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WORKPLACE-BASED LEARNING FOR HEALTH SYSTEM LEADERS

PRACTICAL STRATEGIES FOR TRAINING INSTITUTIONS AND GOVERNMENTS

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Lessons from a consultative workshop, 17-19 August 2015, Cape Town, South Africa

Workplace-based learning for health system leaders: practical strategies for training institutions and governments

Preface

Work to strengthen health systems during the past decade, in rich and poor countries of the globe, acknowledges the value of enhanced leadership, management and governance at all levels of health systems. This report shares the collective experience of a number of individuals who are experts in leadership training and support for the public health sector.

These individuals were brought together in a 3-day intensive workshop in Cape Town, South Africa, to brainstorm how to move forward on a complex issue in leadership development: how can training institutions and governments support public health sector leaders to realise their leadership potential through enabling learning in the workplace?

The gathering was designed to enhance the capacity and capabilities of the people and systems engaged in leadership development along a continuum from pre-service education through in-service training once graduated, with a particular focus on learning that occurs in diverse and challenging workplace venues.

Formal, residential training programmes are the norm in leadership development but, as discussed in this report, face a number of limitations. A constant cry – from governments, training institutions and health system leaders themselves – is that some of the most important leadership learning should occur back in the workplace. This would also be less disruptive for service delivery. However, this type of learning is seldom supported explicitly or effectively.

The workshop discussed the following questions:
- How to incorporate workplace learning into training programmes?
- What forms of partnership between employing organisations and educational groups are needed to develop and support workplace learning?
- How can these partners resource and encourage learning in the workplace?

There are no easy answers to these questions and, in some ways, local solutions have to be developed for local contexts. However, it was motivating to hear the experience of countries and institutions that have made positive strides in this area, and unpack some of the particular challenges and possible solutions with experienced colleagues.

This report takes an informal approach to recording these discussions, using text boxes to provide more detail on certain discussions, and speech bubbles for key quotes by workshop participants.

We hope that this report conveys some of what we learned together during the workshop, and generates some excitement for designing and supporting workplace-based learning in low- and middle-income country settings.

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Key messages

1. Fast-changing and unpredictable health systems require creative, intelligent and resilient leaders.

2. Workplace-based learning helps aspirant leaders develop effective solutions for resolving real-life, context-specific problems.

3. Team-work, reflective practice and the modeling of appropriate behaviours are new requirements of the modern leader and underpin new approaches to workplace-based learning.

4. Essential components of workplace-based learning are:
   • Journaling
   • 360 degree feedback
   • Flipped classrooms
   • E-learning
   • Training in the workplace
   • Action learning sets
   • In-service projects
   • Mentoring
   • Coaching

5. Changing and improving workplace-based leadership training programmes can come up against some resistance – from academic institutions, public health services and prospective students themselves.

6. Strategies to improve the sustainability of leadership training programmes in the public health sector are:
   • Targeted recruitment
   • Engaging with human resource managers
   • Developing sustainable funding models
   • Developing human resources for training
   • Twinning with other organisations
   • Engaging with professional associations
   • Evaluating the impact of leadership training programmes

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1 What is leadership?

The terms "leadership" and "management" are often used together. Leaders often perform management tasks, and vice versa. While the boundaries between leadership and management do not always seem that clear, both are required for health systems to perform well.

Leadership – especially transformational leadership - is about developing a values-based vision and direction for an organisation, motivating and inspiring members of that organisation to implement the vision, aligning the efforts of various members, guiding the organisation through periods of change and instability, and developing and empowering followers.

Management, on the other hand, is more about achieving stability through planning and operational problem solving, including developing concrete plans and budgets, setting targets, and marshalling and organising resources.

The balanced roles of leaders and managers

1. Leaders optimize the upside; managers minimize the downside.
   Both together net more.
2. Leaders envision possibilities; managers calculate probabilities.
   Both together win more.
3. Leaders focus on the ends; managers focus on the means.
   Both together reach more.
4. Leaders focus on the what; managers focus on the how.
   Both together do more.
5. Leaders prepare beyond the limits; managers focus on execution within limits.
   Both together perform better.
6. Leaders generate energy; managers preserve energy.
   Both together energize more.
7. Leaders seize opportunities; managers avert threats.
   Both together progress more.
8. Leaders are the first ones onto the battlefield; managers are the last ones off.
   Both together triumph more.
9. Leaders amplify strengths; managers reduce weaknesses.
   Both together develop more.
10. Leaders provide vision; managers provide execution.
    Both together achieve more.
11. Leaders do the right things; managers do things right.
    Doing both together is the right thing.
12. Leaders drive change; managers maintain consistency.
    Both together continuously improve.
13. Leader/manager distinction: "Leaders plant; managers weed."
    Both together yield the greatest harvest.

Source: Management Sciences for Health (2015)

This report focuses on the training of individuals at the leadership end of the leadership-management continuum. It recognises that leadership can be provided by people from any disciplinary background, including those who are not in formal leadership positions.

2 Why is leadership required in the health sector?

Health systems flounder without good leadership. In many low- and middle-income countries, the lack of sound leadership is held responsible for the poor performance of the public health sector.

The link between good leadership, more engaged staff and improved outcomes: some of the evidence

A study of 100 manufacturing companies in the United Kingdom estimated that 18% and 19% of the variance in the productivity and profitability of organisations, respectively, could be attributed to the quality of people management practices. Practices affecting training and the acquisition of skills (selection, induction, training and appraisal) had a particularly strong impact on productivity. Human resource practices combined were a stronger driver than strategy, emphasis on quality, technology, and research and development expenditure (Patterson et al. 1997).

In the United States companies alone spend over $13 billion on leadership development each year (Gurdjian et al. 2014). This is because leadership capability is a clear differentiator between successful and unsuccessful organisations.

Source: Nobbs (2015)

> *Leadership is the most vital element of health systems development*

Workshop participants identified eight key challenges faced by leaders trying to operate effectively in the public health sectors of their own countries:

1. Health management is still not valued as a "career of impact" that improves the health of communities and nations, and leaders working in the public sector are not rewarded with the prestige and compensation competitive with managers in other service industries.
2. Leadership development programmes are not driven by the competencies needed to successfully operate the health system and health facilities in under-resourced countries.
3. Leaders are not well-prepared for their leadership positions, either through their formal training or by their managers, so have to learn "on the job."
4. Leaders are continually faced with new policies to which they have to adapt, even as they deal with daily emergencies – some of these policies reflect inconsistencies on the part of policy-makers which makes this task that much more difficult.
5. There are tensions between leaders with clinical and non-clinical backgrounds.
6. It is easy to burn out as a leader because of demanding workloads and resource shortages, so leaders need to develop resilience to survive.
7. Being a leader can be lonely, so leaders need to have peer groups around them, even if they are small, to support them in dealing with these challenges.
8. Once leaders have gained experience, they are often posted elsewhere or sometimes leave the public sector entirely, so sustainable systems need to be put in place so that institutions survive, even as staff move on.

Despite these kinds of challenges, good public sector leaders use their leadership skills to transform services. This was evident on a site visit by workshop participants to the new Mitchell's Plain Hospital on the outskirts of Cape Town.

Changing chaos to harmony: the experience of Mitchell's Plain Hospital, Cape Town, South Africa

Mitchell's Plain Hospital was commissioned in 2013. As a district hospital, it was designed to serve 450,000 people but currently serves double that number. The CEO, who was in charge of commissioning the new hospital, also had to de-commission an old district hospital some distance away, taking on many of its staff. In addition, he had to commission a new emergency centre and overnight ward to provide services for people formerly served by the old hospital. Until the old hospital is upgraded and re-commissioned, Mitchell's Plain Hospital oversees 850 staff in the three buildings. The hospital also provides financial, supply chain and maintenance support to 8 clinics in two sub-structures of the local government.

These pressures made the start-up phase of the Mitchell's Plain Hospital very complex, not least because staff from the old hospital were not happy about the disruption caused by the move: junior staff experienced transport problems getting to the new facility and senior staff were disappointed about having to move to a lower-level hospital. The entire senior management team was new and it took time for them to find their feet. Additional beds kept having to be added to cope with the swelling patient load, and new services had to be taken on, such as an acute mental health ward, labour ward etc. Meanwhile, the community had very high expectations of their new facility and complain about long waiting times in the busy emergency section.

The CEO therefore had to build a new team, negotiate an adequate budget, develop new policies around quality of care, address staff grievances, build community trust and deliver care, all at the same time. The senior management team used to work late, and on weekends, to get the hospital functional. Although it was difficult to cope in the early months, the management team responded actively to daily challenges, experimented with different solutions, and developed resilience. In these efforts the management team was supported by the Mitchell's Plain and Klipfontein Sub-structure. The sub-structure was itself a relatively new management team but they aligned their efforts with the hospital, and created strong lines of communication.

Several strategies were employed by the hospital and the sub-structure to develop workplace-based learning for leaders. All senior managers reporting to the CEO were provided with 10 coaching sessions funded by government. The hospital has a sizeable human resources development budget linked to a clear human resources plan. The performance management system includes a personal development plan for each manager: supervisors forward these plans to the human resources development committee to allocate funds. The Provincial Department of Health also accesses free courses for staff on issues such as anger management etc. There is also free counselling support if someone has financial, drug-related or other personal problems. Given the very difficult socio-economic circumstances under which staff work and live, a lot of leadership training and support is devoted to the emotional and relational (rather than technical) aspects of leadership.

Regular communication is achieved through weekly meetings of top management (which consists of 7 people), and monthly meetings of the 68 operational managers. General staff meet monthly in a "town hall meeting." There is also an internal newsletter every 2 months, and bulk e-mails are sent out when needed. There are also provincially prescribed patient surveys as well as internally managed snap surveys. A patients' liaison officer deals with patient complaints. The provincial Department of Health also requires the hospital management to find ways of showing appreciation of the efforts of outstanding staff, through activities such as personalised letters and celebrating achievements on special days.

The hospital is also part of a new leadership development programme coordinated by the sub-structure, in partnership with the three universities in the area. The programme is in the process of developing a competency framework for managers at all levels. This will be in line with the provincial Department's new governance framework and require leaders to embody organisational values and foster innovation. The framework will provide a platform for the development of a set of proposals about longer-term leadership development, to be discussed with the Department.

Challenges still faced by the hospital include the slow pace of change, integration of services across silos, finding ways to motivate de-motivated staff, and dealing with sometimes-inconsistent messages from politicians and higher levels of the public health sector.

Source: Discussions with senior hospital and sub-structure managers, including the hospital Chief Executive Officer, Hans Human

3 What type of leadership does the public health sector need?

The contemporary understanding of leadership for the health sector has moved away from the old emphasis on "control and command" and the technical aspects of financial, human resource and supply-chain management.

The need for leaders who can adapt to a fast-changing and unpredictable environment has shifted the emphasis to creativity, intelligence and resilience in dealing with health system challenges. Rigid hierarchical arrangements have given way to distributed leadership where many individuals within a health care system contribute to leading and work in teams. These arrangements have to integrate the contributions of both clinical and non-clinical leaders.

Responsiveness and respect, both in terms of dealing with patients and their families, and in dealing with staff, are now expected of good leaders. All in all, the relational aspect of leadership has become much more widely acknowledged.

These changes all affect the way that leadership development needs to be conceptualised, especially in the public sector.

> *" Ethical leadership is one of the key issues for the 21st century "*

The welcome sign at Mitchell's Plain Hospital highlights some key qualities of good leadership in the health sector including responsiveness and respect.

Developing leadership in a government department: reflections from the Western Cape Provincial Department of Health, South Africa

The Western Cape Provincial Department of Health has adopted a health systems development approach as part of its 2030 vision statement. The vision statement was developed through extensive consultation, and it enjoys a large degree of ownership amongst the key health system stakeholders in the province. The Department has also created a clear focus on governance, accountability, functional alignment of activities and systems resilience. The Department is still in the process of creating a common understanding of the systems approach and its application.

Good leadership is seen as a critical enabler in embedding the systems approach. The Department feels that collective and distributed leadership is required. While strong individual leaders are essential, their efforts must be aligned with the organisational goals, and effective team functioning is essential. Critical issues facing leadership development in the province include:

•   Understanding the evolving leadership development needs of key players and teams, including an understanding of the realities they face in the workplace

•   Finding the most suitable ways to develop leaders

•   Creating an organisational culture that is conducive to continuous systems improvement

With respect to suitable ways to develop capacity, the Department feels that the key strategy should be experiential on-the-job learning supported by regular reflection. Reflection triggers understanding in leaders of themselves as people and in relation to the context in which they work. In addition, the Department actively mandates teamwork and creates team learning opportunities: the intention is to "take all staff members along on the journey" and model behaviour that challenges behaviours that entrench the silo mentality. Pragmatic and structured mentorship and coaching programmes are also part of the Department's strategy, although individual coaching is prohibitively expensive. The Department believes that role modelling would be a very useful approach with people who are good role models evolving into mentors.

With respect to stimulating an appropriate organisational culture, the Department is engaged in developing an understanding what has led to a current organisational culture based on shifting of blame. It is looking at ways to shift this culture.

Source: discussions with Keith Cloete, Chief of Operations, Western Cape Department of Health

4 Workplace-based learning for leadership

Participants on residential leadership training programmes have always bemoaned the fact that courses are too theoretical and that, when they get back to the workplace, they do not have enough support to learn how to be better leaders "on the job." Line managers have also complained that residential courses take their best staff away from the workplace for too long.

The concept of workplace-based learning has arisen in response to these problems. It has gained in relevance as the focus of training programmes has shifted to communicating skills such as problem-solving and teamwork.

Workplace-based learning is essential for sustained improvement in health systems, but the style, approach and venues for such learning are not well developed in low- and middle-income countries.

> *It is about working with people in the workplace and with their experience*

Workplace-based learning is learning that is organised in the workplace and supports the development of leadership skills. It tends to be informal in nature as it happens in response to the changing circumstances of the workplace, although formal training activities can also be designed to complement informal learning. In this report, the term "workplace-based learning" is also applied to activities that may happen in the classroom but attempt to simulate the decision-making challenges and processes that would be experienced in the workplace.

4.1 Key principles behind effective workplace-based learning strategies

Workplace-based learning is not a new concept: most management and leadership programmes include at least some of this sort of learning. However, there are recent innovations in the way that workplace-based learning for contemporary leadership is understood, designed and delivered. Some of the principles underlying this recent shift are:

- People throughout the health sector have the possibility of exercising leadership (and not just the few who are in senior management positions): this means that training should be extended to include a diverse range of individuals.

- All efforts should be directed towards improving population health and service quality (as opposed to simply meeting bureaucratic demands): this means that training should focus on resolving the real-life and context-specific obstacles that impede effective health system functioning.

- Leadership depends on earning trust and respect, and establishing good relationships and effective communication (rather than issuing commands): this means that team-work should be an inherent part of leadership training.

- Leaders only learn to work well in teams, and make effective decisions as leaders, with a sound understanding of themselves and how they behave: this means that reflective practice should be a core part of leadership training.

- A lot of the impact of sound leaders is due to their ability to model appropriate behaviour: therefore, training activities must themselves model appropriate behaviour.

> *You want to shift people's way of being, and then the key thing is to keep it that way in an environment that is constantly changing*

Enabling workplace-based learning: the strategy of the East Midlands Leadership Academy in the United Kingdom

The East Midlands Leadership Academy (EMLA) is a successful and innovative regional training academy for leaders in the United Kingdom's National Health Service. Training is targeted at frontline leaders, using a blended approach. The overall strategy is to provide participants with a kitbag of leadership tools that they can take back from the classroom into practice, to ensure that their work environment and line managers or sponsors are supportive, and to encourage reflection and the reinforcement of learning.

One of the most important predictors of successful learning transfer is the motivation of the learner and so EMLA follow a robust process of student selection. Candidates first fill out an application form that probes for their underlying reasons for entering the programme and whether they are open to new ways of thinking and learning. They then visit an assessment centre where they are observed in a group activity and undergo a panel interview. If candidates are not found to be motivated or appropriately ready for the proposed development then at this stage some delegates are refused places on the programme.

Those candidates accepted, subsequently undertake psychometric testing and receive 360 degree feedback to get a better understanding of themselves and their learning style. Then they participate in an experiential training programme that deploys a number of techniques, such as workshops, master classes, action learning sets, individual coaching and service improvement projects.* Training delivery is mainly conducted by highly qualified practitioners rather than academics.

The programme engages actively with delegates' line managers or sponsors. They attend the launch and final celebration events of the programme, they have to pledge their support for the delegate and sign an agreement with respect to the delegate's service improvement project, and they receive regular e-mails from the programme organisers. They are encouraged to ask participants questions when they come back from training and give them a slot in monthly meetings with staff to share what they have learned.

Towards the end of the programme, delegates have to report on their service improvement projects at a large consultation event. At this event they receive feedback from senior leaders, patients and carers to help them refine their approach to the project. The event also helps to raise the visibility of their project amongst senior leaders and builds their capacity in communication and presentation skills.

In implementing this strategy, EMLA has faced a number of challenges. Delegates have constraints on their time as they often have heavy workloads. Learning leadership is not always seen as a critical activity and the assumption is that individuals must work out how to be good leaders on their own. Sometimes line managers are not very supportive, or delegates are resistant to new ideas. Despite this, EMLA has focussed on developing delegates' ability to work within these constraints as they often reflect the reality of the real world of work. As a result, over 60% of delegates go on to secure new roles, promotions or deliver new projects which continue to realise cost savings and increases in efficiency, and, most importantly, have a clear and demonstrable impact on the quality of patient care.

*these techniques are discussed in more detail later

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Source: discussions with Lyndsay Short and Amy Foster of the East Midlands Leadership Academy, United Kingdom; Short and Foster (2015)

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4.2 Team-based learning

Team-work is a core aspect of both leadership itself and workplace-based leadership learning strategies.

There are different types of teams that can be constituted for learning activities. They should normally consist of at least 3 people, but preferably up to 5 to 7 people. The most important thing is that they should be functional in nature, representing people who are – or should be – working together to solve particular health system problems (such as patient flow or surgical throughput in a hospital, or TB service delivery in the primary health care setting). This means that courses should consider recruiting teams, rather than simply individuals.

A team approach to training provides a common learning experience and develops a common relationship structure that holds the team together in the workplace. In a way, the members of the team become accountable to one another, and serve to remind one another of what they learned on their course. Training small functional teams rather than individuals is also good for workplace continuity because the team's skills are not decimated when one of the members is transferred, as is so often the case in low- and middle-income countries.

There are a number of challenges associated with training in teams:

- Students that perform well sometimes do not like it because they feel that the team holds them back when there are free-riders.

- It can be harder to assess people in a group as opposed to through individual work (although individuals can be assessed on how they have implemented a project, or changed their behaviour, as a result of having worked in a team).

- It can be difficult to train across professional and departmental boundaries where there are rivalries and silos, or across different levels of the management system where there are strong hierarchies: people may be unwilling to participate actively, feel too lacking in confidence to share their views or even complain about the way the course is structured.

Facilitating team-work under these circumstances requires some skill on the part of the facilitator who at times has to create a "safe space" for open discussion, but at other times has to "rattle them to move out of their comfort zone." Sometimes it might be necessary to allow certain professional groups, or levels of the hierarchy, to learn separately initially, and only integrate them with other professionals and levels at a later stage, once they have been properly prepared. Moving from "safe" to "non-safe" environments can be made part of a purposeful, deliberative process and can be a powerful learning experience for participants. The strategy of allowing certain professionals or levels of the hierarchy to train separately does run the risk of perpetuating stereotypes, however.

One of the training strategies that is often neglected when working with teams is finding ways to celebrate teams' successes, whether it be a fun social event or more formal recognition, such as presenting certificates or other awards.

> " *No matter how smart we are as individuals we can't get anything done on our own, so our effectiveness as a leader must be done through groups* "

Making the most of classroom time to simulate the work environment: the experience of the Leadership Academy of the National Health Service, United Kingdom

The Academy offers a variety of leadership development programmes, including for aspirant leaders who are stepping into the position of formally accountable team leader for the first time.

The philosophy guiding the Academy's health care leadership model is that there needs to be refocusing from technical to behavioural skills: technical skills remain important but what seems to make development the most effective is looking at leadership through a "behavioural lens." The Academy believes that changing behaviour cannot be learned through academic inputs alone, but needs to be practised.

Development programmes need to be adapted to specific settings and, in doing this, the Academy works closely with different structures, including governing boards, clinical commissioning groups etc. However, the Academy's programmes do provide some standardised content, taught according to a prescribed methodology: however, each participant is encouraged to explore their own unique abilities. Thus, each participant grows uniquely from the same starting point.

The Academy conducts development involving many partners, including academic institutions, private consultancy groups and large patient groups.

Facts and theories that aspirant leaders need to know are mainly accessed by them online and through their own reading. Face-to-face development then concentrates on experiential learning. Reading lists are compiled creatively, and identify essential reading that has to be read before attending classroom sessions, as well as additional material for later use. Sometimes assignments have to be completed on written material before participants are allowed to attend classroom sessions.

Face-to-face sessions are thus reserved for experiential learning. Participants are grouped into self-managed learning sets that work together to solve leadership problems for themselves. The reflection that these groups focus on is thus not about different theories, but about how they feel as leaders, how they've stepped into different ways of behaving as leaders, whether they've changed their way of communicating with others and what they have learned overall in the process. A recent development is that previous alumni are now beginning to facilitate these action learning sets. Having seasoned practitioners mentor younger people is excellent for capacity-building.

One example of the Academy's development programmes is the fast-track management programme for recent graduates. It is structured as follows:
• 100 participants are selected per year from 15,000 applicants
• the course lasts 2 to 2.5 years
• they enrol in an academic post-graduate diploma programme
• they undergo 3 work-based placements (1 strategic, 1 operational and 1 of their own choice)
• they participate in 5 experiential learning modules (over a 2-year period)
• they participate in 9 action learning set meetings (over the 2-year period)
• the cost of the training programmes is commensurate with a 2-year Master's programme

The Academy develops large numbers of aspirant leaders – over 32,000 so far - but these still remain a small percentage of total staff, which raises the issue of whether the leadership network in the NHS is sustainable. The Academy is also engaged in a massive evaluation with external partners to assess its impact.

Source: discussions with Alan Nobbs, NHS Leadership Academy, United Kingdom; Nobbs (2015)

5 Tools and approaches to support workplace-based learning

While the case is strong for leadership training programmes to include workplace-based learning, what are practical ways to ensure that this learning happens effectively?

The essential components of workplace-based learning are summarised below: some are for the workplace itself; others allow reflection on workplace situations. All can be used to create structured, progressive, sequential training opportunities for leaders as they mature. Leaders can also use some of these techniques in the workplace to support the collective learning of their staff.

5.1 Journaling and reflective practice

Leaders undergoing training are asked to write their reflections in a journal on a daily basis. This prompts them to think about what they have done during the day, analyse the strengths and weaknesses of their approach and consolidate what they have learned. It is also meant to encourage them to think deeply about their own "ways of being" and belief systems. Out of this process comes an understanding of what the day has "meant" to them as people and as leaders, and an understanding of the inner source of strength on which they draw.

Journaling is a core leadership development tool although leaders may initially be sceptical of its benefits. The intended outcome is that leaders adopt journaling as a daily practice, even once they have finished a training programme. It should help them improve the authenticity of their behaviour as leaders and assist them in identifying concrete actions for the following day's work more effectively.

Journaling can be accompanied by other practices that cultivate self-awareness and reflective practice (e.g. awareness-based physical pursuits like yoga and Tai Chi, and deeper forms of meditation). Assessing a journal is not so much about what the person has decided to do, but about the level of reflection that they are able to demonstrate.

> *It's good to take time out [as a leader] and understand what you're there for first and, once you've mastered that, then take time to take staff with you*

5.2 360 degree feedback

Getting feedback from colleagues is another way for a leader to understand whether they are dealing with workplace-based challenges appropriately. The difficulty is to get staff to express their true opinions.

"360 degree feedback" is a method that gets all the members of a leader's work circle – subordinates, supervisors and peers - to contribute to their evaluation, and can be combined with a self-evaluation.

The benefit of this approach is that it allows the leader to get a comprehensive sense of how they are performing in relation to the vertical and horizontal structures or teams with which they work.

5.3 Flipped classrooms

Turning now to working with groups of leaders, the "flipped classroom" concept shifts how time is used in the classroom. Traditionally, classrooms are used to impart theoretical knowledge on leadership and learners are set leadership tasks that they need to attempt during their own time. However, much of the theoretical knowledge is available on-line, whereas the coming together of many experienced and skilled people in the classroom at one time presents an opportunity to achieve a more dynamic form of learning.

The flipped classroom approach therefore uses face-to-face time to stimulate in-depth discussion of case studies so that learners are immersed in a complete experience. It is even possible to create "live" scenarios (such as forming participants into a hypothetical Hospital Board that has to make concrete decisions and plan around how to deal with the community and media, for example). At times the facilitator will get the group to reflect on the dynamics that emerged between participants and reflect on whether they were in control of their emotional responses.

A challenge of this approach is to get the buy-in of participants who often come with the expectation of learning hard skills, and under-value learning how to operate better on the personal level as leaders. Academics might also find it a challenge to deal with intensely practical discussions and "give some of their power away" to experienced health service managers invited in as co-facilitators.

5.4 E-learning

Flipped classrooms are often blended with e-learning as the latter provides access to theoretical content. E-learning can be as simple as providing leadership programme participants with access to an on-line folder (such as Dropbox) that contains key reading materials, but could be as complex as an interactive forum for lecturers and participants to discuss issues of common concern.

> **Blended learning: how much is enough?**
>
> In the UK, blended learning for frontline leaders is typically 90% e-learning and 10% face-to-face interaction. When training programmes are designed for top executives, more face-to-face interaction is required, but seldom reaches 50%.
>
> Source: discussions with Lyndsay Short and Amy Foster of the East Midlands Leadership Academy, United Kingdom

E-learning comes with its own problems as it requires access to specific software and bandwidth, and lecturers have to have different skills. Some learners find it difficult to self-direct their learning in the absence of a lecturer. There is also an issue around how to protect the copyright of materials posted online: one solution to this is to only make materials available for a defined period of time. Lastly, the blended flipped classroom and e-learning approach still needs to be paired with tasks that trainee leaders perform back in the workplace.

" Some visceral idea of impacts and behavioural responses as a leader can only be experienced off-line, in the real-life setting "

Techniques for running group discussions that stimulate thinking, sharing of practical experience and problem-solving

Rounds
In a round, each person in a group is given a chance to think and express their point of view on a particular issue, without interruption (going clockwise or anti-clockwise around a circle). No-one speaks again once they have had their chance, until the round is completed. Using a round at the beginning of a session is a powerful way of engaging everyone. Rounds also increase a group's ability to generate innovative ideas in less time. It is a priority to use rounds, even if no other thinking techniques are used.

Thinking pairs
A thinking pair is made up of two people who take it in turns to speak and listen to each other on a certain topic, without interruption. This technique allows people to explore their own independent thinking at depth, and can be used when people seem to have a lot to say but time is limited. Allowing each person to think out loud without interruption, meets their desire to speak while helping each align and share their independent thinking. The deep power in this method lies in the quality of listening offered.

Open Space (technology)
This is a way to run productive meetings, for as few as five people up to many hundreds. It is also a powerful approach to leadership in any kind of organization, in everyday practice and during times of turbulent change. Some individuals in the group volunteer to convene a discussion on a topic that they feel interested in (they do not necessarily have to be experts on this topic). Others in the group gather around these volunteers, depending on which topic interests them. People can move away from the group when they feel they have exhausted the topic.

Market place
This is a simple form of Open Space, where individuals move freely between themed tables held by one person with experience or information to share.

World Café rounds
A larger group is divided into smaller groups, each sitting at a different table. Each small group chooses a chairperson and a rapporteur. Each small group then proceeds to discuss a pre-determined question (the question can be the same for all groups, or specific to each one). After a pre-determined period has passed, each member of the small group – except for the rapporteur – moves to a different table. The rapporteur then summarizes the previous discussion for the newcomers, who elect a new chair and rapporteur. The process is repeated several times. This technique allows all the members of a large group to participate in a discussion in a structured, intimate way. It also promotes networking.

Case clinic
A case clinic is a tool that guides a team or a group of peers through a structured process. A case giver presents a case, and a group of 3 to 4 peers or team members act as consultants helping the case giver to solve the problem. Case clinics allow participants to access the wisdom and experience of peers and to help a peer respond to an important and immediate leadership challenge in a better and more innovative way. Some case clinics evolve into a peer support group.

Source: Michael Heurman, UAfrika, Johannesburg, South Africa

5.5 Training in the workplace

Taking training courses out of the classroom and into the actual workplace requires funding and staff who are able and willing to travel, but offers enormous advantages. It allows the provision of tailor-made training around specific leadership gaps faced in specific facilities, and makes it easier to train entire teams. When teams are trained together, it makes it much easier to overcome inter-professional and departmental barriers. It also means that staff do not need to leave their work to participate in training.

Training teams in the workplace: the experience of Management Sciences for Health

Management Sciences for Health (MSH) did leadership training in the workplace in 71 countries in 2014. It trains both managers and leaders, exploring how people interchange these roles. It has mainly worked in health facilities but more recently has begun to train members of Governing Boards and community groups. Many of the people it trains are clinical staff.

The training programme in Kenya has been well documented. Taking this country as an example, the process has been for MSH first to meet with senior managers at a facility to consolidate their vision for the facility. This stage is called "senior alignment" and is an essential part of the process.

Then the facility team gets together to identify the facility's particular challenges. The MSH team designs training programmes in response (e.g. how to increase immunisation, achieve a higher proportion of births attended by a trained health professional etc.). Different facility teams might receive different training, usually lasting about 2 days at a time but followed up by subsequent training sessions, often over a period of between 5 and 8 months (on a periodic basis). It is essential that facility teams value the training highly – and see it as a powerful tool - so that there is buy-in to the process.

When MSH examined the level of performance at the start of the training, and compared it to performance 6 month later, they found increased coverage in districts receiving training as opposed to comparison districts.

MSH training is very much team-based, experiential and results-oriented. MSH is also trying to address gender imbalances in leadership through involving more women in training, although this has been very difficult in some areas. The more teams at a facility, the more innovative ideas are generated and the more the sharing of learning. The impact is "dynamic and powerful if the team 'gets' it." Part of the philosophy of the training programmes is to celebrate successes achieved by facility management teams, as part of a commitment to moving away from a culture of blame.

In terms of the cost of MSH's training approach, it is in the region of USD3,500 per learner (in groups of 20) or USD2,300 (in groups of 30). The cost used to be double and MSH is working on reducing it even further.

MSH has developed an array of training materials which are freely available on-line. It has also created an alumni network called LeaderNet. This allows alumni of any leadership training programme to update their skills. MSH is also developing a free mobile phone application to provide access to materials and tips, especially where adequate bandwidth is lacking. MSH is also providing support to countries in the development of leadership academies.

Source: Discussion with Jim Rice, Management Sciences for Health, Washington D.C., United States; Rice (2015)

5.6 Action learning sets

Action learning is a process whereby a group of people regularly work together to solve their own real-life challenges in the workplace, and reflect on the lessons learned through implementation of solutions. In an action learning set, participants on a training programme are grouped in small groups of a maximum of 7 to 8 people. The set can either be facilitated by one of its own members (which requires the nominated individual to be appropriately trained, is more affordable and sustainable in the long term) or by an experienced facilitator (which is more effective in the short term). The group stays together for at least one session, but they could meet repeatedly over as long as a year or even two. Sets can be combined for other learning activities (to form a tutor group of 16 people, for example).

Participants take turns in bringing real-life leadership challenges or situations to the group. This provides each participant with an opportunity to articulate, in confidence, what they have to grapple with in the workplace. The group intelligently interrogates the presenter to help them understand what is blocking them in dealing with this challenge. Through a structured methodology (described in Revans 2011), the group helps them to identify a strategy for resolving the problem. In the process, participants learn "deep listening" and coaching skills, and learn to solve problems differently.

The action learning set creates a supportive space, which encourages reflection and experiential learning. Group members take equal responsibility: this deals with the problem of more ad hoc groups where there may be disengaged people or shirkers. Action learning sets are also a very effective strategy for senior managers to use in their daily lives when they are seeking to develop an approach to a workplace problem. Some action sets form close bonds and remain together as peer support groups beyond the duration of their training course.

It is not that easy to assess people individually for their participation in an action learning set, but it is possible to get them to reflect on what they have learned through the process (for example, by filling out a tick sheet on action learning skills, such as effective listening and questioning).

5.7 In-service projects

This is where participants on a course design and implement a project to improve services in their workplace over the period of the course. Action learning sets are a good way for trainee leaders to get support dealing with the challenges that these projects inevitably pose. They are also a good way for trainees to analyse the obstacles in the workplace, or in their own behaviour, that prevent progress, as well as providing a forum for practising and enhancing the leadership skills being learned.

The projects themselves represent an immediate return on investment for the organisations that funded the leadership training, and an opportunity for students to apply and sustain the skills they learned. The projects also build the confidence of students.

A useful culmination of these projects is an in-service project day where trainee leaders put up posters on their work to share their experience with the rest of the group and present their findings to a panel of senior leaders (and even patients). The event can also function as a celebration of participants' hard work on their projects. If a project is not completed successfully because of overwhelming challenges in the workplace, this can also be used as a learning experience and an example of how to develop resilience as a leader.

5.8 Mentoring

Mentoring is a strategy used to provide support in the workplace to people who are moving into a new leadership phase in their career. Mentorship is a particularly effective way of modelling behaviour: increasingly, modelling behaviour, as opposed to simply telling people how they should behave, is seen as an effective leadership training technique.

Mentors are people within an organisation who do not have a direct line management responsibility for aspirant leaders (in fact, they may even be from a different organisation, especially in the case of more senior leaders who are undergoing training and development). They provide support and guidance, and need to be trusted and respected for their skills by the trainee. It is not always easy to identify appropriate mentors or find people who have sufficient time to act as mentors. Most mentors might need some training to understand their roles and responsibilities.

An advantage of being a mentor is that it makes people better line mangers in general as it gives them a concrete leadership skill. Certificates recognising mentorship training is one way to motivate busy people to sign up as mentors. Mentoring needs to be included as one of the key performance areas of senior staff in order to provide an additional incentive to participate (in the UK, for example, senior leaders are automatically expected to act as mentors).

> *The idea with behaviour modelling is to pass it on, not through courses but through ways of doing, being and listening*

5.9 Coaching

Coaching is related to, but different from, mentoring. Whereas a mentor is usually someone who has specific experience of the system in which the person they mentor works, and is able to provide technical advice on how to address specific health system challenges, a coach is not necessarily skilled in health system issues. A coach is someone whose skill lies in knowing how to listen to a client talk about the issues they face as leaders, and offer statements and questions that enable the client to explore these issues – and their emotional reactions to them - in greater depth.

A coach and their client have a peer relationship based on mutual respect. This allows the client to open up about issues that are difficult to share with subordinates in the workplace. This addresses the loneliness and sense of isolation that senior leaders often feel, but also creates opportunities for them to receive feedback that their subordinates would not feel free to give. The coaching process allows leaders to develop a better self-awareness as leaders. It helps them identify gaps in their abilities, set a personal development agenda, manage their emotions in the workplace and behave differently. It can lead to profound changes in the way leaders interact with staff, improving productivity and reducing absenteeism, for example. Coaching therefore helps aspirant leaders realise their true potential.

For a leader to trust a coach, they need to know that the coach's allegiance is to them and not their organisation. It is important, therefore, that a person is able to choose the coach that they want and have an explicit discussion with the coach about what they are seeking from the interaction.

The challenge with providing coaching services to individual public sector leaders and managers is that it is expensive. One solution is to coach teams together: the advantage of this is that the team as a whole learns to think and react differently to workplace-based challenges. However, group coaching might need to be twinned with some individual coaching because people will not be willing to open up completely about personal concerns when in a public forum.

> *You must feel that the coach is not judging you and that the coach is on your side*

6 Challenges and weaknesses of current workplace-based learning strategies

There are many challenges to implementing workplace-based learning strategies: a shortage of funding for training programmes and bursaries for students; a shortage of trainers and mentors; a mismatch between the reality of workplaces and leadership development programmes; poor recruitment choices; a "me" culture that undermines team-based work; an attrition of staff who have received training; and weak or negative health system leaders.

Consequently, current workplace-based training programmes often fall short of their true potential. Innovation is required to re-frame and enliven these strategies so that they achieve the transformation in leadership that is so sorely needed. This is the challenge that this report poses to existing leadership training programmes.

> *I am humbled by realising how hard it is to teach leadership*

Taking workplace-based training further: a critical reflection by a South African training programme

We do get students to do journaling at the end of every day during the module – but we don't check how they do it, or suggest that they use this as part of their daily practice as leaders

We do put students in groups where they solve problems - but they're general problems rather than problems specific to their workplace

We give students projects to do – but we don't check that they go back and share their learning back at work, or insist that they practice workplace-based learning

We do give students a session on stress management and we encourage networking amongst themselves – but we don't suggest they set up learning networks and communication forums in the workplace

We do talk about mentoring, coaching and counselling – but we don't really distinguish properly between them

We tell them what to do – but we don't spend enough time showing them how to do it

We need to re-think what should be our substantive engagement in the classroom

Source: discussions between some workshop participants

Changing and improving workplace-based leadership training programmes can come up against some resistance – from academic institutions, from public health services and from the prospective students themselves. In pushing these changes through, workshop participants liked the concept of "tempered radicalism:" this is the ability to sustain the introduction of innovative changes without destabilising institutions or derailing initiatives (Meyerson and Scully 1995). Managing the expectations of students is also important as many of them are used to more conventional, didactic training methods that focus on hard skills.

> *We need to create a new narrative about what the programme intends to do, which is to learn with, and through, others*

7 Making workplace-based training sustainable

Many people and institutions involved in leadership training are open to new training approaches and recognise the importance of workplace-based learning. However, they are anxious about how to make such innovations sustainable. This is based on their experience of the problems faced by their existing programmes.

Eight strategies are provided below on how to improve the sustainability of leadership training programmes, especially those that recognise the importance of workplace-based learning for leaders and managers working in the public health sector.

7.1 Targeted recruitment

Ideally candidates should go through an intense assessment before recruitment. In the United Kingdom, for example, prospective candidates might have to be interviewed and participate in a group activity, with special attention being paid to their analytical abilities and behaviour. Alumni of leadership training programmes could also be useful in nominating candidates.

However, this is difficult in contexts where it is government that nominates individuals onto courses, sometimes on the basis of age and length of service, rather than leadership potential. This underscores the importance of training institutions engaging with government human resource departments to explain the appropriate criteria for selecting candidates, as discussed further below. Candidates' applications should be supported and signed by a sponsor who usually, but not necessarily always, is their line manager.

Where it emerges that candidates accepted onto a course do not have the requisite aptitude for leadership, or are not ready to take on a leadership role, one option is to counsel these candidates to leave the course and suggest alternative development opportunities.

7.2 Engaging with human resource managers

One of the main lessons from past experience internationally is the importance of training institutions working with government human resource managers right from the conceptualisation of a training programme: these people are often the closest allies of leadership trainers but are not very powerful in their organisations. Nonetheless, they can assist training programmes to identify leadership gaps and training needs, assist with recruitment and support workplace-based learning initiatives.

Human resource managers, as well as trainees' line managers and sponsors, need to understand the objectives and values of leadership courses, and understand how the training will benefit the organisation. This will enable them to offer the candidate appropriate support, especially with respect to reintegrating into the workplace, identifying workplace-based learning opportunities and holding them accountable for implementing what they have learned back in the workplace.

> *We need to see the importance of generating and working with human resource development and management processes, and so of encouraging more imaginative HR practitioners*

7.3 Developing an organisational culture that is conducive to workplace-based learning

Human resource departments and mentors have a role to play in preparing the workplace for the return of a trainee leader, as mentioned above. They can also incorporate leadership development, and the obligation to implement learning back in the workplace, into the performance management system, as well as create career pathways that are attractive to aspirant leaders.

Students also need to be proactive in reporting back on what they have learned and how they have changed, and taking forward projects through which they implement their new ideas. They also need to build political support for what they wish to do, not just from their line manager or mentor, but also from more senior managers and peers. Training courses can assist by ensuring that one of the training goals for students is to incorporate what they have learned into the organisation once they return, including through sharing lessons with other staff. Course conveners can continually remind senior managers about the progress of students and encourage them to look out for new ideas emanating from students. Sometimes this requires a shift in the organisational culture of a government department.

Public sector managers also need to think about how to strengthen the resilience of their leadership team. If trained staff are re-deployed, care should be taken to ensure that they are accompanied by at least one other person who has received leadership training, so that they do not find themselves alone once again in an organisation that does not appreciate, or is even hostile to, modern notions of leadership.

7.4 Developing sustainable funding models

The cost of leadership training programmes is a limiting factor. These programmes need to find sustainable funding models where funding is not entirely dependent on external resources that are only allocated for specific periods. Funding models will vary across different contexts, but could include a mix of allocations from the training institution itself, course fees that are not too high to reduce demand yet allow some income to be generated, and some external funding. Corporate social responsibility funding could also be drawn from the private sector.

In low- and middle-income countries, creating a sustainable mix such as this is easier said than done, however. In reality, prospective candidates tend to require bursaries from their governments or from donors. Training institutions therefore need to develop an "investment prospectus" that motivates why such training should be funded. This should explain the value of the training programme in terms of the gains it will bring to the public health sector in the long term.

7.5 Developing human resources for training

Funding is not the only resource constraint. The quality and range of expertise of teaching faculty needs to be expanded: this can be quite difficult when teaching faculty – whether they are from universities or within the public health services – are set in their ways. Developing a new generation of trainers requires careful succession planning, especially when there is a risk that newly trained trainers will leave their institutions for better-paying jobs elsewhere. One strategy is to cultivate a relationship with course alumni so that they can be drawn in as trainers over time.

7.6 Twinning with other organisations

Where countries or institutions are just starting out with leadership training, or seeking to make radical changes to the way they train, it would make sense to twin with more experienced institutions. This could involve training of trainers (including using action development sets as a way of sharing experiences), joint training and connecting alumni from different universities, for example.

Twinning between local institutions in the design and delivery of a training programme is also an option for sharing and developing capacity.

7.7 Engaging with professional organisations

Another strategy for strengthening investment and support for leadership training is to convince health professional associations to take leadership development seriously (recognising it as a legitimate part of continuing professional development, for example). This is because, while public sector staff might move between different institutions over the course of their careers, they still remain with their associations, and associations are meant to foster life-long learning. Training institutions can work with professional associations to develop core competencies, for example, and mobilise them to foster training in leadership.

7.8 Evaluating the impact of leadership training programmes

The sustainability of leadership training rests fundamentally on the impact it has on health system functioning. Research studies are required to demonstrate this impact at the individual, organisational and whole-system levels. Such research can be complex, given the numerous influences on health systems, and the difficulty pinning down the link between health system change and leadership interventions. Nonetheless, methods need to be developed that combine quantitative and qualitative data to capture the experience of aspirant leaders, their trainers, the staff who work around them, and the beneficiaries of the health systems they lead.

8 A final word...

Many people from low- and middle-income countries who run leadership programmes feel intimidated by the challenge of attempting new ways of training, especially in course participants' workplaces. They are often already over-burdened and might not feel confident of their own skills in a field that is difficult to pin down, especially as they have seldom had leadership training themselves. Their situation is complicated by the fact that their countries' health services are often complex and under-resourced.

This report has provided some pointers and resources based on the shared experience of workshop participants. We hope that the report will encourage training institutions and others to experiment with new techniques and share the lessons they learn, so that together we develop our leadership development capacity. Some of the tips in this report can even be used for your own development as leaders in this emerging field!

> *There is value in coming together and actually experiencing these techniques. We are aware that some of us are novices and haven't had much leadership development, but we recognise this is important and we want to go back and teach... and see whether it's something we would risk doing ourselves. It gives us an opportunity of experiencing new ways of teaching competencies that are not easy to teach.*

9 Useful resources

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