 1 Paradigms and Principles (30 mins)

Power point presentation with embedded exercises

Inside out Picture Exercise
Give half the class the image of the young woman and half the class the image of the old woman. Give each person about 10 – 15 seconds to study the picture they have been given then collect the pictures.
Project on the screen the mixed picture and ask the class to describe what they see. Ask the people who are seeing different things to explain the picture they are seeing to each other (one by one).

Lessons to draw out (Use discussion and compare notes of the discussion with these notes taken from Covey)

- Conditioning affects our perceptions, our paradigms. The influences in our lives – family, school, church, work environment, friends, associations – all make their impact on us and help shapre our frame of reference, our paradigms and maps
- These paradigms are the source of our attitudes and behaviours. What you see affects how you behave

- To try to change outward attitudes and behaviours is of little long term value if we do not examine the underlying paradigms from which our behavior flows
- Realize that others see things differently from their own equally valid perspectives. Each of us tends to think we see things as they are and we are objective. We may be mistaken. We sometimes see the world not as it it is, but as we have been conditioned to see it. When we describe what we see, we may be describing ourselves and our paradigms. The people who disagree with us may not necessarily be wrong, they may be seeing the same thing from a different perspective (Use the story of the blind men and the elephant to illustrate)
- "The more aware we are of our basic paradigms, maps or assumptions, and the extent to which we have been influenced by our experience, the more we can take responsibility for those paradigms, examine them, test them against reality, listen to others and be open to their perceptions, thereby getting a larger picture and a far more objective view" Stephen Covey

Activity 2 Be proactive (30 mins)

Power point presentation

As human beings we are responsible for our own lives. We may not be able to control all the circumstances, but we can control how we react to them

Use table From Covey below to illustrate proactivity in language

| Reactive language | Proactive language |
|---|---|
| There is nothing I can do | Let's look at our alternatives |
| That is just the way I am | I can choose a different approach |
| He makes me so mad | I control my own feelings |
| They won't allow that | I can create an effective presentation |
| I have to do that | I will chose an appropriate response |
| I can't | I choose |
| I must | I prefer |
| If only | I will |

Exercise – Be proactive

Activity 3 - Begin with the end in mind (30 mins)

Begin with the end in mind visualization exercise (30 mins)

Activity 4 – Put first things first

PowerPoint presentation
Time management matrix Exercise

Assign reading for discussion later:
Marc Bonenberger, Moses Aikins, Patricia Akweongo, Xavier Bosch-Capblanch, Kaspar Wyss "What Do District Health Managers in Ghana Use Their Working Time for? A Case Study of Three Districts" PLoS One June 11, 2015

## Session 1.3: Core personal values and character qualities of a good strategic leader

Activity 1 (30 mins)

Hand out Exercise 1: Personal Mastery – Values assessment (from John Hopkins program materials)
Given participants about 15 minutes to go through the exercise
Invite a discussion on how participants responded e.g. give a few volunteers time to present their 5 and their 3 values, why they selected those etc. Let the class compare notes, ask each other questions etc

Activity 2 (30 mins)
Give trainees about 10 minutes to think and draw on their workplace experience to describe observed core personal values and character qualities of leaders they have worked with as well as under (whether their experience was positive or negative) and how and why their values and qualities affected their leadership practice, the experience of those they led in the organization and the leader themselves. Trainees should make notes.

At the end of the session invite trainees to share their reflection. Make two sets of notes labeled "positive" and "negative" reflections

Conclude with a discussion on what trainees think are essential core personal values and character qualities of the best leaders

Take home exercise:
Ask participants to spend some time thinking further through the following questions on their own and making notes in their journal:

- "what are my personal values and why"
- "What are my character qualities? Do they align with my core personal values?"

## Session 1.4: Theories of knowledge and Understanding the socially constructed nature of experience

Activity 1: (10 minutes)

Start the class with a general discussion of the following questions:

- What is reality?
    - What is social reality
    - What is social identity
    - How do you construct your social realities and identities
    - How do those around you construct their social realities and identities
- What is knowledge?
- What is theory?

Note the responses down on a flip chart

Activity 2 (20 minutes)
Power point presentation with discussion on theories of knowledge

Activity 3 (10 minutes)
Revisit the discussion of the three questions (what is reality, what is knowledge, what is theory) pulling together the discussions in activity 1 to a discussion of the power point presentation

## Session 1.5: Reflex interaction, Reflective analysis

Activity 1 (10 minutes)
To illustrate the difference between reflex interaction and reflective analysis use the simple arm folding activity suggested by Cunliffe (2004) as an opening to this session.

Instructions for arm folding exercise to illustrate the difference between reflex interaction and reflective analysis (Cunliffe 2004)

- Ask students to fold their arms
- Now ask students to unfold their arms and fold them the opposite way
- Ask them the following questions:
    - Which action was easier
    - Did you have to think and reflect to obey the first instruction "fold your arms"?
    - Did you have to think and reflect to obey the second instruction "fold your arms the opposite way"

Activity 2 (20 minutes)
PowerPoint presentation with discussion on the difference between reflex interaction and reflective analysis. Draw on the paper by Chris Argyris "Teaching Smart People How to Learn" which was assigned as a pre-session reading

Activity 3 (30 minutes)
Exercise: Reflect and briefly journal – what are my strengths and my weaknesses (10 mins)
Volunteers to present for discussion (20 mins)

## Session 1.6 Reflective analysis and Critically reflexive questioning

*"Critical reflexivity draws upon very different ways of thinking about the nature of reality as well as a different way of thinking about management learning. In particular, it means focusing on three issues:*

- *Existential: Who am I and what kind of person do I want to be?*
- *Relational: How do I relate to others and to the world around me?*

- *Praxis: The need for self-conscious and ethical action based on critical questioning of past actions and future possibilities"*

*Jun J.S. 1994 quoted in Ann L. Cunliffe 2004. On becoming a critically reflexive practicioner. Journal of Management Education, Vol 28 No. 4, pp 407 - 426*

*"Critically reflexive practicioners hold subjective understandings of reality and think about the impact of their own actions in creating reality and knowledge, that is, thinking in realities"*

Activity 1 (30 minutes)
Short activity suggested by Cunliffe (2004) and the discussion that follows

1) Ask for 4 volunteers to stand at the front of the class
2) Explain the rules
   a) no one can speak
   b) at any given time, one person has to stand, one sit, one lean (on a chair, desk, or other person), and one fold their arms
   c) participants may stay in one position for no longer than 20 seconds
3) Conduct activity for 2 – 3 minutes i.e. about 4 – 5 cycles
4) Further discuss the figure on reflective analysis, reflex interaction and critically reflexive questioning using the following questions:
   a) To the audience (ask the audience for their observations using the questions below; and summarize on a flip chart)
      i) What struck you when observing this activity
      ii) Who controlled the actions
      iii) How did the participants act
   b) To the participants (Ask participants to comment and summarize on a flip chart)
      i) What struck you about this activity
      ii) Why did you do ___ at this point?
      iii) To what extent can you anticipate your next move or the move of others?
      iv) How simple is the activity?
      v) What kind of understanding does this activity involve?
      vi) If we did the activity again, what might happen?
      vii) Did the audience give a true interpretation of events?
      viii) Can an observer say, "Let me tell you what is *really* happening here?"
      ix) So what does this tell us about theorizing and /or making assumptions about what others are doing?
5) Use the comments for a discussion to draw out ideas about the constructed and responsive nature of reality, the tacit aspects of knowledge, and reflex interaction

Activity 2 (30 mins)
Power point presentation and discussion on reflective analysis and critically reflexive questioning and Using reflexive journaling to help you become a critically reflexive practicioner

Assignment:

Read the article by Peter F. Drucker "Managing oneself". Harvard Business Review March 1999 /January 2005. Think about the following and make notes in your reflective /reflexive journal:

1. How do I perform /what are my strengths?
2. What are my values
3. What can I /do I want to contribute?
4. What areas do I need to work on?

Formulate your learning plan by answering the question: "What can I do in the sort, medium and long term to manage myself?"

- How will you construct learning opportunities, overcome your limitations, and practice your learning skills
- What is the social support system you plan to set up to maintain your continuing learning activities?

Source of exercise: Cunliffe A.L. (2004) On becoming a critically reflexive practicioner. Journal of Management Education. Vol 28 No. 4, August 2004 407 – 426

Keep a reflective and reflexive journal over this week. If you are comfortable to do so, we can discuss one on one your entries on Thursday /Friday

Read or re-read part I of the book The 7 Habits of highly effective people by Stephen R. Covey

## Part 2 – Organizational Leadership (Working effectively with People)

By the end of part 2, trainees should:

1.1. Explain and apply the paradigms of inter-dependence
1.2. Link the paradigms and habits of private victory to the paradigms and habits of interdependence (working effectively with people)
1.3. Describe collaborative problem solving in the context of confict and conflict response alternatives and apply and sharpen the skills of collaborative problem solving.
1.4. Understand the important of listening in working effectively with people, know how to listen and being to improve their listening skills
1.5. Explain why multi-disciplinary and multi-professional teamwork matters in health and principles of effective team leadership
1.6. Apply the principles and theories of leading teams in reflective and critically reflexive team leadership practice
1.7. Personally apply the habits of public victory
    1.7.1. Collaborative problem solving (think win win)
    1.7.2. Seek first to understand and then to be understood
    1.7.3. Think and act holistically

## Session 2.1 Recap of the paradigms and habits of private victory

Introduce the session by explaining that we will revisit issues in Private Victory and then move seamlessly into Public Victory. The two go together and we will keep going back and forth. Remind of the need to revisit and apply. Head knowledge has to be practiced until it becomes a habit and habit reinforced until it becomes character.

Check with residents that they have read the first half of the book on private victory

Use a case studies to illustrate and reinforce the three habits
Be proactive
Begin with the end in mind
Put first things first (what matters most to you. Make sure you have clarified it and are putting that first in your priorities)

## Session 2.2 Paradigms of interdependence

Activity 1 (30 mins)
Residents to read for discussion in class: Part three Public Victory, Paradigms of interdependence in the book "The 7 Habits of Highly Effective People by Stephen R. Covey"

Discussion Guide

- What is your understanding of the concept of the emotional bank account?
- Discussion and comments on the six major deposits into the emotional bank account
    - Understand the individual
    - Attend to the little things
    - Keep commitments
    - Clarify expectations
    - Show personal integrity
    - Apologize sincerely when you make a withdrawal

## Session 2.3 – Conflict, Negotiation and Collaboration (Think Win-Win)

Activity 1 (20 minutes)
Distribute and let the class self administer and self assess /score the managing interpersonal conflict assessment exercise from Whetton et al 1996. Explain the scores

Activity 2 (30 minutes)
Power point presentation and discussion on beneficial and dysfunctional conflict, causes of conflict and strategies for managing conflict management

Activity 3 (60 minutes)
Analyzing conflict case studies – Conflict in the theatre
Break class into groups of 3 – 5 people to read and analyze the case study: "conflict in the theater"

Have a class discussion of the groups assessment /answers to the questions at the end of the case study

Activity 4
Power point presentation – collaborative problem solving (30 mins)

Activity 5
Return to your groups. Suggest a possible collaborative problem solving approach for the conflict in the theater case study
Plenary discussion of the proposed collaborative problem solving approach

Activity 6
Assign as a reading for discussion the Chapter "Think win win" in Covey's book
Linking the chapter "Think win-win" with what we have learned about conflict and conflict resolution

Have a discussion with the class and ask if they see any links between the Covey categories and the conflict resolution alternative categories

| **Covey Category** | **Conflict resolution category** | |
|---|---|---|
| **Win-Win** | Collaboration | Negotiation |
| **?? Diluted win-win** | Compromise | Negotiation |
| **Win-Lose** | Forcing | |
| **Lose-Win** | Accommodation | |
| **?? Lose-Lose** | Avoiding | |

## Session 2.4 Listening and Understanding others (First seek to understand)

Assign the chapter "Seek first to understand and then to be understood" as pre-reading for this session and the next

Activity 1 – 20 minutes
Listen carefully to the short video clips that follow. Make notes on what you learn about listening as a key skill in understanding others.

A brief bios of each speaker is provided in your handout if you are interested in the background of the speakers.

(1) Listening – Bertha Katjivena
http://everydayleadership.org/video/179

(2) Learning to listen – Dorothy Namate
http://everydayleadership.org/video/10

(3) First Listen – E Michael Reyes
http://everydayleadership.org/video/450

(4) Listening to more than words – Madalene Jeyarathanam
http://everydayleadership.org/video/63

(5) Simply to listen – Ndwapi Ndwapi
http://everydayleadership.org/video/261

(6) The two most important skills – Aaron Katz
http://everydayleadership.org/video/432

(7) Active listening – Aaron Katz
http://everydayleadership.org/video/433

Activity 2
Lets discuss your notes from the short clips

Round off with a summary presentation on principles of empathic communication and draw out any issues /principles that have not come out already from the preceding exercise. Link back to the chapter seek first to understand, then to be understood.

- Character and communication
- Empathic listening
- Diagnose before you prescribe
- Four autobiographical responses. We:
  - Evaluate (agree or disagree)
  - Probe (ask questions from our own frame of reference)
  - Advise (give counsel based on our own experience)

  - Interpret (try to figure people out, to explain their motives, their behavior, based on our own motives and behavior)
- Understand and perception

Link back the concept of first trying to understand others to the sessions on critical reflexivity and social constructivism

## Session 2.5 Making yourself understood

Review the learning on collaborative problem solving. Return to the conflict in the theatre case study

Case Study 3 – Incentives for Research Participants

Questions

1. What are the different perspectives you see in this case study?
2. How were these perspectives expressed in words on in actions?
3. How (if in any way) did the expression help to fuel the conflict?
4. What were the source(s) of conflict?
5. How were the conflicts handled?
6. How might the individuals involved in this case study have helped each other to better understand their perspectives?
7. Outline the steps you would take to use a collaborative approach to try and solve this problem

## Session 2.6 Teamwork

Activity 1 (30 mins)
Power point presentation: Team Building and Leadership

Activity 2
Team work exercise (90 mins)
Break the class into teams of 5 – 8 people. Each team is assigned the task below.
The Provincial Health Management Team of Beacon province takes a decision on who should be next Chief Nurse General for Beacon province

As they work on the task, team members should also keep reflective and reflexive notes on the process
Plenary to present the tasks and share the reflective and reflexive notes on the functioning of the team

Activity 3 (30 mins)
Power point presentation: Managing Group Problems

Activity 4 (45 mins)
animal code Exercise
Reflective exercise animal codes

- On your own think reflective and reflexive and make notes in your journal: Do I behave like any of these animals when working in teams in my working setting?
- In the same groups as you did the previous team work, discuss:
    - Did any of us behave like any of these animals during our team work exercise?
    - Did any of us behave like any of these animals during our team work exercise?
    - Please find a partner with whom you feel at home and discuss:
        - Have you yourself behaved like any of these animals in a group?
        - Why did you do that?
        - What was the result?

In a plenary discussion include Groups you have worked in before

- Have you worked in a group in which members behaved like any of them?
- Why do you think they did that?
- What was the result?

Together as a class share insights from talking in pairs in a group discussion:
How do you think we might want to /most effectively address these behaviours in ourselves as well as within teams in which we work?

Remind people that:

- These animal pictures can provide groups with a helpful vocabulary for giving feedback to each other
- However the feedback must not be imposed
- You must also make sure you have understood each other well enough to be able to use humour respectfully to improve your working relationships

## Session 2.7 Motivation – An Introduction

Activity 1 (20 mins)
Power point presentation on theories of motivation and performance and on CQI /TQM concept of internal and external customers

Activity 3 (60 mins)

Case Study: Care of Oparebea in the labor ward
Divide the class into groups of 3 – 5. Distribute the case study "Care of Oparebea in the labor ward". Ask them to read the case study and answer the questions that follow. Have a plenary discussion of their responses

Relate the discussion to motivation theory and to the CQI/TQM concept of internal and external customers

Activity 4 (30 minutes)

Discuss the paper:

Aberese Ako M., van Djik H., Gerrits T., Arhinful D.K., Agyepong I.A. (2014) "Your health our concern, our health whose concern?": perceptions of injustice in organizational relationships and processes and frontline health worker motivation in Ghana. Health Policy and Planning Volume 29 Supplement 2 October 2014 ISSN 0268-1080. Pp ii15 – ii28

This paper should have been assigned as a pre-workshop /overnight reading

## Part 3 – Pulling it together

By the end of part 3, trainees should:

3.4. Pull together the lessons of private victory and public victory into a personal plan and approach to leadership
3.5. Analyze it in application in their personal leadership practice
3.6. Begin a process of continuous quality improvement in their personal application of the theory and skills

### Session 3.1 Emotional Intelligence and the concepts of Private Victory and Public Victory

Before class read the paper: What Makes a Leader by Daniel Goleman. Originally published in Harvard Business Review June 1996

(1) How do the Emotional Intelligence Concepts of:
- Self awareness,
- Self regulation and
- Motivation

relate to the self mastery concepts we have been discussing and thinking through in the course of: critical reflexivity, being proactive, personal value systems /beginning with the end in mind and putting first things first?

(2) How do the emotional intelligence concepts of empathy and social skills relate to the concepts of conflict resolution/think win win and seek first to understand and then to be understood that we have been discussing and thinking through in this course?

## Session 3.2 Leadership examples

Option 1
One on one with past and present leaders in the health sectors of Sub-Saharan Africa to discuss their perspectives on Private Victory and Public Victory (Leading People)

One on one with:

- Dr. Moses Adibo
- Dr. Nana Enyimayew
- Dr. Nana Antwi Agyei

Option 2
Watch and discuss Everyday Leadership video: Rocking the boat quietly http://everydayleadership.org/video/p0505. Girija Vaidyanathan. India.

Questions to stimulate discussion

- When is Girija being reflective?
- When is she being reflexive?
- How do you see the two being related?
- What do you learn from her about conflict?
- What do you learn from her about team work, specifically working with and managing stakeholders
- What do you learn from her about shared vision and handing over leadership
- What do you learn about her core personal values and character qualities?
- What social justice, human rights and health equity values do they reflect?
- What do you think are the speaker's strengths as a leader? Why?
- What do you think are their weaknesses? Why?
- Where did they fail? What do you learn from it?
- Where did they succeed? What do you learn from it?
- What have you learnt from them about leadership?

Watch and discuss Everyday Leadership Video: The International Leader http://www.everydayleadership.org/person/peter-piot Peter Piot. Belgium /UK

Questions to stimulate discussion

- When is Girija being reflective?
- When is she being reflexive?
- How do you see the two being related?
- What do you learn from her about conflict?
- What do you learn from her about team work, specifically working with and managing stakeholders
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- What do you learn about her core personal values and character qualities?
- What social justice, human rights and health equity values do they reflect?
- What do you think are the speaker's strengths as a leader? Why?
- What do you think are their weaknesses? Why?
- Where did they fail? What do you learn from it?
- Where did they succeed? What do you learn from it?
- What have you learnt from them about leadership?

What are the commonalities and contrasts between Girija Vaidyanathan and Peter Piot?

### Activity 3.3 Interactive personalized feedback

Activity (60 mins)

As a synthesis exercise
Give participants about 20 minutes to reflect and jot in their reflective notebook what they are taking away from this seminar back to the work place
Use the rest of the time to have participants share with each other and facilitators and to give and receive feedback

# Appendices

## Appendix 1 – Case Studies Collection

These cases have been adapted from journal articles based on research of team members or from observed real life experiences of health sector staff. For ethical reasons real names and locations are not used in the case studies.

## Motivation

### *Case study: Care of Oparebea in the Labour Ward*[1]

Case Study developed by Linda Lucy Yevo from doctoral thesis field work (hospital ethnography) material

It is dawn in the Maternity ward in Moon hospital. Thirty-three year old Oparebea Mantey (pseudonym) lies on the delivery bed and yells loudly and snaps her finger as a way to deal with the pain of her labour contractions. She is expecting her fourth child. Midwife Norley who admitted her into the labour ward during the night shift screams out from the midwives' documentation centre located out of the delivery room "I have told you so many times that if you are in pain, do breathing exercises rather than wasting your energy on the empty yelling". As she continues to write her delivery summary report and plot partographs of deliveries she conducted during the night shift Midwife Norley tells her colleague midwife from the outpatients who has dropped in for a brief chat:."As for that case lying on the delivery bed screaming over there, you have no idea how much I am praying so she does not get full before 8 am. The morning shift people should come and deliver her. I am tired. I need to finish my notes and go home"

Midwife Norley's prayer is answered with the arrival of the day shift nurses.
As part of the regular daily routine of the maternity ward the day nurses go round with the night nurses for the handing over from one shift to the other. Matron Fullera accompanies them. Midwife Norley and the other night nurses brief Matron Fullera, Midwife Freda and Midwife Selom the day shift nurses about each case. They also inform them that the gloves in the maternity and labor wards are finished. It has been a very busy night with a larger number of deliveries. It is a Monday morning but the hospital only issues gloves on Tuesday. Is there anything that can be done. Nurses as well as patients are at risk if deliveries and other procedures are done without the protection of gloves. Midwife Freda turns to Matron Fullera and asks "Matron, can't you find us a few more gloves to get us through to Tuesday". Matron Fullera clearly irritated frowns and says "There are none. Stop worrying me. Wash some of the disposable ones, dry them out and reuse them. The Medical Director says National Health Insurance has not paid for us 6 months. The suppliers have refused to supply any more gloves because we owe them too much money. The Director behaves as if we bring the clients from our homes to the hospital or we are stealing the gloves to work in our homes. How are we supposed to work without gloves." As Matron Fullera walks away still frowning; Selorm turns to Freda and comments: "You leave these big bosses alone. We will show them who is wiser than who. How do you work without gloves. They are not the ones who have to do procedures without gloves. They can just sit in their offices. How can you reuse disposable gloves. Holes develop in them when they are washed."

[1] All names used in this case study are pseudonmyms

Midwife Freda reads Oparebeas night notes and does an initial examination of the frequency and strength of her contractions. She assesses her dilatation using a pair of washed and dried disposable gloves muttering to herself under her breadth all the time. She comments to the patient: "Be quiet. You are not the only one who is suffering. We are all suffering in this hospital." Operabea moans and continues to snap her fingers.

Two hours later Midwife Freda examines Oparebea again for the progress of her labor and also checks the foetal heartbeat. She is worried at the failure of Opreabea's labour to progress. She complains to her senior colleague Selom: "I think there is something wrong with this woman's labour progression. She was admitted at dawn 6 cm dilatation and though it is almost 10 am she is still 6m dilated. I want to rapture the membrane to see if there is meconium staining, because I can't hear the baby's FH well. And then I will also augment (labour), maybe it will help her.

But I can't find any of the disposal gloves not even one of the sterile ones. Even the wash and reuse ones are finished. I have searched everywhere where I know people hide gloves for emergency situations like this but I can't even find some of the ones we hide".

Midwife Selom visibly angered by the situation comments: "What are you worried about? Did you carry the pregnant women from your home? Have we not already informed Fulera who calls herself the head of maternity? She has not made any effort to find us some gloves until stocks are issued tomorrow. You wait, we will refer all pregnant women come in labour on account of "no gloves". That is the only language they understand. We will start performing magic soon, nonsense, nonsense."

Midwife Freda also visibly frustrated turns to vent her frustrations on Oparebea: "Look at this lazy old woman who has already had three children and decided to have another one, and arrive here with her ten fingers. She does not even have a simple sanitary pad. What do I do." After the insults she asked Oparebea "So maame where is your husband? Didn't he leave you with any money when he brought you to the labour ward at dawn?" Oparebea shakes her head to respond in the negative. She in moaning in pain and unable to speak. "Woa hwe" (literally meaning "just look at this") the midwife retorts. "You are coming to deliver, you do not have pampers (diapers) or nappies, no cloth to cover the baby, no baby's oil and not even a common bucket to pack in your clothes and that of the baby. You people are the type of pregnant women who, should the midwife make the mistake of using any medicine and other (non) consumables outside what health insurance covers, then everything becomes the midwife debt. Look at the stress you are putting us through this early Monday morning."

She looks at the patient again. The woman's face is contorted in pain and she is moaning. Her face changes. The anger is replaced by compunction and she mutters to herself "Why am I behaving like this. This poor woman is suffering. After all it is not her fault. We are all suffering" She touches the woman gently and speaks kindly to her: "It will be well okay. We will see what we can do." She appears to clearly regret her earlier outburst.

Eventually Oparebea's husband appears with baby cloths. The Midwife quickly rushes to meet him, takes them and starts listing other items urgently needed for him to go and get. "Papa, we will need the following things before we can attend to your wife. We need a giving set, green cannula, 800 mg of cytotec, toilet rolls, hair net, delivery mat, 2 mackintosh rubbers, baby oil and sanitary pads. Give me twenty Ghana cedis for the toilet rolls, pad, hair net, baby's oil, mackintosh rubber and delivery mat all of them. The rest of the items I will write for you. Quickly buy them from the hospital pharmacy and bring them to us immediately. Health insurance does not cover them that is why you have to buy.

The two midwives attempt to deliver Oparebea but failed completeley, The baby is too big. Oparebea is exhausted and can hardly push. One of the Nurses runs to call Dr. Bully to perform a vacuum extraction. Nurse Sandra joins the team. Dr. Bully asks "Do you have long gloves?". Nurse Sandra replies "Doctor you know the glove situation in this hospital". Dr. Bully replies "You know I have clearly stated I will not do any procedues in the labor ward without long gloves. Find some one else to help you". Dr. Bully walks off. Nurse Sandra suggests to her colleagues "This women abdomen is distended, let call Matron Fulera to do the vacuum. She knows how to do it" . Matron Fullera arrives and also asks for gloves. The nurses explain that there are no gloves. Matron Fullera looks at the woman, sighs and proceeds to do the vacuum extraction without any gloves. The vacuum delivery fails on three repeated attempt. Then Matron Fullera notices and comments: "look, the urine in the urine bag has become blood stained, it is an obstructed labour, let inform the doctor on duty to get ready for a caesarean section".

"We have to start shaving her but this woman and the husband who has no money how will she buy shaving stick for us to commence this shaving now? Health insurance too does not cover shaking stick, and we too we don't have surgical blade. Hey!, where are the midwife students and HAC staff, everyone should make contribution towards this woman's maternal healthcare, it is part of midwifery work hazards. One of you should buy shaving stick, another buy her theatre rubber as your contribution". I will talk to the head of the theatre to hold on with her 40 Ghana theatre charge. I will talk to the social work people if they can find a way to cover that cost for her if the husband is unable to pay us" Everyone runs frantically desparate to somehow save this woman and her baby despite the challenges".

Questions

1. Why do you think the nurses are behaving the way they are?
2. Would you describe any of the nurses in this case study as motivated? Why or why not?
3. How would you describe the quality of care the patient is getting? Why do you think this is so?
4. What do you think the role of the floor and institutional level leadership in this hospital may be in the scenario observed?

5. If you were the Medical Director of this hospital, what do you think you should do?
6. Do you experience situations similar to this in your work setting?
7. Why or why not and how do you deal with them?

## Conflict

### *Case 1 – Conflict in the theatre*

Source/Reference: Aberese-Ako M., Agyepong I.A, Gerrits T., Van Djik H. (2015) "I used to fight with them but now I have stopped!": Conflict and Doctor-Nurse-Anaesthetists Motivation in Maternal and Neonatal care provision in a Specialist Referral hospital. PLOS One 10(8): e0135129.doi:10.1371/journal

Dr. Hilary, a senior doctor, Dr. Kofi, a junior doctor and Dr. Kumoji, a house officer were on duty in the Obsetrics and Gynecology (O&G) department of Star Hospital. Dr. Hilary stayed in the consulting room, while the other two doctors worked in the operating theatre. Mr. John, a senior nurse-anaesthetist and Ms. Joan, a junior nurse-anaesthetist were scheduled to work with the O & G and the surgery departments respectively.

The first emergency obstetric case for the morning was a pregnant woman with a diagnosis of placenta previa type 2[2]. The woman is bleeding profusely and the only way to save her baby and herself is to conduct and emergency Caesarian section. Fortunately the baby is still alive. The midwive as well as the doctor on duty checked and there was still a normal foetal heartbeat. An emergency caesarean section (C/S) to save mother and neonate was quickly arranged.

The mother was wheeled into the operating theatre where Dr. Kofi and Dr. Kumoji were waiting for Mr. John, to anaesthetise her so they can carry out the surgrey. A conversation that ensued between Dr. Kofi and Mr. John resulted in a conflict situation.

Mr. John turned to Dr. Kofi and asked: 'Have they done blood count?'[3].
Dr. Kofi retorted: 'Don't ask me!'
Mr. John calmly repeated his question: 'I am asking whether they have done the blood count?'
Dr. Kofi retorted: 'You have had this coming since morning. You should have asked this question before the patient came in. I am not the one to answer that question!'
To which Mr. John now seemingly irritated replied: 'Then I will leave the patient!'.
'Yes, you can leave, after all what is it! I will also leave!' Dr. Kofi retorted angrily.

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[2] the placenta is lying low down in the uterus below the head of the baby. This is a serious condition that obstructs a normally vaginally delivery and can lead to death of both mother and baby from bleeding when labor starts and the placenta begins to separate. The solution is to deliver the baby Caesarian section before the onset of labor

[3] [Blood count tests offers information that the doctor can use to determine the client's health status. In this hospital it is the responsibility of the doctor to request the test and instruct the nurses to liaise with the laboratory to conduct the test before surgery]

Mr. John also visibly angry ordered his assistants: 'Wheel the patient out, we won't do it!'

Dr. Kofi and Mr. John both stormed out of the theater. They continued the angry exchanges as both men stormed out of the theatre. Some of the nurses, orderlies and anaesthetic assistants present distressed, appealed to them to stop. Both men visibly angry ignored them and exited the theater.

About ten minutes after their disappearance, probably following an alert by the staff who witnessed the incident, Dr. Hilary left the consulting room and came to the theatre to resolve the problem. She asked Dr. Kofi to return to the theatre; and requested Ms. Joan, the nurse-anaesthetist originally assigned to the surgical theatre, to come give spinal anaesthesia since this was an emergency. Both Dr. Kofi Ms. Joan complied with Dr. Hilary's instructions; and safely delivered the mother of a live baby within thirty minutes to the relief of the anxious surrounding theater staff and nurses.

**Questions**

1. What kind of team operates in this maternity department?
2. What are the causes of the conflict in this scenario?
3. How are the conflicts being dealt with /What strategies do you see being used to handle the conflicts?
4. Why do you think this is so?
5. What are the results /consequences for the workers and for the clients?
6. What are your own experiences of conflicts from your work setting and their effects on leadership, workers and performance?
7. Would you have any suggestions for how these conflicts could have been differently managed? Why?

### *Case 2 - The Football Team*

Source /Reference: Dr. Andy Ayim, District Director of Health Services and Senior Resident in the Ghana College of Physicians and Surgeons Public Health Residency program track in Health Policy Systems and Leadership

Dr. Duke is the Team Doctor of a male national football team. He is the head of the Medical team comprising a physiotherapist and a masseur. He is part of the technical team comprising three coaches, an equipment officer, a team manager and a welfare officer. The head coach is the head of the technical team. The doctor's job entails ensuring that the team is healthy for all football competitions and to check for the medical fitness of players in order to make them eligible for selection before they play in an international match.

John is a football player who was excluded from the team list for an international match because the doctor declared him unfit due an injury to his right big toe. He had earlier been told by his pastor that he was going to score the winning goal for the team in that match. He believed he had to play and could play inspite of his injury.

When the list of players selected for the match was released in the media, some journalist and Ministers of State objected to the exclusion of John from the list. The coach of the team was called by the Minister for Sports and was ordered to include John in the team selection because he had scored the highest number of goals in the local league competition of the country. The coach explained that the doctor was the only person who could declare the player fit to make him eligible for selection. The journalist wrote news items on the internet telling the public that the team doctor was disabling the team from winning this important match by excluding their goal king.
The Minister called the doctor and said angrily 'if you cannot deal with an injury to the toe for the player to play in the match, why are you in the team?' The journalist mounted pressure on the doctor to include the player in the team. Even though the doctor had excluded John from training with his injury, he decided to let the player play in the last training section because many spectators were coming to watch the final preparations for the match. Many of the spectators insisted the player should be replaced after thirty minutes into the training section because the player was not doing well (in their opinion). The coach obliged and replaced him. News went round that the player could not complete the final training section and had to be replaced.
The pressure on the doctor and the coaches to include the player in the team abated and the international match was played without the player.

Questions

1. Was there a conflict situation?
2. What were the causes of conflict in this scenario
3. Who were the initiators and responders in the conflict
4. What were the consequences of the doctor's decision to include an injured player in the last training section

5. Would you have any suggestions for how the issue could have been differently managed
6. What are your own experiences in such situations and how did it affect leadership, team members and performance

### *Case 3 – The Laboratory Test*

Source: Student experience from the UG-SPH MPhil class (Instructor: I.A. Agyepong)

A biomedical laboratory scientist in a hospital medical laboratory is being pressurized for immediate results on a test they are running on a patient by the patient's clinician. The clinician needs to take a decision and act and needs the test results to inform action. The test tool available in the laboratory is not very reliable and so is delaying the results. When the results finally come, he is not sure how accurate they are and decides to run a repeat test to confirm the initial results to avoid misleading the clinician.

His boss, the head of the regional laboratory services, who has received a complaint from the clinician about the delayed results has joined in the pressure and is asking for the results. He has tried to explain why the results are not forthcoming but neither his boss nor the clinician appear to understand. In the case of the clinician he told him he needs to cross check the results so there will be a delay. In the case of his boss he reminded him that he had complained before that the test machine may be faulty. The clinician is not aware of the possibly faulty machine. Both the clinician and his boss react by labeling him as slow and incompetent.

He has tried complaining to his boss earlier that the machine is faulty, but his boss would not listen to his complaints bout the possibly faulty machine. His boss insists that it is an almost new machine and there cannot be anything wrong with it. He has used it before and did not have any problems. There is no money to buy a more modern machine. He should manage. His boss thinks he is just being over critical and perfectionist. There are no perfect error free tests.

He completes the cross check and releases the results but feels really bad about having been made to feel so incompetent, the failure to appreciate his desire to present a high quality report; and his impression that his boss has a different work ethic from his when it comes to quality of reporting. He feels really hurt, especially because he loves his work and has been putting all his energy into this work. However he says nothing because both his regional boss and the head of clinical services are very powerful people.

Next time a similar test is sent to him, he has the same problem. However this time, he is tempted to please his boss by ignoring his doubts about the quality of the results and handing them over just as they are, or forging the results. However he has difficulties about choosing this approach because of his personal values. Should he pay a price for doing the right thing by having his bosses continue to see him as incompetent or should he just pass on results he thinks look suspect; or even "doctor" them a bit to look good. He decides not to bother with the confirmatory test and just push out the results quickly.

Questions

1. What are the different conflicts you see in this case study?
2. What were the source(s) of conflict?
3. How were the conflicts handled?
4. Do you agree with the way they were handled? Why or why not?
5. Could this work have been approached in a different way and avoided some of these problems? If yes what way?
6. Outline the steps you would take to use a collaborative approach to try and solve this problem

### *Case 4 – Incentives for Research Participants*

Source: Adapted from field work experience in a rural community in Ghana (Irene A. Agyepong and Edith K. Wellington 1990)

A team of social scientists are conducting research on community perceptions and practices related to malaria in two rural communities. They are using participant observation, focus groups, informal and formal structured interviews for their data collection. Because of the participant observation, they are living in each community during the data collection period. As part of this research work, a related epidemiology component has as an important objective to assess the prevalence of malaria and anemia in the two communities in which they are working. The prevalence among children under five is already known and the assessment is being done in adolescents because of interests in what the prevalence of malaria and anemia are in this group also. The blood sampling and analysis has been contracted out to the laboratory of a biomedical research institute in the University.

Both study communities are poor remote, rural subsistence communities situated off the main road with no electricity and no running water. The big university where the research laboratory is situated is located about 2 – 3 hours drive away. The arrangement therefore is for the laboratory scientists to visit the community on selected days, take the blood samples and then take them to be analyzed in the research laboratory.

In the first community, the social scientists settled in the community, met community leaders, explained the purpose of the research including the blood sampling and asked permission to start the work. They spent almost two weeks living in the community before the blood sampling started. Since it was a small rural community, most community members knew the two social scientists by the time the laboratory team came in to collect the samples and do the analysis. The day and time of the sampling had been well advertised. There was an almost 100% response from the community with all the adolescents turning up for the exercise.

On the advice of the laboratory team, who said that was what they did, each person who had a blood sample taken received some milk and soap. The social scientists were a little concerned that it would look like a material incentive was being given to induce compliance or as a kind of bribe; and might be misunderstood, but the laboratory team assured them it was standard practice.

By the time the team was able to move to the second community, the biomedical research team was about to move to another assignment in a different part of the country. They therefore asked that the blood sampling should be done within the first week of the work in the 2nd community. The social scientists disagreed and asked that the blood sampling should be done after they had spent at least a week and a half or more in the community and had adequate time to build a relationship with the community and make sure that the work and the need for blood sampling had been properly understood. Unlike in the first community

where they were staying within the community itself, in the second community, the social scientists were not staying within the community itself, but within walking (30 minutes) and local taxi (5 – 10 minutes) distance. There had been some challenges with arranging suitable accommodation within the community in a timely fashion.

The social scientists again raised their concerns to the laboratory team that the milk and soap might be seen as a bribe whereas with understanding of the benefits of the research to the community it should be possible to do the blood examinations without needing to give soap and milk. What was more important was to provide people with copies of their results and advice them if any further medical screening or intervention was indicated e.g. because they were anemic etc. The were a bit concerned that they had not had adequate time to relate to the community, be accepted and be sure that the explanations about the need for blood sampling had been well understood. The laboratory team was adamant. If the sampling was not done that week it would not get done. They could not cancel their engagement in the North. The pointed out that there had been on problem with the milk and soap in the first community. Reluctantly, the social scientists agreed and within the first week of their work in the community the laboratory team came to take the blood samplings.

At the end of the first day of the blood sampling, just after the biomedical team had left with the blood samples packed ice to analyze them; and the two social scientists were resting under the shade of one of the trees in the village they saw and angry crowd of women accompanied by the children and followed by some of the dogs in the village heading in their direction. They were carrying the milk and soap that had been given to the children who had come for the blood sampling in the morning.

The women were furious. Why was the research team bribing their children with milk and soap and taking blood from them. Where were the samples that had been taken? They had been informed that in Accra blood was sold for huge amounts of money. Did they think they could come and cheat them in the village by taking blood to go and sell? They heaped insults and accusations at the research team. Nobody in the village was going to participate in this study. They left.

### *Case 5 – Who should be the Chief Nurse?*

Case study developed by I.A. Agyepong

Region X
The chief nurse of province X has just retired and the provincial director is faced with an unexpected interpersonal conflict among the nurses in the region over who should be the next chief nurse. Tensions are high.

Before the current case, there were 3 senior nurses or chief nursing officers at the provincial level. One was Chief Public health nurse and the other was Chief clinical care and the chief nurse general or overall was a clinical nurse. When the chief nurse general retired, since the Chief public health nurse was the next most senior nurse in the province, she was given the post of chief nurse general for the province. The position of Chief public health nurse for the province that subsequently fell vacant has still not been filled. Senior nurses have attended interviews for the vacancies in the province but for some reason human resources has not released the name of who qualified to fill the vacancy of chief public health nurse at the regional level.

The human resource directorate at headquarters and some other senior managers are uncertain what the advantages are of having as many as 3 Chief nurses for the province. May it not be simpler just to have the Chief clinical and Chief public health nurse and let whoever is the most senior among the two assume the position of chief nurse general. They are however open to arguments for two or three.

There were no arguments over the arrangement where the outgoing chief nurse general also doubled up as the chief nurse public health and a substantive chief public health nurse had not been appointed because as well as being the most senior nurse in the province, the outgoing chief nurse general was also the most senior nurse in the province as a whole and regardless of any personal preferences or antipathy to her as a person, her position was accepted.

There are several principal nurses (the category just below Chief nurse) in the region since each district has a principal nurse as does each hospital and each polyclinic. All these principal nurses were promoted through the same type of interview and can therefore be considered as having passed the same "competence" test as far as designation as principal nurse goes. The current chief nurse clinical care at the region, is in terms of seniority among the principal nurses in the province, actually "junior" to several of the other principal nurses in spite of being a fairly senior nurse in terms of nurses in the province overall.

Just before she retired the outgoing chief nurse genereal was publicly confronted in the Provincial health management team meeting by the Chief clinical care nurse about the perception that she was deliberately sidelining her and maneuvering to bring in the next Chief nurse from outside rather than handing over to her because she does not like her and because the public health nurses want to reign supreme in the province and dominate the clinical nurses. She

stated that she had heard the outgoing Chief nurse general state that never would she hand over to her. She feels and says the clinical nurses in the region support her in that the position of Chief Nurse for the province must rotate between the clinical and the public health nurses for fairness. It is appropriate therefore for her to be the next Chief Nurse.

The outgoing Chief Nurse when asked to comment on these matters following the public accusation explained that in her opinion the next Chief Nurse must be the most senior of all the principal and Chief nurses in the region. The Chief nurse clinical care although senior to most nurses in the region is relatively junior to most of the current principal nurses. She does not know how she got promoted to Chief Nurse when there are other competent and more senior Principal nurses due for promotion to Chief. She will not have the needed authority as Chief Nurse general, and making her Chief Nurse general is a potential source of confusion in the province. It has nothing to do with her personal like or dislike for the current Chief Nurse clinical care.

The Provincial Health Director (PHD) has sensed the potentially explosive nature of the current conflict and has making enquiries and asking for advice concerning organizational policy in the matter of who becomes Chief Nurse general for the province. There does not appear to be any clearly stated policy. The PHD also found in the process that a Chief Nurse public health had actually been appointed for the province who is slightly junior to the current Chief Nurse clinical care.

For some reason not entirely clear, someone appears to have suppressed the release of the appointment letter at HRD HQ with the explanation that "it will cause confusion. The current Chief Nurse general should go home first". The PHD, wonders exactly what is going on and is not happy at all with this interference in the affairs of the region by some unknown desk officers at HRD-HQ, and has requested that the letter be released to the region and has openly made it know that there is a substantive Chief Nurse public health appointed for the region.

Now that the Chief Nurse general has actually retired, the question as to who becomes the next Chief Nurse general for the Province has become acute. It however remains difficult to resolve because of these complications. Someone at the human resources directorate has informed the Chief Nurse clinical care at the region that she is next in line regardless of her seniority because she is based in the region and that the human resources directorate backs her candidacy. The new Chief Nurse public health at the region s junior to her and there is no reason to have 3 Chief Nurses at the regional level. She is therefore an automatic candidate. She was appointed to take over as Chief Nurse General. Several incidents and comments reinforce the observation that for some reason someone at the human resources directorate head quarters (but not the director – who appears neutral in this case and not completely aware of all the lobbying going on) is actively lobbying and manipulating for the candidacy of the Chief Nurse clinical as Chief Nurse General for the Province. On formal enquiry from the

Director at the Human resources directorate about this issue, the region has been advised to "take the decision that works best for you".

The clinical nurses in the region support the candidacy for Chief Nurse General of the Chief Nurse clinical care because they feel they are being ignored and looked down upon by the public health nurses group. Having someone from their ranks hold the topmost nursing position in the region is only fair given that the previous Chief Nurse General belonged to the public health nurses group. It will also give them a chance to redeem their image and status. Rumors are rife in the region among the clinical nurses group that yet another attempt is afoot to cheat them. Already public health nurses go to more seminars and take part in more training programs and projects than clinical nurses. Public health nurses also make comments that suggest that they feel they are superior in training and breadth of outlook to the clinical nurses. Clinical nurses feel that having a clinical nurse as top nurse in the province will get some of these perceived slights corrected.

On the other hand, there are nurses in the province that feels that seniority among nurses of the same rank should be respected and that the next most senior nurse in the province, who currently holds the position of principal nurse in one of the facilities in the province needs to move to the provincial office to take up the position of Chief Nurse general for the region. It does not matter whether she is a "clinical" nurse or a "public" health nurse. A nurse is a nurse first and foremost and seniority matters. A senior nurse is a senior nurse. Many of those in this group are public health nurses – and the most senior of the principal nurses in the region – who is also senior to the Chief Nurse clinical care also happens to be a public health nurse.

Officially the human resources directorate of the health service has no clear stand on the issue – and state that they will be happy to learn from the experience of the region. They have asked the PHD to take the decision that will work best for the province.

Team Work task
You are the Provincial Health Directorate management team of Beacon province. Convene a management team meeting to decide on how to resolve this problem. You must come out with an official statement of the decision of the team to be announced to the staff in the region and communicated to the Director General before close of day.

During this team work task also observe and take notes on how you interact and relate with each other as a team and your own reactions, perceptions and contributions to the process in your reflective and reflexive journal

PART II
After much thought and deliberation as well as discussion with several people with experience at the provincial level and at headquarters, and with senior management in the province, as well as enquiry as to how other provinces handle these issues, the PHD finally takes the decision that the seniority issue

does matter. The other alternative was to hold an open interview for the position of Chief Nurse General from among all the Principal and Chief nurses in the region. It is unclear if this will bring added value to the resolution of the conflict.

The justification for the option finally taken by the PHD regional is that chief nurse general for the region needs to have the credibility to hold together the nurses in the region without major conflict – and seniority matters among nurses. Moreover, observation suggests that a little more experience before the current Chief Nurse clinical care becomes Chief Nurse General will probably be beneficial. She will still have a couple of years active service left when the most senior Principal nurse in the region who the PHD proposes to make Chief Nurse General retires and she can take over then as appropriate. All the Principal and Chief Nurses in the region were appointed through the same interview process and in theory are equivalent to each other. In the absence of some more objective criteria to select who should then be the Chief Nurse General DDNS among them all, seniority seems a reasonable criteria. The PHD has also made some observations that suggests caution about the objectivity of the motives and reasons behind the backing the Chief Nurse clinical for the position of Chief Nurse General. It is not clear to the PHD what the authority and motive of those at human resources who in a way started some of the problems by pronouncing that the Chief Nurse clinical care should be the next Chief Nurse General is.

As soon as the decision is announced, a major conflict explodes among the nurses in the region over this issue with clinical nurses threatening to strike immediately in favor of their candidate, if the decision is not reversed and their candidate selected. The public health nurses hear about it and also threaten to counterstrike to back the most senior nurse – who also happens to be a public health nurse – if the clinical nurses strike to back the Chief Nurse clinical care. The Clinical nurses are threatening to strike because they have been informed that the Chief Nurse Clinical is now going to be relegated to an insignificant position in the Province and pushed into a small side office annex. This has upset the feelings that are already sore over the perceived discrimination against clinical nurses.

(1) What are the sources of conflict in this case? Why do you think so?
(2) What conflict management strategies (if any) are used?
(3) What is the appropriate conflict management strategy? Why?
(4) How will you go about it?
(5) Do you agree or disagree with the process and the decision the PHD regional made to use seniority as the criteria for deciding on who should be the next "head" DDNS among all the DDNS in the region? Why?
(6) If you were PHD director, how would you have handled this case?

### *Case 6 – Additional Duty Hours Allowance for staff not at post*

Source: Student experience from the MPhil class. Class instructor – I.A. Agyepong

The problem involved a staff member who persistently absented herself from work on the basis of supposed ill health.

Though her absence from work was attributed to ill health by her immediate superior there were no records on file of any medical report to substantiate her illness. She persistently absented herself from work for months but continued to receiver her salary and Additional Duty Hours Allowance (ADHA).

The following measures were taken to correct the anomaly:

First and foremost I had her ADHA suspended and her name was taken off the list. Anytime her immediate supervisors brought their unit list for ADHA with her name on it, I made sure the list was sent back and corrected.

Then after consulting or discussing with a few senior officers at higher levels I had letters written to her bankers to pay the unearned salary back to Controller and Accountant-General's suspense account. Before this however, a series of attempts had been made to contact the said staff for an official medical report but all this proved futile. Family members had been contacted to help resolve the problem but this also failed.

The bank manager initially did nothing in response to the letter. Letters were then written to the higher levels indicating that the staff had vacated her post.

A second letter was then written to her bankers again attaching a copy of the response from the higher level and another letter was written to Controller and Accountant-General's Department to have her name deleted from the payroll.

(1) What are the sources of conflict in this case? Why do you think so?
(2) What conflict management strategies (if any) are used?
(3) What is the appropriate conflict management strategy? Why?
(4) How will you go about it?

### *Case 7 – The Human Resource Manager*

Source: Student Experience from the MPhil class: Class instructor – I.A. Agyepong

A new human resource manager has been posted to a rural mission hospital. Within his first week he starts issuing query letters to staff for minor (a few minutes late to work) and major (a whole or several days absent from work without permission) misdemeanors. He does not discuss the issues with the staff but just issues the letters pointing to the rulebooks of the organization. The previous human resource manager had another style. He would call staff on the first misdemeanor and talk with them or issue warning. Only in the face of persistent and recalcitrant behavior would he issue query letters. In this hospital, query letters go on staff files as a permanent black mark. The staff sent a delegation to him to complain and request that he reserves query letters for recalcitrant behavior. He dismisses them, informing them that the rulebooks are there for all to read. If they cannot obey them they will get query letters.

The staff in the hospital organized themselves and wrote a letter to the head of the church in the district (who was also the head of the hospital) requesting that the human resource manager is transferred. 80 – 90% of the staff in the hospital signed the letter. The head of the church called a meeting of the staff asking them to be patient and give the HR manager time. He had only been at post for a month. The HR manager threatened the hospital to take them to court for breach of contract if his contract is terminated at such short notice. The staff are just indisciplined and insubordinate and do not want to obey organizational rules.

Within the week, all the staff in the hospital lay down their tools and refuse to work if the HR manager is not moved out. They camp in front of his office wearing red bands and beating war drums. The HR manager runs for his life.

(1) What are the sources of conflict in this case? Why do you think so?
(2) What conflict management strategies (if any) are used?
(3) What is the appropriate conflict management strategy? Why?
(4) Assume that this conflict is brought before you and you decide to resolve it using a collaborative approach. What steps would you take?

## Appendix 2 Speaker Bios

## Appendix 2 Exercises

### Personal Mastery – Values Assessment Exercise

Acknowledgements
*This exercise is taken from the Strategic Leadership and Management Training for Ghana Health Service Directors held from 14 – 25th November 2004 in GIMPA Accra with facilitators from the John Hopkins Bloomberg School of Public Health (Gates Leadership Seminar on Population and Reproductive Health)*

The central practice of personal mastery requires us to do two things:

Develop our personal vision
Accurately assess our current situation

Drawing on the above, seek for (2) to move closer to (1)

Values are deeply held views of what we find worthwhile. They come from many sources: parents, peers, schools, religions, persons we admire and culture. Many go back to childhood; we take on others as adults. As with all mental models, there is a distinction between our "espoused values" – those we profess to belive in – and our "values in action" – those which actually guide our behavior. These latter values are coded into our brain at such a fundamental level we cannot easily see them. We rarely bring them to the surface and question them. That is why they create dissonance for us.

The exercise below will help in developing your personal vision by helping you determine your most significant values.

Exercise

1) From the list of values below (both work and personal), check the ten that are most important to you – as guides for how to behave, or as components of a valued way of life. If there is a value not listed here that you would like to add, please do so

| | | |
|---|---|---|
| Caring | Fair minded | Loyal |
| Independent | Community oriented | Determined |
| Mature | Inspiring | Expertise |
| Supportive | Integrity | Ambitious |
| Intelligent | Broad-minded | Dependable |
| Courageous | Forward-looking | Cooperative |
| Self-controlled | Straightforward | Competent |
| Honest | Imaginative | |

2) Now imagine you are only allowed five values; select the five that are of most importance
   a) …_____.
   b) ….____
   c) ….____
   d) ….____
   e) …_____

3) Now imagine you are only allowed three values; select the three that are of the most importance (to you)
   a) _____
   b) _____
   c) _____

4) Look at the three values you have selected; what do they mean exactly?

5) How would your life be different if these values were prominent and practiced?

6) What would an organization be like if the employees were encouraged to live up to these values?

7) Are you willing to choose a life, and an organization, in which these values are paramount? How can you be a leader in bringing these values into the life of your organization?