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Original Research Article

Managing Change Through Leadership Discourse: An Experience in the Surgical Ward

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Abstract: *Leadership is a phenomenon that develops in social interaction. This phenomenon is expressed at individual level when a leader with his clearly stated vision, leadership qualities, and style of working, leads the followers to work for the common goals, which are usually ethically motivated and aimed to benefit human life and experience. Leadership governs at the organizational level when different institutions and instruments of the organization work in coherence with meaningful concerted interaction, sharing their roles and responsibilities to produce the best possible results aligned with the 'vision statement' of the organization. Leadership is not just limited to those who are in a formal position of authority, but it is the use of power and influence to create a positive change that can benefit humans and society by alleviating their difficulties, worries, and anxiety.* ***Objectives:*** *To create a change through leadership discourse in order to reduce the difficulties of patients and their attendants regarding laboratory investigations.* ***Methods:*** *A change project was accomplished in the surgical ward of Bahawal Victoria Hospital, Bahawalpur, Pakistan, during September-November 2017, to introduce a facilitated method of handling patients' laboratory samples. Transformational leadership style and SSM methodology were adopted as the change management model. The outcome of the project was studied through mixed methods. Quantitative method was used through specific questions from trainee doctors, house officers, and nurses. And the qualitative method was applied through focus group discussions with the same groups.* ***Results:*** *All the participants unanimously agreed on the 'need' for change. And their majority opined that the method was appropriate and deemed the change successful. However 25 % to 33% participants in stakeholders' groups expressed their concerns over the methodology and long-term success of change. Qualitative exploration revealed the reasons underpinning their concerns.*

Keywords: Leadership, Leadership styles, Change methodology, Organizational change management.

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Introduction

Learning to be a leader is a popular subject today. Scholars and practitioners have attempted to define leadership in different ways but no consensus is reached. Some experts have studied it as a natural trait, others have described it as leaders' behavior and still more have viewed it as a process. Northouse in his popular book has viewed leadership as having four components: a. occurs as a process, b. involves influence, c. works in groups and d. has common goals.1 Encompassing these components he has defined leadership as "a process by which an individual influences a group of individuals to achieve common goals". A conference on leadership in 1927, defined leadership as "The ability to impress the will of a leader on those led and produce respect, obedience, loyalty and cooperation". (2) The word 'influence' has been examined in perspective of leadership versus management, and the experts have maintained that "leadership is non-coercive management".

History of leadership theories dates from the middle of the 19th century when 'great man' theory was developed. Then came the trait theory in the middle of the 20th century. Behavioral theories emerged in response to trait theory. (3) In 1970s transformational and transactional leadership theories were presented. Leadership is a socially constructed phenomenon and develops in social circumstances, interactions and experiences. Linda Jones has very explicitly described various leadership theories and styles: charismatic, authoritative, transformational, transactional and distributive. (4) Daniel Goleman in his famous article has described six leadership styles- Coercive, Authoritative, Democratic, Affiliative, Coaching and Pace-setting. (5)

Distributive leadership gained acceptance rapidly in organizations. It is a group activity that works through relationships, rather than individual action. (6) Distributed leadership or shared leadership has been adopted as policy strand in UK National Health Service (NHS). Its two necessary features are: 1. Concertive action; meaning institutionalized collaboration and sharing of leadership roles at various levels, 2. Conjoint agency; referring to the quality of interaction among leaders in organizations.(7) Dympna Cunnane considers that leadership is not limited just to those who are heads of organizations and have a formal leadership role, instead 'leadership' is the use of power and influence to create a positive change which can benefit human beings and society by alleviating their worries, difficulties, and anxiety. (8)

Who is a leader! Former American first lady Rosalynn Carter once observed that "A leader takes people where they want to go. A great leader takes people where they don't necessarily want to go, but where they ought to be". (9) It is obvious from the statement that she was stressing the role and responsibilities of a visionary leader. John Quincy Adams said "If your actions inspire others to dream more, learn more, do more and become more, you are a leader". (10) Professor Marry Scot identifies 'leaders' as those who create a vision for their organization or team, and also provide the framework to deliver that vision. (11) She emphasises that educational leadership in the field of medicine or any other discipline, needs the kind of people who are passionate about education, teaching and learning, and about the empowerment and achievements of learners. Thus I realize that these are actually the visionary goals and passionate efforts for the attainment of these goals, which differentiate leaders from administrators, managers or ordinary doers.

Change management through leadership has been discussed frequently in business context but is applicable and equally important for health care systems. Change management has been defined as: 'The process of continuously reviewing an organization's structure, direction and capabilities to serve the ever-changing needs of its customers'. (12) It is, therefore, necessary for organizations to recognize where they need to be in future and how to manage getting there. Change can be defined by its rate of occurrence as: discontinuous, incremental, bumpy incremental, continuous, and bumpy continuous change. While a type of change and

how it comes about can be: planned, emergent, contingency and choice. (13)

It is interesting to understand the differences between management and leadership with certain overlaps between them. Both are complimentary to each other. Abraham Zaleznik has compared leaders with managers. To him managers are concerned with continuity, running the existing systems, managing people and their performances in organizations, for uninterrupted delivery of service. While the leaders develop new ideas, foresee the future needs of people before time and set new directions. (14)

Objectives And Methods:

Objective: "To transform the process of handling patients' investigation samples from surgical ward to the pathology laboratory".

Rationale and background: I was working as senior registrar in 56 bedded surgical ward which was one of the four surgical units of 1400 bedded tertiary care hospital. As I decided to take the change project, I started preliminary discussions and brainstorming sessions with my consultant colleagues, resident trainees and house officers. Through this interaction I identified certain problem areas and one such problem was disorganized handling of patients' investigation samples to the pathology laboratory. Doctors and nurses used to hand over investigation slips and samples to patients or their attendants who had to deliver them to the laboratory located quite far from the ward and had to collect the reports later on. Thus they had to cover a distance of 1.5 km round trip, (process flow diagram: figure-1). . This deep rooted, years-long practice of health care providers was an obvious cause of discomfort to patients and attendants, disorderly movement of people in the ward, overcrowding of doctors' duty room and a climate unfavourable for teaching and learning activities. I decided to address this problem and formulated the following objective of my change project:

"To transform the process of handling patients' investigation samples from surgical ward to the pathology laboratory".

Leadership discourse: For my change project, I had to select from the diverse range of leadership styles and discourses: Goleman's six leadership styles, Lisi Gordon's four leadership discourses (15) and the distributed leadership or shared leadership as adopted by UK National Health Service (NHS), the largest health care organization in the world. As I did not have the formal leadership role or position, I, therefore, adopted 'transformational leadership' style which means "influencing the process by stimulating and satisfying the higher order motivation of followers towards exceptional performance". Transformational leadership is identified by idealized influence, inspirational motivation, intellectual stimulation and individualized consideration. (16)

Vision statement: Vision statement is an anchor point for any action plan. It is an inspirational and memorable summary that describes reason for existence of an organization. (17) To verbalize aims and objectives and set the direction of my change project, I provided a pinnacle in the form of succinct statement of vision as under:

"To provide excellent patient care in organized manner in an overall environment which is conducive for intellectual working: teaching, learning and research".

Methodology

From an array of diverse change methodologies, I was immediately impressed by Soft Systems Methodology (SSM) because it was appropriate for my leadership role and nature of my change project. This method had been successfully implemented in King's college hospital London. (18) SSM is defined to have the following main stages:

1. Finding out about a problem situation and its causes from stake holders.
2. Articulating the main purpose and dynamics.
3. Debating the situation with those involved

a. depicting activities through process flow diagrams and charts
b. Comparing models by observation and discussion.
c. defining possible changes in: structure, process and/or attitude.

4. Taking action to implement the changes.

Start of Action:-

Meeting with Ward Chair: In this meeting I informed him about the purpose of my change project. He encouraged and advised to move forward carefully.

Preliminary discussions with stake holders: The resident trainee doctors have a pivotal role in patient management in a surgical ward while house officers act as their junior team members. Through discussions with these doctors, I identified the problem areas and also motivated them to become role models and create a culture of responsibility.

Personal Interviews: I conducted personal interviews with my consultant colleagues, created awareness and acquired their opinion about the project.

The significant findings of the above mentioned discourse were found to be as below:

1. We are providing good care to our surgical patients within our resources, but still there is wide space for improvement.
2. Organized working and comforting patients and attendants can improve quality of care.
3. Residents and house officers' learning and training and patient care are inter dependent. And there is need to work on these aspects in our setting.
4. Participants agreed to work for enhancing quality of patient care and adopting organized working.
5. Many doctors including some consultants were indifferent, satisfied with status co and hopeless for any change in process and attitudes.

SWOT analysis: These findings helped me to conduct SWOT analysis which is a tool for forward planning in organizational change management. (19) It means assessment of internal strengths (S), weaknesses (W) of a situation and/or organization, and opportunities (O) and threats (T) existing outside the same.

SMART targets: By now it was clear to me that this change effort would not succeed in a linear pattern. Therefore, I formulated the following specific, measureable, achievable, realistic and time bound targets:

1. Starting new process of sample handling as an experiment
2. Monitoring the response through 360 degree feed-back
3. Meeting with Head of Pathology Department for inter departmental communication and cooperation.
4. Implementing the change.
5. Anchoring the change in ward' working culture through modifying doctors' attitudes.

The Change experiment-'bottom up methodology': There were some strong reservations of certain staff members of the ward regarding the new process of carrying patients' samples. Many doctors were not ready to come out of their 'comfort zone'. Therefore, I gave a sudden start to the new process as a "change experiment". On a Friday morning, I briefed the team of house officers and residents involved in taking morning progress of patients and said to them "today we will not hand over blood samples and investigation slips to patients or their attendants". I explained them the new process (Figure: 2) of making investigation slips, drawing samples, making entries in register and sending the samples of the whole ward collectively, through a ward boy. I also briefed the nursing staff about the new process. They realized its benefits and agreed for cooperation.

The activity was reported to ward chair by some colleagues and admin registrar. Later on I visited professor's office and explained him the details and significance of the new process. He agreed and supported the change and expressed the need for follow up.

Monitoring with 360-Degree Feed-back: I continuously acquired feed-back from house officers, residents, nursing staff, laboratory staff and patients' attendants. Some stake holders were indifferent, few were uncooperative and there were some obstacles of interpersonal relationships and some problems from pathology department.

Kurt Lewin's force field analysis: Analysing the feedback information I conducted force field analysis (Figure 03). The Lewin's method assesses

the forces driving the change and those resisting it. (20) Lewin formulated that increasing the driving forces, increases resisting forces and tension in the field. (18) Therefore, I focused my efforts on removing obstacles and reducing the resistance.

Meeting with head of pathology department: I visited the lady head of pathology department in her office, presented the process flow diagrams, and discussed the difficulties and cooperation required from her department. She agreed the significance of the new process and directed her staff to keep a separate file for lab reports of surgical unit 04.

Motivation of team: I motivated team of residents and house officers through discussions and delegating tasks dovetailed to their developmental needs, according to Maslow's model. (21)

Implementing the Change: After optimizing the climate, we implemented the new process by getting the notification signed by the ward chair.

Conclusion of change project: Working with transformational leadership style and SSM methodology for an ethically motivated vision of "providing excellent patient care", led me and my team to success. Efforts for anchoring the change in doctors' behaviors and ward culture continued even after formal implementation.

Lewin's force field analysis for new process of handling lab samples:

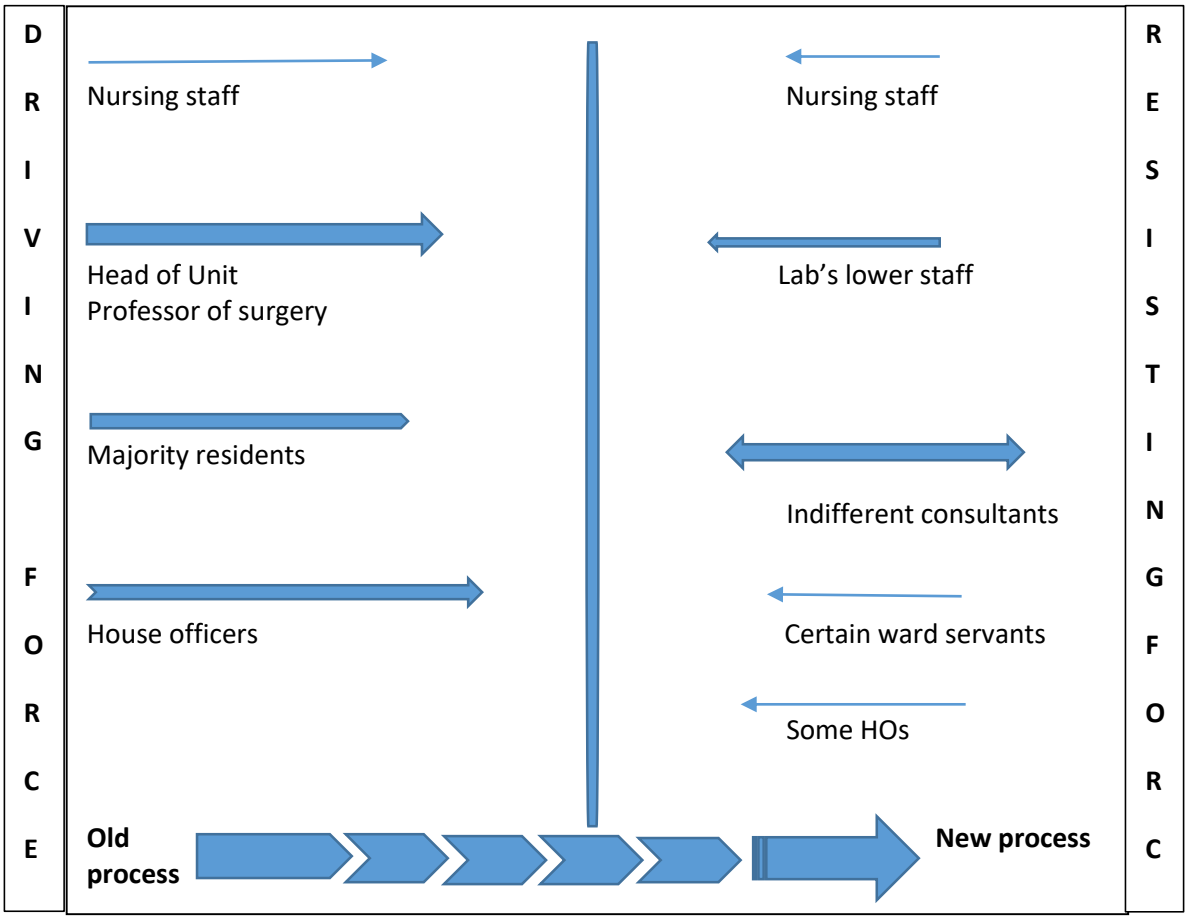

Figure 3:

RESEARCH METHODS:

To measure the outcome of the change project and search out the opinion of stakeholders, l adopted mixed methods. Post hoc ethical approval was granted by the institutional review board of Quaid-i-Azam Medical College Bahawalpur, Pakistan. The ontology and epistemology of this research was based on positivism which assumes that facts can be collected and projected in realistic and objective manner. (22) 'Mixed methods' is a pragmatic approach which argues that value and contribution of research to policy and practice depends not on methodological quality alone, but on its 'fitness for purpose' which is achieved through 'fit' methods for the aim of the research. (23) The quantitative research is based on the scientific observations that can be counted. (24) I used quantitative method by formulating four basic questions regarding the conduct and effectiveness of the change project: 1- Was the change in the process of handling laboratory samples was required? 2- Was the change methodology adopted to introduce the new process of handling laboratory samples, in your opinion, appropriate? 3- Do you think that the new process of handling laboratory samples is appropriate/successful? 4- Are there any threats and obstacles for the new process? These questions were placed in group meetings of postgraduate trainees, house officers and nurses. Members of each group were selected through purposive sampling and the meetings were conducted separately for each group. Responses from each individual participant were collected and simple statistics were used to formulate the results.

The qualitative methodology is used to study human behavior, motivations, and opinions through bias-free, open-ended techniques of inquiry. (25) To gather qualitative information I conducted focus group discussions with house officers, residents and nurses. In each focus group

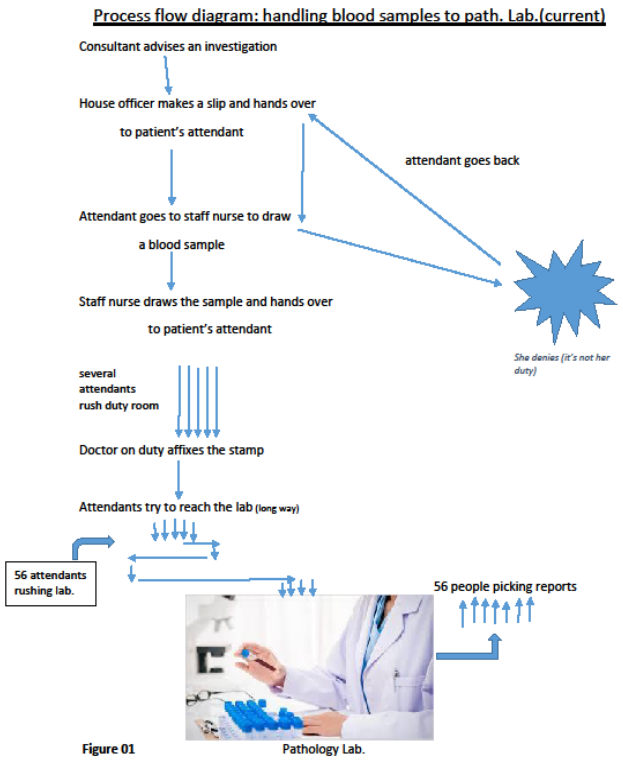

Figure 1: Handling blood sample (Current)

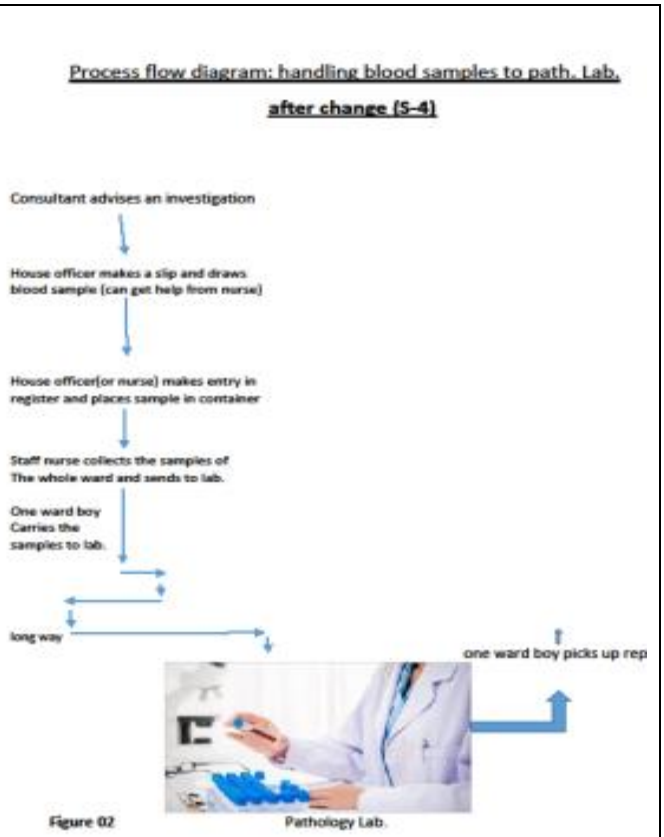

Fig. 2: Handling Blood samples to path lab

the participants were given the opportunity to express their ideas and believes underpinning their opinions in response to the above four questions. The participants freely commented about the need for change, the new process, method of its implementation and the expected threats/obstacles in the way of long lasting results. The responses of each individual participant were collected by taking field notes. The field notes of each focus group were analysed and the identified themes have been projected in results (Table 1).

Results

Focus group of residents: Eight residents participated in focus group discussion. In the quantitative study of four questions; responding to question 1 and 3, all the participants (100%) answered in affirmative. But in response to question 2, 75% (n=6) participants deemed the methodology of change management as appropriate while 25% (n=2) residents favoured a gradual process of introducing the change. Responding to question 04, 50% (n=4) were optimistic about the result while the other 50% (n=4) were expecting some obstacle to the permanent results. During the free commentary of focus group discussion, the main obstacle in success of new process was visualized as behaviour of junior doctors. This was the main reason behind the disagreement about the methodology of change and opinion in favour of adopting a slower process of change.

Focus group of house officers: Twelve house officers responded to the above four questions and participated in focus group discussion. All of them were convinced that the change was required (Q1). Responding to Q2, 08 house officers (66.63%) agreed with the method adopted while 04 (33.33%) were not satisfied with the method of change. In Q 3, 10 house officers (83.33%) replied in affirmative while 2 (16.66%) replied negative. Replying question no 4, seven (n=7) house officers (58.33%), did not expect any threat to the new process whereas 5 of them (41.66%) anticipated some threats/obstacles for the final success of new process. In focus group the house officers who were concerned regarding methodology revealed the reason behind their opinion. They said that they were facing problem because the time of sampling in the ward did not match with the 'batch' time in the laboratory. The threat they realized the most was lack of coordination with the lab and deficiency of ward staff to carry the samples to the lab.

Focus group of nurses: Four nurses including ward sister participated in focus group discussion. Responding to question no 1, all the nurses unanimously opined that the change was required. In Q2, 03 of them (75%) were satisfied with the method of change while 01 (25%) was not. The same difference of opinion was there in responses of Q3. Answering Q4, 02 (50%) of them were not seeing any threats to the future success of new process while 02 of them (50%) were expecting threats in the way of permanent success of new process. During discussion when they were probed regarding their opinion, the one who did not favour the methodology, was recommending to wait till the additional ward staff is available. And those nurses who were anticipating threats for the new process were opining so because of the shortage of ward staff, behaviour of the staff and lack of cooperation from junior doctors..

Table 1: Opinion distribution of stakeholders regarding the change project

Stakeholder Group	Number of Participants	Quantitative Method Responses (n, %)			Qualitative Method – Focus Group Themes
		Question	Opinion in Favour	Opinion Against	
Postgraduate Residents	08	Q1	Yes = 08 100.0%	No = 0 0.0%	Change is abrupt/fast; better if slow n=02) Obstacles: attitudes of junior doctors (n= 04) Staff deficiency is a threat (n=2) - Recommendation: avoid haste until sufficient staff is available –Problems: doctors' habits, – overcrowded ward while deficient staff (n=2)
		Q2	Yes = 06 75.0%	No = 02 25.0%	
		Q3	Successful = 08 100.0%	Unsuccessful = 0 0.0%	
		Q4	No threats = 04 50.0%	Threats = 04 50.0%	
House Officers	12	Q1	Yes = 12 100.0%	No = 0 0.0%	Appreciate the change, but express concerns over increased work load. Lab timing/schedule is a difficulty (n=3), collaboration with lab is required. Further guidance is needed. Threat is the deficient staff (n=2) Mixed views on adequacy of preparation – suggested phased implementation
		Q2	Yes = 08 66.66%	No = 04 33.33%	
		Q3	Successful = 10 83.33%	Unsuccessful = 02 16.66%	
		Q4	No threats = 07 58.33%	Threats = 05 41.66%	
Nurses	04	Q1	Yes = 04 100.0%	No = 0 0.0%	- Expressed concerns about lack of cooperation from young doctors, behavioural issues, Highlighted logistic issues. Need for orientation/training, wait for the new staff, gradual adaptation for change is needed
		Q2	Yes = 03 75.0%	No = 02 25.0%	
		Q3	Successful = 03 75.0%	Unsuccessful = 0 0.0%	
		Q4	No obstacles = 02 50.0%	Threats = 04 50.0%	

Discussion

The concept of leadership is significantly associated with individuals' and groups' satisfactory performance in health care organizations. (26) Leadership is not just limited to those who are heads of organizations and have a formal leadership role, instead 'leadership' is using power and influence to create a positive change for the benefit of humans and society. My project was of similar nature as I had to influence a positive change in ward's working without a formal position of authority. Variety of change models have been practiced for organizational change management. 'ADKAR' model comprises of five steps- awareness, desire, knowledge, ability and reinforcement; which guide individual's successful journey through change. (27) Kotter's 08 step change model (28) begins the change process by creating 'urgency' which I think is possible only for formal heads of business organizations. Michael Fullan in his popular book 'Change Leader' gives seven step strategy for a change leader. To him, all effective leaders are driven by resolute purpose with respect to deep human values and demonstrate "impressive empathy", by which Fullan means 'the ability to understand those who disagree with you'. (29) A successful change ultimately involves and satisfies the masses to win their cooperation. Working on the same principles when I talked with stake holders regarding the need for change all were agreed but when the change was to be practically implemented, there were obstacles like fixed personal behaviours, indifferent attitudes, problems of interpersonal relationship and lack of interdepartmental cooperation. Adopting 'Soft Systems Methodology' (SSM) I held discussions with team members, managed meeting with seniors and colleagues, depicted the new process through 'process flow diagrams' (Figures: 1&2). I aroused the need for change in the minds of stakeholders and convinced them to work for ethically motivated purpose.

To measure the outcome of change project I adopted mixed method research which means mixing quantitative and qualitative techniques into a single study. (30) The quantitative data comprising the responses to the four questions showed that all the participants in three groups were agreed with need of change. While the majority (75%) of senior team-members was satisfied with the method of introducing the change as well as the new process itself (Q 2 & 3). A minority of participants (25% to 34%) was differing in this connection. And their opinion exploration in focus groups revealed that the PGs were concerned due to the attitude of the house officers and the nurses were anxious because they had to deal with the lower staff which was already deficient. It was clear from the project and the change I tried to introduce; that it would result in transferring the burden of patients and their attendants to the ward staff. For that purpose everyone in the team had to come out of his/her comfort zone which was really a challenging situation. The senior doctors needed to change the behaviour of junior ones and the nurses had to tackle the lassitude and avoiding habits of the ward servants. These were the real obstacles or threats requiring continuous monitoring and feedback. The new process though adopted as an experiment and later on implemented through the notification of ward chair; was still to be anchored in ward culture and routine. Obtaining 360 degree feedback from house officers, PGs, nurses, patents and their attendants directed my efforts to remove the obstacles from the path of change. Problem of shortage of staff and collaboration of the two departments; surgery and pathology was solved through discussions with the respective chairs and seeking adjustments in schedule .

Motivation is important for any change to happen. Motivation through rewards is either not effective or shot lived; and works for manual skills not for cognitive abilities. (31) I worked through 'transformational leadership' style by arousing and satisfying the higher order 'needs' of team members to gain exceptional performance. I achieved this motivation by referring to my vision statement ie excellent patient care and organized working style for better teaching-learning atmosphere. During meetings and discussions I persuaded the resident trainees and house job doctors saying, "We as doctors are dealing with human lives and better care can only be provided if our working is organized and our attitude is humane and empathetic". Everyone in the team realized the sensitivity of my argument and agreed to work for the change. The hallmarks of transformational leadership are: ideological influence, intellectual stimulation, inspirational motivation and individualized consideration.(16) Referring to the moral and religious values and the Holy teachings about the sacredness of human lives, helped me to create

inspirational motivation and idealized cooperation of my team members. I influenced the residents through discussions, to realize their 'role' as 'model' for house officers and work for the success of new process of handling lab samples. Thus working through transformational leadership style, I energized and empowered my team members; house officers and residents and got their cooperation for change management.

Conclusion

Professor Ralph Stacey says that organizations emerge as a result of policies and plans of their leadership and reactions of people to these plans.(32) In the beginning our change effort faced 'complexity' due to disagreement among doctors about the new process, and uncertain policies of two departments- surgery and pathology. Many doctors, nurses, and other staff, though agreed with the significance and benefits of the new process, but were not ready to come out of their 'comfort zone'. I acted as resolute leader, combined ethically inspired purpose and empathy and struggled to maximize 'agreement' among stakeholders and obtained policy decisions from two departmental heads. At annoying occasions and discouraging responses, I adhered to the tools of emotional intelligence: self-awareness, empathy, social expertness and mastery of purpose. (33) Even after formal implementation, I kept the momentum of my efforts, through coaching, discussions and reminders, to anchor the change in behaviors and ward's culture.

Recommendations:

1. Leadership training programme should be adopted as an essential requirement for higher surgical training and for promotions to higher faculty positions whether clinical, nonclinical or administrative.
2. To deal with the organizational leadership crisis in Pakistan, the leadership training programmes must be ingrained in moral and religious teachings based on the fundamental sources of our faith and belief; adopted as the primary inspiration and motivation, with full pride and ownership.

Declarations

This study is based on the project conducted during the course of 'Leadership in Health Care and Health Care Education' as a part of PG Dip MEd from the University of Dundee UK.

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Conflict of interest

The authors declared the absence of a conflict of interest.

Author Contribution

HNA (Assistant Professor)
Conducting project, study design, manuscript writing, literature, Referencing, finalizing the manuscript
WSM (MBBS final year)
Literature search, manuscript preparation
FSM (MBBS 3rd year)
Electronic and typographical configuration, manuscript, preparation.

All authors reviewed the results and approved the final version of the manuscript. They are also accountable for the integrity of the study.

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