LEADING AND MANAGING:
CRITICAL COMPETENCIES FOR HEALTH SYSTEMS STRENGTHENING

by Sylvia Vriesendorp

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Leading and Managing: Critical Competencies for Health Systems Strengthening

Sylvia Vriesendorp

People-centered health systems cannot be strengthened without good management and leadership. In this chapter we will show how you, as a manager of a health program or health services, can apply proven practices for managing and leading to address the challenges you face. We consider good governance to also be an aspect of good leadership and have devoted Chapter 3 to this important topic.

Leadership and management skills are needed at all levels of the health system. This chapter throws light on the topic by focusing on behaviors that managers and providers can use in any setting, whether in a community health post or the national Ministry of Health. We discuss the special case of the leadership of senior health managers because "derailment" or disruptions at this level can have enormous consequences. Finally, we present a simple action-learning approach to applying sound management and leadership practices and working through challenges.

Introduction

Millions of people still die every year from infectious diseases and other preventable causes, no matter how much money we put into improving health services, health systems, educational campaigns, health worker training, equipment, and facilities. From a clinical point of view, we know what to do to save these lives and significantly reduce illness. Scaling up these high-impact interventions and proven best practices is the key to preventing avoidable deaths and achieving major improvements in health on a national scale and to getting on track to meet the Millennium Development Goals for health. However, scale-up does not happen without inspired leadership and skilled management.

You do not have to be like Mother Teresa, Mohandas Gandhi, Nelson Mandela, or the Guatemalan Nobel Peace Prize winner Rigoberta Menchú to make a difference in the lives of others. Unlike each of these heroes, you do not have to make enormous personal sacrifices. You can be like the many health care managers and providers who have quietly—and without great personal sacrifice—made critical changes in their organizations that brought good services and good health to their clients. We believe that you can join these people by becoming a manager who leads.

Wherever you are in your organization's hierarchy, you will probably have a mixture of responsibilities that require management, leadership, and governance skills. Thus, this handbook is meant for you. Consider the time you take to read it as an investment in not only your own career, but also the performance of your immediate team and your entire organization. It is a resource to help you become more aware of and disciplined about applying five critical elements of organizational success:

1. the intentional practice of good leadership and management;
2. robust management systems;
3. good governance;
4. the thoughtful application of the principles of change management;
5. the establishment of a conducive work climate.

These five elements are relevant to each of the management systems described in this handbook. They standardize and organize processes for a variety of organizational tasks, such as working with a board of directors; making long- and short-term plans; hiring, firing and promoting staff; accounting for expenditures and results; ordering medicines; and measuring the results of your work.

LEARNING TO MANAGE AND LEAD

You already know much of what you need to know about management and leadership. If you use what you know more consciously, systematically, and intentionally, you can become what we call "a manager who leads" (see Box 1). This handbook will complement what you already know with what you would like to learn.

The aim is for you to manage and lead better so that your team, unit, or organization can fully use and continuously develop its potential to transform human and financial resources and other inputs into improved services and, ultimately, improved health outcomes for your clients.

IMPROVING THE WORK CLIMATE

"Work climate" is a term for the prevailing atmosphere as employees experience it: what it feels like to work in a group. Experience in varied settings has shown that many positive changes emerge when the climate improves. People become more caring and compassionate and less impatient with one another, and their commitment and energy increase. People pay more attention to the quality of their work, and they do what needs to be done, even if it is not in their job description or requires long hours.

APPLYING THE PRINCIPLES OF CHANGE MANAGEMENT

If you keep your eyes and ears open, you can often detect when a change is needed before a crisis occurs. Changes in the external environment might signal a need to adjust the way something is done in your organization or your team. For example, systems might need to be updated or adapted, staff might need to modify their roles, or you might need to measure different aspects of your work. Certain skills might become outdated or no longer relevant, and staff might need to learn new ones.

Change can be difficult to manage. You will sometimes have to change not only systems but also your own behavior, and then model that change for those at lower levels. You can read more about a leader's role in bringing about change in *Managers Who Lead.*

When managers lead: A path to results

> *The servant-leader is servant first. It begins with the natural feeling that one wants to serve. Then conscious choice brings one to aspire to lead. The best test is: do those served grow as persons; do they, while being served, become healthier, wiser, freer, more autonomous, more likely themselves to become servants?*
>
> Robert K. Greenleaf
> *The Power of Servant Leadership*

If you have recently risen to a mid-level or senior management position, you probably have many questions about your new managerial and leadership responsibilities, but few people to ask for help. After all, you were promoted because you were good at your job. Admitting that you do not know exactly how to do something can be embarrassing or awkward at best, especially if you have to ask a member of your team who is younger or less experienced than you.

Some of the questions we hear from people who have been promoted into positions where their technical and clinical skills are less important than their management and leadership skills are:

- How can I support—rather than control—my staff to help them "own" and face challenges, and learn their way through them?
- How can I inspire passive or demotivated staff members and encourage them to take initiative and act responsibly, even though we lack resources and work under very difficult conditions?
- How can I reduce arbitrary decision-making, guesswork, and last-minute crises that use up enormous amounts of resources and create stress?
- How do I streamline and systematize the flow of information to reduce waste or improper use of resources?
- How do I get my people to use existing systems more fully?

Questions like these led us to write this handbook. We hope it will help you find answers and practical information you cannot find anywhere else. We also hope you will acquire strategies to develop your management and leadership skills so that you can be proud of the results you and your team produce. Most of all, we hope you will gain confidence that you are positively contributing to improving the commitment and motivation of the people you work with and that, ultimately, this will translate in better health for the people you serve.

From better leadership and management to improved health outcomes

Drawing on many years of close observation of effective public health leaders, Management Sciences for Health (MSH) and its partners in the field have distilled 12 critical practices that describe the behavior of managers who lead. These practices are divided among the three areas of leading, managing, and governing. Figure 1 shows how these practices contribute to improved services and health outcomes.

Health professionals at different levels of the health system and with varied managerial backgrounds and responsibilities have found that an understanding of these practices helps them to lead and manage more effectively. Whether experienced or recently promoted into positions of authority, managers find that when they begin to use the language of these practices ("I think we need to do more scanning now." or, "Let's focus on the most important changes we can start on now!" or, "Who are our critical stakeholders and how can we align them?" or, "It is time to acknowledge the work of our front line providers!") and implement the practices in their workplaces, they start to see changes.

These practices improve the work environment in such a way that both male and female health workers feel empowered and motivated to put in their best efforts. They make sure that management systems are responsive and robust, making management tasks easier to execute. They make sure that the health system is responsive to changed circumstances and needs, raising and allocating resources in prudent ways. Most important, they begin to take ownership of challenges rather than waiting for their others to solve problems for

FIGURE 1.   Leading, Managing, and Governing for Results Model

People and teams empowered
to lead, manage, and govern ·········> Improved health system performance ·········> Results

LEADING
- Scan
- Focus
- Align/Mobilize
- Inspire

MANAGING
- Plan
- Organize
- Implement
- Monitor/Evaluate

GOVERNING
- Cultivate Accountability
- Engage Stakeholders
- Set Shared Direction
- Steward Resources

Enhanced work environment & empowered male and female health workers

Strong management systems

Responsive systems prudently raising and allocating resources

- Access to more services
- Expanded service availability
- Better quality
- Lower costs

IMPACT ON HEALTH:
Sustainable outcomes aligned with national health objectives and MDGs 3, 4, 5, and 6

them. We know that these changes result in increased service access, expanded service utilization, better quality, and lower cost, and that they contribute to the ultimate impact of sustainable health outcomes and impact aligned with national health goals and Millennium Development Goals 3, 4, 5, and 6.

The Leading, Managing, and Governing for Results Model serves as a road map to guide you, your team, and your organization to improved services and better health outcomes. By following it, you can transform discouraged, passive employees into active managers who lead. And once you start, one change will lead to another; you will see improvements in team spirit, customer service, quality, and even the physical environment in which people work.

Creating these transformations is an act of leadership that will transfer power to your team. Its members will learn by doing and become more systematic in the way they themselves manage and lead.

THE CHALLENGE

Many of the performance problems in the health system—for example, a broken supply chain, rising infections in hospitals, poor patient care, leakage of supplies, or low staff morale—are related to weak or absent management, governance, and leadership skills. Doctors or nurses in charge of facilities or units might lack the confidence or skills to deal with particular challenges, for example addressing staff complaints, preparing a budget, or inspiring staff, to mention just a few. The absence of such skills may not be seen as a problem—until it leads to a crisis that requires immediate attention, extra resources, and setting aside other, less urgent (at the moment) activities that could prevent future crises. Every crisis sets in motion a chain reaction; the less skilled the response, the longer or bigger the crisis.

In a recent survey in Kenya, several health professionals commented on their lack of preparation to manage. We heard comments such as, "I am prepared to solve patients' problems. Solving staff problems though, is a different thing," or, "What we know now about management we have learned on the job. I am expected to do technical work, but now I have drifted off to public health work and I have to do management work." A senior manager in Afghanistan confided that she was well prepared for her clinical duties but entirely unprepared for dealing with the politics and dynamics of change or with the reluctance of male staff to follow the direction of a woman.

The responsibilities of leading, governing, and managing require skills that can be learned and practiced. If you are not already familiar with these practices, you can learn how to cultivate accountability, set direction, steward resources, and engage stakeholders. If you do, you are practicing good governance—as we discuss at greater length in Chapter 3. You can learn how to scan your environment when critical information is missing, or to focus activities when there is too much to do. You can learn to align others and mobilize them to support your cause and inspire people when things get difficult. If you do these things, you are practicing good leadership. And finally, you can learn how to plan, organize, execute, monitor, and evaluate without having to obtain an academic degree in these subjects. If you do this, you are also practicing good management.

Unfortunately, management and leadership skills are rarely included in the education of health care professionals and barely developed as people focus on building technical skills. The intensity of many academic programs leaves little time for topics that are not considered to be of immediate relevance to aspiring doctors and nurses. Even hospital administrators have told us that their preparation for managerial and leadership roles was too theoretical to be of much use in real life. It seems that the majority of health care professionals enter the workplace unprepared for what awaits them.

Developing managers who lead

MANAGING AND LEADING: WHAT'S THE DIFFERENCE?

Managing and leading go together, each working toward a common goal but contributing in ways that the other does not. Because the two functions are complementary, the concept of "managers who lead" has gained acceptance as a holistic approach to running a health care program, organization, or facility. Governance is also relevant as it is closely linked to managing and leading (see Box 1).

When either function is absent, the results will be mediocre or even entirely unsatisfactory. To look more closely at the challenge of better preparing health care professionals to manage and lead, we must distinguish the two functions.

We define "managing" as planning and using resources efficiently to produce intended results. Managing is focused on making sure present operations are going well. This includes making sure that our most precious resource—the energy of people to give their best to the job at hand—is not wasted on unnecessary or demotivating activities, lost

because of unfair practices, or squandered while attempting to solve problems that could have been prevented.

We define "leading" as mobilizing others to envision and realize a better future. Leading is about the future. It is involved in the creation of work that generates new energy or reactivates untapped skills that have lain dormant because there was nothing to which they could be applied.

As described in Box 1, the notion of managers who lead also has a governance aspect: the ability to cultivate accountability, engage stakeholders, set shared direction, and steward resources—with each of these practices drawing on the practices of managing and leading. More about this in Chapter 3 of this handbook.

As a manager who leads, you enable yourself and others to set direction, face challenges, and achieve intended results. Producing results is what sets a manager who leads apart from people who are officially a manager or leader but are ineffective when it comes to improving the health of the people they are supposed to serve. And when we refer to results, we mean increased access to services, especially by those usually left out; expanded service utilization, especially by those who for a variety of reasons traditionally haven't used available services; better quality, both in terms of clinically sound and evidence-based best practices and client response; and, finally, lower costs due to less wastage and more effective and efficient use of available resources.

Leading without managing. If you lead without managing, although you might be able to create a surge of energy about a future vision, you are unlikely to be able to organize and implement the activities that make things happen. This is similar to being in charge of a space program and looking wistfully at the moon without making coherent plans, organizing the needed training and equipment for the astronauts, and tracking progress toward the moon shot. Strong management skills will decrease the amount of energy you and your team waste when procedures and processes are overly complex, not clearly related to desired results, and unfair. Your ability to manage will enable you and your team to move efficiently toward a desired future.

BOX 1.   Managers Who Lead and Governance

We use the term "manager who leads" because we have learned over the years that managing by itself, or leading by itself, are not enough. If you consider that managing is about making sure that things run smoothly in the present and leading is about the future, then one without the other is incomplete. And now, with renewed emphasis on good governance, we acknowledge that a "manager who leads" is also expected to practice good governance. Good governance is about making decisions that are based on information, evidence, and shared values and processes that are transparent, inclusive, and responsive to the needs of the people being served. Good governance means decision-makers are held accountable and strategic objectives are effectively, efficiently, ethically, and equitably met, all the while ensuring that the vitality of the ministry or the organization is maintained.

Chapter 3 of the handbook is about governance. Another resource is the Leadership, Management, and Governance Project website.

Managing without leading. This is like being a mouse on a treadmill—you may engage in a lot of activity and expend a great deal of energy, but it will get you nowhere. Concentrating only on managing, you lose track of the vision, the changing environment, and the need to prepare for the future. If you lead well, you will increase the energy and commitment of your team and gain the support of the stakeholders who are so critical to success.

Managing or leading without good governance. Good governance is also essential. With good governance, for example, the right people are held accountable for mistakes or poor performance, decision-making processes are transparent rather than opaque, and politics does not take over and jeopardize fairness and equity. In the absence of good governance, it doesn't matter how well leadership is able to inspire and attract followers or how sound management practices are. Unless managing, leading, and good governance are all operative, the greater good cannot be served, and people will suffer the consequences.

PRINCIPLES OF DEVELOPING MANAGERS WHO LEAD

The more an organization recognizes the importance of the management and leadership skills of its staff, the better it will function. Worldwide observation of the practices of managers who enable themselves and others to face challenges and produce results have led to a few simple principles for developing managers who lead.

Focus on health outcomes. Good health management and leadership result in measurable improvements in health services and outcomes. Only if you focus on real organizational challenges and commit publicly to producing measurable results (thus making yourself accountable) will your improved skills make a difference.

Practice leadership and good management at all levels. Your skills in these areas matter to your team and to those who benefit from your team's improved performance, no matter where or at what level you work. Your skills are relevant whether you are a community health worker or director general, a supervisor or the dean of a medical school.

You can learn to lead and manage better. Three processes can help you learn and improve your leadership and management practices: challenge, feedback, and support. If any one of these is left out, you are unlikely to learn and grow in your role as a manager who leads.

Learning to lead and manage takes time and practice. Leading and managing comprise skills, knowledge, and attitudes that you learn through much practice. The earlier you start to practice, the better.

Sustain progress through management systems. Health gains can be sustained only by making sure that leadership and management practices are used in all health services and supported by organizational systems and processes for managing governance, planning, human resources, financial resources, supplies and medicines, and information.

FIGURE 2. Leading and Managing Framework

Leading	Managing

SCANNING

- identify client and stakeholder needs and priorities
- recognize trends, opportunities, and risks that affect the organization
- look for best practices
- identify staff capacities and constraints
- know yourself, your staff, and your organization— values, strengths, and weaknesses

ORGANIZATIONAL OUTCOME

Managers have up-to-date, valid knowledge of their clients, and the organization and its context; they know how their behavior affects others.

FOCUSING

- articulate the organization's mission and strategy
- identify critical challenges
- link goals with the overall organizational strategy
- determine key priorities for action
- create a common picture of desired results

ORGANIZATIONAL OUTCOME

The organization's work is directed by a well-defined mission and strategy, and priorities are clear.

ALIGNING/MOBILIZING

- ensure congruence of values, mission, strategy, structure, systems, and daily actions
- facilitate teamwork
- unite key stakeholders around an inspiring vision
- link goals with rewards and recognition
- enlist stakeholders to commit resources

ORGANIZATIONAL OUTCOME

Internal and external stakeholders understand and support the organization's goals and have mobilized resources to reach these goals.

INSPIRING

- match deeds to words
- demonstrate honesty in interactions
- show trust and confidence in staff, acknowledge the contributions of others
- provide staff with challenges, feedback, and support
- be a model of creativity, innovation, and learning

ORGANIZATIONAL OUTCOME

The organization's climate is one of continuous learning, and staff show commitment, even when setbacks occur.

PLANNING

- set short-term organizational goals and performance objectives
- develop multiyear and annual plans
- allocate adequate resources (money, people, and materials)
- anticipate and reduce risks

ORGANIZATIONAL OUTCOME

The organization has defined results, assigned resources, and developed an operational plan.

ORGANIZING

- develop a structure that provides accountability and delineates authority
- ensure that systems for human resource management, finance, logistics, quality assurance, operations, information, and marketing effectively support the plan
- strengthen work processes to implement the plan
- align staff capacities with planned activities

ORGANIZATIONAL OUTCOME

The organization has functional structures, systems, and processes for efficient operations; staff are organized and aware of job responsibilities and expectations.

IMPLEMENTING

- integrate systems and coordinate work flow
- balance competing demands
- routinely use data for decision-making
- coordinate activities with other programs and sectors
- adjust plans and resources as circumstances change

ORGANIZATIONAL OUTCOME

Activities are carried out efficiently, effectively, and responsively.

MONITORING AND EVALUATING

- monitor and reflect on progress against plans
- provide feedback
- identify needed changes
- improve work processes, procedures, and tools

ORGANIZATIONAL OUTCOME

The organization continuously updates information about the status of achievements and results, and applies ongoing learning and knowledge.

Putting management and leadership into action

Leading and managing are behaviors—which can be changed—rather than personality characteristics—which generally cannot be changed. Practices that enable work groups and organizations to face challenges and achieve results are shown in Figure 2.

A discussion of each of the leading and managing practices follows. Although you may study them separately, you need them all to manage and lead well.

THE PRACTICES OF LEADING

We have defined leading as the set of practices you use to mobilize yourself and others to envision and realize a better future. The practices of leading are scanning, focusing, aligning/mobilizing, and inspiring

Scanning. Managers who lead encourage their teams to scan their environments, organizations, teams, and themselves. Scanning includes looking for feedback from clients, colleagues, supervisors, communities, and the system to stay informed about changes or developments that may require adjustments to strategies and plans.

A manager who asks for feedback from clients or community members is scanning. So is the health administrator who reads an evaluation report or a new government directive about national or provincial priorities. A community health worker who asks community leaders about the most common illnesses in the village is also scanning. A nurse who learns about new counseling techniques or inquires about the latest treatment protocols is scanning.

Scanning involves getting information so you can act on it no matter where you are in the large health care delivery system. A critical skill for scanning is listening to others, including those whose voices are usually not heard because they have little power.

Scanning becomes particularly important when there are many different views or opinions and when facts are hard to come by. Try to get into the habit of asking yourself "do we know enough about this to make a decision or is there something else we should look at first?' Of course, for some people this is a habit that leads to never making a decision because there always is more information. For them, focusing is what they need to work on.

> One particular scanning activity is analyzing your stakeholders. See the exercise on analyzing stakeholder interests and concerns in the *Managers Who Lead Toolkit,* on pages 195–198.

Focusing. Managers who lead focus their limited time, energy, and resources on the people and activities that are most important. How do you know what is most important and how to set priorities? You use what you have learned from scanning and then run it through a filter made up of criteria such as: profoundly important to the survival of the organization; can be done quickly and without many resources, providing quick wins and motivation; or affects the largest number of people with the least amount of money; no one else is doing it; and so on.

Managing your time is focusing, because time is a scarce resource. So also are your energy, your funds, and your workforce, which is nearly always insufficient for the tasks that need to be done.

As a manager who leads, if you are to achieve your objectives, you have to make sure that attention goes first to those people and those matters that require attention. This means understanding the root causes of frequent stock-outs of medicines and taking action so that stock-outs become a thing of the past. It means addressing staff morale issues when they interfere with productivity and quality, focusing on making the changes that turn things around.

Focus requires a clear understanding of what is important, and making sure it does not get crowded out by what is urgent, but not important. (See the Important and Urgent Matrix on page 215 in the _Managers Who Lead_ Toolkit.) You will probably always have more work than can be accomplished. Develop the crucial ability to decide what not to do.

Aligning and mobilizing. A manager who leads aligns and mobilizes others to achieve objectives. This means seeking out other groups or people whose objectives are in line with yours and getting them to work shoulder to shoulder with you. You may also have to reach out to people who do not completely share your objectives, but whose support is so critical that you cannot progress without them. You may also have to deal with individuals or groups that are sabotaging or undermining your work.

However, your leadership can make others want to move forward with you, which is what we mean by mobilizing—participating in a campaign, talking with people who are affected by your work, and convincing them that their support will produce good outcomes for them as well as for their stakeholders.

Advocating for a service or a behavior that you want from others is a way of aligning and mobilizing. The essential skill needed for this practice is being able to connect and work with others toward a common vision, crossing boundaries of gender, professional status, language, cultural background, or politics.

Inspiring. "Inspiring" literally means "breathing life into" something. We can be inspired by people who believe in what they do, care about a cause, and know that others care, too. They are people whose example moves us to follow in their footsteps. Those who inspire us may be heroes or family members, friends, colleagues, teachers, politicians, or religious figures.

You do not have to be famous or a great public speaker to inspire others. Supervisors, for example, can inspire staff when they:

- look out for the interests of their supervisees;
- encourage them to be the best they can be;
- create an environment where employees can use their ingenuity;
- acknowledge efforts and successes or small acts of commitment and caring;
- take the time to turn failure into success.

People who inspire can tap into the vast reservoir of energy that is unused when people are demoralized, discouraged, or feel unacknowledged. Sometimes the simple act of saying thank you for work well done brings goodwill and energy. In our leadership programs,

we ask participants to acknowledge someone's effort or work once a day, both at home and at work, for six weeks. For those who made an effort to complete the assignment, not only did they report how positive and helpful people who were on the receiving end of these "thank you's" became, it also became a habit for them.

Inspiring becomes particularly important when things are not going well, when there are breakdowns or crises. Remember that looking for scapegoats or blaming people will undo all the inspiring you have done. On the other hand, staying positive, looking for opportunities to learn from adversity and acknowledging and validating the feelings people have (e.g., "it is understandable that you feel that way given all the hard work and the long hours you put into this…[when a project is prematurely terminated]") will go a long way towards keeping spirits up.

Using the leading practices. When you become more conscious of these leading practices, you will begin to be more systematic in how you approach challenges. You might ask yourself and your team, "Have we scanned enough?" "Are we focused enough?" "Have we aligned and mobilized the right people?" and "Are we inspiring our teams?"

When you do this, you will find that your team members become more confident about leading their own supervisees and co-workers to take on challenges and produce results. It is a matter of practice and coaching, of learning and being coached: sometimes you follow and sometimes you lead.

These practices do not require learning a whole new set of behaviors. Most people already know how to scan, focus, align and mobilize, and inspire—although they tend not to do those things consciously, systematically, or intentionally. Using a common language allows you to build on what you and your team members already know and to remind one another to keep doing it.

THE PRACTICES OF MANAGING

Our definition of "managing" means planning and using resources efficiently to produce intended results. Given that organizational needs always exceed the resources that exist to satisfy these needs, no organization can succeed in this world without good management. "Whether we realize this or not," writes Joan Magretta (2002, p. 3), "every one of us stakes our well-being on the performance of management."

Managing well requires the conscious and systematic use of four practices: planning, organizing, implementing, and monitoring and evaluating. Most of us are familiar with these practices, which have been recognized in the for-profit sector for decades. As with leadership practices, we are building on what many people already know.

Planning. Managers who lead plan. The practice of planning requires you to think through the logical sequencing of activities and resources needed to achieve stated objectives. Without plans, your work environment will be chaotic and performance will be haphazard. All organizations and institutions require some form of planning to guide their efforts for both the long and short terms. They also need to match their plans with budgets, to be sure that they have the financial resources to carry out their activities.

Planning is a way to counter insecurity and ambiguity. It also indicates how separate pieces of work by units or individuals eventually lead to desired results. For a more complete description of planning skills and practices, see Chapter 5 of this handbook.

Organizing. Managers who lead must also organize work. The practice of organizing ensures that resources are available at the right time, in the right place, of the right kind, and in the right quantities to get the work done.

Organizing means making sure that you have in place the systems, procedures, and processes that make it possible to for staff to execute assigned tasks. When you see to it that each vaccinator has a functioning cold box, a full supply of vaccines, and vehicles ready on the first day of an immunization campaign, you are organizing. An organized workplace means that people can find what they are looking for, whether it is medical supplies, timesheets, pens and paper, or permission to fill their cars with gasoline.

If being organized is not your strength, you can get better at it by working with someone who is good at organizing and learn from them. Sometimes visualization can help: visualize yourself executing the planned task from beginning to end and make a note of all the supplies, resources, permissions, and systems that you would need. For example, for a workshop, visualize the participants arriving at a venue: Where is the registration form? Who is sitting at the registration table? Are there signs and welcome letters explaining where participants should go and when? Are the name badges prepared? Is everyone receiving a conference packet with required reading, an agenda, and participant lists? How are participants being reimbursed for travel expenses? What's the formula for calculating reimbursements, and who is handling the money? And so on and so on.

Implementing. In the end, if you do not implement the activities presented in plans, you have wasted the effort spent producing them. There are many reasons why things do not happen or plans are not implemented, but few of them are valid excuses. If staff have no time to do the work or other resources are not there, either the planning or the organizing has gone awry. If the activities are not implementable or not acceptable, the scanning and focusing have not been done well.

Implementing requires decision-making, problem solving, coordination, negotiation, and communication—all skills that can be taught or improved through practice. The toolkit in *Managers Who Lead* has a number of exercises designed to help build these skills; there's a list on page 175. Consider which ones might be particularly appropriate for you and your team.

Monitoring and evaluating. Managers who lead monitor and evaluate how well their programs are doing. They set up feedback loops between the work and the results of the work, and between the worker and his or her observed performance. Monitoring and evaluation are needed to make sure that activities are progressing as planned and that intended results are achieved. This practice enables you to alter plans if they are not working and to learn lessons for future improvements. For a full discussion of monitoring and evaluation in the context of information management, see Chapter 9 of this handbook.

INTEGRATING THE PRACTICES OF LEADING AND MANAGING

Although we have listed and discussed the practices of leading and managing sequentially, they actually repeat in a cycle, as shown in Figure 3.

The practices also overlap, meaning that each practice has other practices implicit in it. For example, you cannot scan, align, and mobilize without focusing; and you cannot focus, align and mobilize, or inspire without scanning. This is equally true for the management practices; planning and organizing are empty shells if you do not implement the plans.

Inspiring is often implicit in successful aligning and mobilizing and requires some degree of focusing and scanning. The same is true for monitoring and evaluation, which depends on the other three practices of good management.

And finally, Figure 3 shows how the managing and leading practices are intertwined. You articulate a particular challenge, such as reaching more couples with family planning services, by engaging in scanning, focusing, and planning. You produce results by aligning, mobilizing, organizing, and implementing. The energy to do the work is partially fueled by inspiring people and appealing to their sense of purpose and values. Lessons learned about effectiveness and performance are cycled back into new plans through monitoring and evaluation.

FIGURE 3.   Integrated Leading & Managing Process
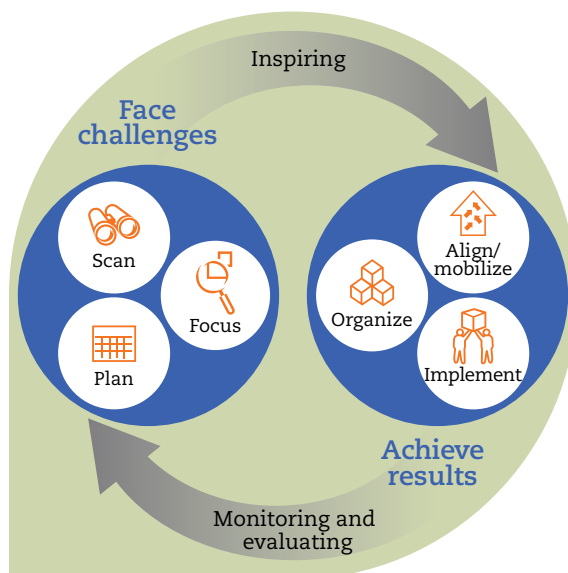
Leading and managing at the top

Leadership at the top levels of an organization is different from leading teams at lower levels, mostly because of the heightened visibility, the politics of power, and the fact that many crises are pushed upward to senior people for them to handle. In countries where many external agencies vie for the attention of top leadership, the pressure can become intense.

At the higher levels of leadership, management and governance practices start to blend: **Setting shared direction** is a combination of aligning, focusing, and inspiring; **cultivating accountability** requires a mixture of scanning, implementing, and monitoring; **stewarding resources** requiring a blend of planning, scanning, implementing, and monitoring; and **engaging stakeholders** requires a combination of inspiring, aligning, and mobilizing.

Anyone at a senior level in any organization has an impact that goes far beyond his or her unit or directorate:

- As **stewards** of the health of a large population, senior leaders like you are responsible for the whole system—which means that you have to be able to think systemically, clarify accountabilities, and optimize capacity at all levels—from your department or directorate all the way down;
- As **aligners and coordinators** of various constituencies, senior leaders like you have to promote and lead productive conversations and make sure that essential information reaches everyone;
- As the ones to whom others look for **guidance and inspiration**, senior leaders like you have to act from a shared vision and agreed-upon strategies, model the behavior that is desired throughout the system, and set the tone for a positive and empowering work climate.

BALANCING ACTS

The reality of leading and managing at the top is that you must constantly choose between competing demands. You have to pay attention to one thing—while not neglecting or appearing to neglect other options—and to discern the best course of action at each moment. Box 2 illustrates these balancing acts.

While you engage in these balancing acts, you are expected to provide leadership in at least five ways:

1. Set direction for the health system *as a whole*.
2. *Continuously* communicate the vision and direction.
3. Engage with *internal and external* stakeholders for alignment, but also for bringing in new ideas.
4. Coordinate and integrate planning and execution *across the entire system*.
5. *Continually* reflect, learn, and improve performance.

BOX 2.   Striking a Balance

If you lead and manage at the top, you will need to learn to balance:

- the needs of the present AND the needs of the future: the necessity of crisis management on the one hand and the slow and steady pursuit of long-term strategy on the other;
- the needs of diverse stakeholders: the need to respond to pressure from specific groups on the one hand AND, on the other, the need to pay attention to the organization's management systems as a whole;
- the use of authority AND the need for inclusion: the pressure to decide and act quickly on the one hand and, on the other, the need to take the time for reflection, collective learning, and empowerment;
- the need for "fit" of the organization, seeking coherence that comes from centralization and control In order to create synergies AND "split," seeking the opposite by giving freedom to individual units and staff to create, differentiate, compete, and produce the variety that is essential to innovation and adaptation to an ever-changing environment. (Stacey, 1992).
- preventive and curative health services: heeding calls to seek the greatest good for the greatest number of people on the one hand AND to improve curative care for all and tertiary care for the few, on the other.

Each of these roles brings with it countless challenges. To face these challenges with confidence, you need specific skills, as follows.

Seeing and operating from the big picture. Seeing the big picture is necessary to create a shared vision, set strategies, and maintain the long view. This perspective will help you reorient people's attention and energy when they become immersed in struggles over short-term interests or are unsure how to prioritize their work.

> Chapter 5 of this handbook discusses in detail the nature of a shared vision, how to create one, and its importance to an organization and effective strategic planning.

Communicating the vision. Managers who lead know how to communicate, over and over and in many different ways, where their organization and staff are headed and why so that all are rallied around the organization's vision. By communicating the vision and getting others in key positions to reinforce it, you demonstrate that you are on the same team and that you are all progressing together, even when there is tension around competing ideas and rivalry for resources and recognition.

Recognizing stakeholders' interests. The ability to bring stakeholders together, negotiate, and manage the tension that comes from competing interests and agendas, and turning conflict into win-win situations for maximum effectiveness is essential to leadership and good governance. Recognizing others' interests will help you find allies, as well as anticipate and be prepared for any groups whose interests are in opposition to your organization's mission, values, and goals.

> The *Managers Who Lead Toolkit* includes an exercise on pages 195–197 for analyzing stakeholders' interests.

Making the best use of your time. Delegation will save you time. If you are aware of and trust your colleagues' strengths and capabilities, you will be comfortable delegating tasks, freeing up time to pay attention to things that need leadership and good governance at the highest levels. In the process, you are developing your staff. Delegation should be coupled with setting priorities: determining the extent to which your many tasks contribute to or detract from achieving the vision. You must know how to lead meetings effectively, saving not only your time but also the time of everyone who attends. Careful listening and observation will enable you to respond thoughtfully to issues and avoid the crises that can consume everyone's time and energy.

Soliciting feedback and advice. Asking for feedback—positive and negative—from colleagues and subordinates will help you work with others to address issues effectively. Acknowledging that you can always improve will strengthen your personal support system, which you can go to for advice and sustenance during difficult times.

PITFALLS AT THE TOP THAT CAN BRING YOU DOWN

A few attitudes and behaviors on your part can derail and disrupt the functioning of the entire organization. In your position of leadership, you will want to be especially alert to these pitfalls and to avoid or correct them wherever you find them, in others or in yourself.

Hubris. Hubris: excessive pride or arrogance. Hubris is easy to spot. You can see it in people who have become overconfident in their own abilities and do not believe they could ever fail or be wrong.

Although it is often difficult to bring someone who is suffering from hubris down to earth, you can make sure that you do not let yourself fall into this trap. When things have been going too well for too long, when no one dares to disagree with you, or when close friends or colleagues seem less comfortable around you, these may be signs that you need to take action. You can ask for corrective, as well as supportive, feedback. You can make a point of assisting others to reach their objectives and rejoice in their success without taking credit for their achievements. Finally, you can show some genuine humility by recognizing your limitations and not taking yourself too seriously.

Fear. Many organizational mishaps, derailments, misuse of resources, or even disasters result from fear of real or imagined consequences of speaking "truth to power." Big firms and small organizations have collapsed or been reduced to insignificance because the rank and file did not dare to question the foolhardy or unethical practices and decisions of their top leaders.

Fear exists throughout the ranks of some organizations, from top to bottom, although the reasons for fear usually differ, depending on the level. At the top, the fear is about being humiliated, removed from power and, in some places, a fear for one's safety. Fear at the bottom of the organizational ladder is primarily about losing one's job and livelihood, being passed over for promotion, or being sidelined.

In your leadership role, you can do a great deal to set a tone that reduces fear at all levels. If you demonstrate the willingness to listen respectfully to dissenting opinions, your staff will feel free to express them. If you encourage and reward appropriate risk-taking, accepting that some ventures will fail, you will set an example for managers throughout your organization. If you refuse to tolerate humiliating behavior or abuse of power, others will follow in your footsteps.

Lack or betrayal of trust. Where fear is pervasive, trust tends to be low. Trust is a precious resource in organizations, but people often squander it by repeatedly betraying others. People's ability to trust depends on two things: trust in oneself and trust in others.

The exercise in Box 3 will help you consider your own levels of trust. It is taken from the work of Dennis and Michelle Reina (2006).

Repeated betrayal of trust has important consequences for an organization's climate, because the result of untrustworthiness is low productivity. When this is the reality in your organization, you have some options.

As a manager or supervisor of someone who feels betrayed, you can make good use of the practices of leading. As indicated by Dennis and Michelle Reina (2006), you can scan to get the facts and acknowledge what happened that caused people to feel their trust was betrayed. You can then focus on the feelings that the betrayal has created and make space for people to express themselves so that those feelings will not come out in other ways that you cannot see or manage. This is the time for you to offer your support, realign people with the organizational vision and mission, and redirect everyone's energy toward the future.

BOX 3.   Reflective Exercise on Trust

On a piece of paper, write your answers to the following questions:
- In what types of situations do I trust myself?
- In what situations do I not trust myself?
- In what ways do I consider myself reliable?
- In what ways do I feel that I am unreliable?

Continue the exercise with the following questions:
- In what situations do I trust others?
- In what situations do I not trust others?
- What do I look for when considering whether another person is trustworthy?
    - Do I assume they are trustworthy unless proven otherwise?
    - Do I wait for people to prove that they can be trusted?
- How does this affect my relationships at work?

After writing the answers to these questions, decide whether there is there anything you would like to change about the way you trust (or do not trust) others and yourself.

Source: Reina 2006.

TABLE 1.   The Betrayal Continuum

MAJOR			MINOR
Unintentional	**Intentional**	**Unintentional**	**Intentional**
Restructuring resulting in layoffs	Disclosing organizational secrets	Repeatedly arriving late (at work, at meetings)	Gossiping, backbiting
Delegating without giving authority	Sabotaging organizational data	Not honoring agreements	Accepting credit for another's work

Source: Reina 2006.

If you are the person who feels betrayed, whether by superiors or subordinates, you can begin by drawing on the same leading practices: scan the situation as objectively as possible, acknowledge the facts, and then focus on your feelings of betrayal by naming them and expressing them. Now you will be ready to align with others and get their support in helping you reframe the experience. This will involve moving beyond a sense of victimization to look honestly at what you may have contributed to the experience. The final steps are to forgive yourself and the other(s), drop the heavy load of anger and resentment, and move forward.

Dennis and Michelle Reina propose that betrayal—whether intentional or unintentional—can have repercussions that fall along a continuum from major to minor. Table 1 illustrates the continuum with a few examples.

Leader shifts: A change in thinking and behavior

So far, we have stressed the importance of behaviors by introducing practices rather than personality traits or personal attributes. However, behaviors are not enough. Our behaviors are anchored in how we think. Therefore, attitudes are important, too.

We have observed that managers who lead think differently from those who do not lead; they are more conscious of and systematic and intentional in their actions. They reflect more about what they do as they interact with others at work. And when they get better at applying the practices of managing and leading and at reflecting on what happens as a result of their actions, they notice that something else begins to change. They see the world differently.

We call these changes in attitudes and beliefs "leader shifts." Table 2 describes some of the shifts in attitudes that most clearly define a manager who is learning to lead.

Awareness of these leader shifts is an important part of the transformation you can bring about in yourself and others. But be warned: the shifts may not represent permanent changes. They tend to occur when you are feeling competent and are doing good work that makes a difference in the lives of others. When things are not going so well, they may begin to slide away.

Your personal challenge is to monitor yourself and recognize when you are becoming more preoccupied with your own needs, reputation, or image and less focused on the common good.

TABLE 2.   Leader Shift

FROM	TO
counting on individual heroism	collaborative action
despair and cynicism	hope and possibility
blaming others for problems	taking responsibility for challenges
scattered and disconnected activities	purposeful, interconnected actions
a preoccupation with oneself	a concern for the common good and generosity toward others

Let's take a closer look at each shift and see what you can do to develop and maintain these changes in yourself.

Leader Shift 1: From heroic leadership to collaborative action. The challenges you face cannot be addressed by thinking that some heroic leader (for example, your supervisor, your executive director, the Minister of Health, or a donor) will come to the rescue. Nor does it help if you think that you must—and are the only one who can—solve all prob-

lems. This leader shift brings with it a recognition that it takes "all hands on deck" to do difficult work and that developing and acknowledging everyone on the team is critical, even when there are dissenting voices.

To move toward collaborative action, ensure that everyone is clear about and has agreed to their roles and responsibilities, and then hold them accountable for fulfilling them. Check that you are delegating tasks that you do not need to execute yourself and that others can do. If you are holding on to work you could delegate, ask yourself why. Are you comfortable letting people learn from their mistakes?

See Box 4 to learn more about how to make the shift from heroic leadership to collaborative action.

BOX 4.   Moving in the Right Direction: Away from Heroic Leadership and toward Collaborative Action

Even if you could do it all—and you can't—it's a bad idea. Teams work best when their members play four critical roles:

1. **initiate** (an idea or action)
2. **follow** (accept the new idea)
3. **oppose** (question the idea to make sure decisions are not made impulsively and to sharpen the team's thinking)
4. **observe** (watch and give feedback on how the team is doing)

Are all these roles represented on your team? If you are always the initiator, try playing a different role, perhaps following another team member's lead or sitting back and observing. You will find suggestions in the exercise "Understanding Roles in Teamwork," in *Managers Who Lead* (MSH 2005, Toolkit, p. 248).

In addition, practice speaking less, listening more, and leaving more room for others. Ask yourself:

- **If there is conflict:** How am I dealing with the conflict? Am I avoiding it and letting it simmer? Am I dealing with it too directly? Do I know where to seek help in dealing with conflict on my team?
- **If you call a meeting:** Do I have a clear outcome for our meeting in mind? Have I designed the agenda so that it will lead us to the desired outcomes?
- **Before you speak at a meeting:** Is everyone fully participating? Am I achieving a balance between inquiring about others' viewpoints and advocating my own? Am I listening to others as if their viewpoints matter? Has someone already said this? Can someone else say this better than I can?
- **If points of view differ:** Am I willing and able to negotiate if we seem stuck? Do I try to understand the interests that underlie positions? Do I have an alternative if we cannot come to agreement?

Leader Shift 2: From despair and pessimism to optimism and hope. It is hard to attract followers if you preach a message of despair and powerlessness. Yet most planning methodologies start by listing all the problems, which can quickly overwhelm a group and feed a feeling of helplessness. Ask people about their dreams and see how their eyes light up. Conflicted parties can find common ground in a shared vision and change their positions about how to deal with obstacles.

See Box 5 for some ideas on how you can make the shift from despair and pessimism to optimism and hope.

BOX 5.   Moving in the Right Direction: Away from Despair and Pessimism and toward Optimism and Hope

- Learn how to create a shared vision. You can do this by asking people about their hopes and dreams for the team, unit, department, organization, or community. Avoid abstractions, which usually have less power than concrete images. An image of "a clinic I would send my sister or mother to" is more powerful in propelling people into action than "a clinic with high quality of care." The more detailed and concrete the image, the more power it has to attract people to work toward its realization.
- Shared visions can be idealistic and long range, but they can also be immediate. For example, a team could envision an outcome for a meeting. Get into the habit of always asking yourself and your team members what success would look like.
- Once you have agreed on your vision, you can work backwards by asking, "If that is what we want, what stands in the way of achieving it?" This way of thinking allows you to identify the obstacles that are obscuring the vision. Resist the temptation to start working on obstacles without knowing the vision that these obstacles obscure.
- When you give feedback to a staff member on a piece of work, start with the positive. Begin by stating what is good and should be continued. Then consider the opportunities for improvement, and, as a last step, what needs to be stopped or removed.
- This leader shift requires that you develop the leadership practice of inspiring your staff and breathing life into their work by appealing to their hopes and values. Remember, it is much more compelling to think of your goal as a dream to be realized than as a problem to be solved.

Leader Shift 3: From blaming others to taking on challenges. Reframing an issue from being a problem that is caused by—and must be solved by—others to being a challenge that you will take on is not just a matter of using different words. By looking at the issue in a new way, you can stop feeling like a helpless victim and become an agent of change.

See Box 6 for ideas about how to shift from blaming others to taking responsibility for challenges.

> **BOX 6.   Moving in the Right Direction: Away from Blaming Others and toward Taking on Challenges**
>
> If you are alert to the following, you will probably become more positive and effective.
>
> - **Learn to recognize feelings of powerlessness** that make you feel passive.
> - **Look for examples of successful actions** that you and others have taken to accomplish things that did not seem possible, such as earning a degree, writing an article, or leading a team to improve the quality of care at a clinic.
> - **Consider how you might be contributing to problems.** For example, a disorganized clinic may reflect your own disorganization or, conversely, your excessive control of details, which keeps employees from developing a sense of responsibility. A difficult relationship with a staff member may be at least in part due to your own attitudes and behaviors.
> - **Practice reframing a problem into a challenge** by setting up a tension between a desired future situation and a current, undesired situation. For example, "How can we ensure a consistent supply of contraceptives to our clinic in spite of seasonal inaccessibility?"
> - **Use proactive language,** rather than reactive language. Instead of saying, "There is nothing I can do!" say, "Let's see what we can do about that." Instead of saying, "That's just how things are," say, "How can I (or we) change this?" Instead of saying, "They will not allow that," see if you can negotiate. Instead of saying, "I have to" or "No one will help me," try saying, "I want to" or "Could you help me?"

Leader Shift 4: From disconnected activities and busyness to concerted and purposeful action. Overspecialization can lead to the creation of independent vertical programs and separate organizational units, and inhibit development of a comprehensive approach to improving health services. The activities and solution applied in one program might undermine progress in others. For example, increased funding for HIV and AIDS programs has, in some instances, led to underfunding of family planning programs, even though they should be an integral part of any effort to prevent HIV transmission.

In addition, people who are preoccupied with their specific area of responsibility often lack the time to share ideas with people working in other relevant areas and miss opportunities to work together and contribute to each other's objectives. Services, projects, or programs often have performance objectives that do not take into account what other related services, projects, and programs are doing, even those in the same geographic area, organization, or facility. So there is much duplication and waste of resources.

Box 7 shows what you can do to shift from being engaged in disconnected activities and busyness to concerted and purposeful action.

> **BOX 7.   Moving in the Right Direction: Away from Disconnected Activities and Busyness and toward Coordinated and Purposeful Action**
>
> Learn to set priorities among your many tasks by looking at how each contributes or detracts from your intended results. A handy way of classifying competing demands is to distinguish "urgent" from "important." Urgent activities are those that demand your immediate attention (often crises or "problems"), while important ones are those that contribute to your organization's mission, values, and most important goals (Covey 2004).
>
> With your team members, use the Important and Urgent Matrix and exercise (MSH 2005, Toolkit, pp. 213–215) to classify the activities of your typical work week. Give highest priority to those that are most important but not urgent, such as securing approvals and budgets ahead of time. Think of tasks like these as preventive, proactive work that will prevent crises later.
>
> Bring your team members together and use their diverse skills and perspectives to solve problems as they occur. Ask for advice and input rather than trying to solve everything on your own.
>
> Celebrate successes and small victories as a team rather than just singling out individuals for special recognition. Remind people of the mission and vision that you created together. Help people see how their work enhances or complements the work of other members of the team.

Leader Shift 5: From a preoccupation with oneself to generosity and a concern for the common good. When you feel hurt or diminished by an unsuccessful effort or a sense of having been treated unfairly, your world shrinks and your focus is likely to shift inward. You may find yourself dwelling on your own needs, whether these are physical—a body that needs to heal—or psychological—recovery from a disappointment, insult, or trauma.

The feeling that you are entitled to special privileges might accompany this self-focus. Many lapses in ethical behavior by those in charge can be linked to excessive concern about comfort, status, or prestige at the expense of the common good.

As long as you remain focused on yourself, for whatever reasons, you can no longer be effective or partake of the world around you, especially when there is work to do that requires compassion and concern for others. Your self-absorption will interfere with your ability to provide the stewardship that the health system needs from you.

See Box 8 to find out what you can do to shift from a preoccupation with yourself to a concern for the common good.

> **BOX 8.   Moving in the Right Direction: Away from Self-Preoccupation toward Generosity and Concern for the Greater Good**
>
> - Check your motives whenever you find yourself a little too invested in being right, acknowledged, recognized, or simply comfortable. Are you forgetting about the bigger picture and your role in it?
> - Remind yourself of your role and responsibility to help realize the mission and vision of the organization, agency, team, or department that you are leading.
> - Think about the people you are serving, both your staff and your organization's beneficiaries, and check whether your attitudes and actions are helping them or distracting you from helping them.
> - You can use ethical decision-making models to guide you. One of the simplest and most powerful appears in the tenets of all the world's major religions: "Do unto others as you would have others do unto you."

Learning to manage and lead: A proven methodology for learning in action

It is common to hear people complain about the performance of their team, organization, district, or hospital, but few know how to play an active role in turning things around. They are so overwhelmed by the many obstacles they face that they remain passive. No one sees a way out.

The Challenge Model (Figure 4) is a tool that you can use right away to improve the performance of any group. It consists of a series of questions that help you and your team to systematically translate dreams into action.

If you follow the steps, completing each one before moving onto the next, you will be able to bring about positive change. This may not happen as fast as you would like, but the careful, thoughtful process is more likely to lead to lasting results.
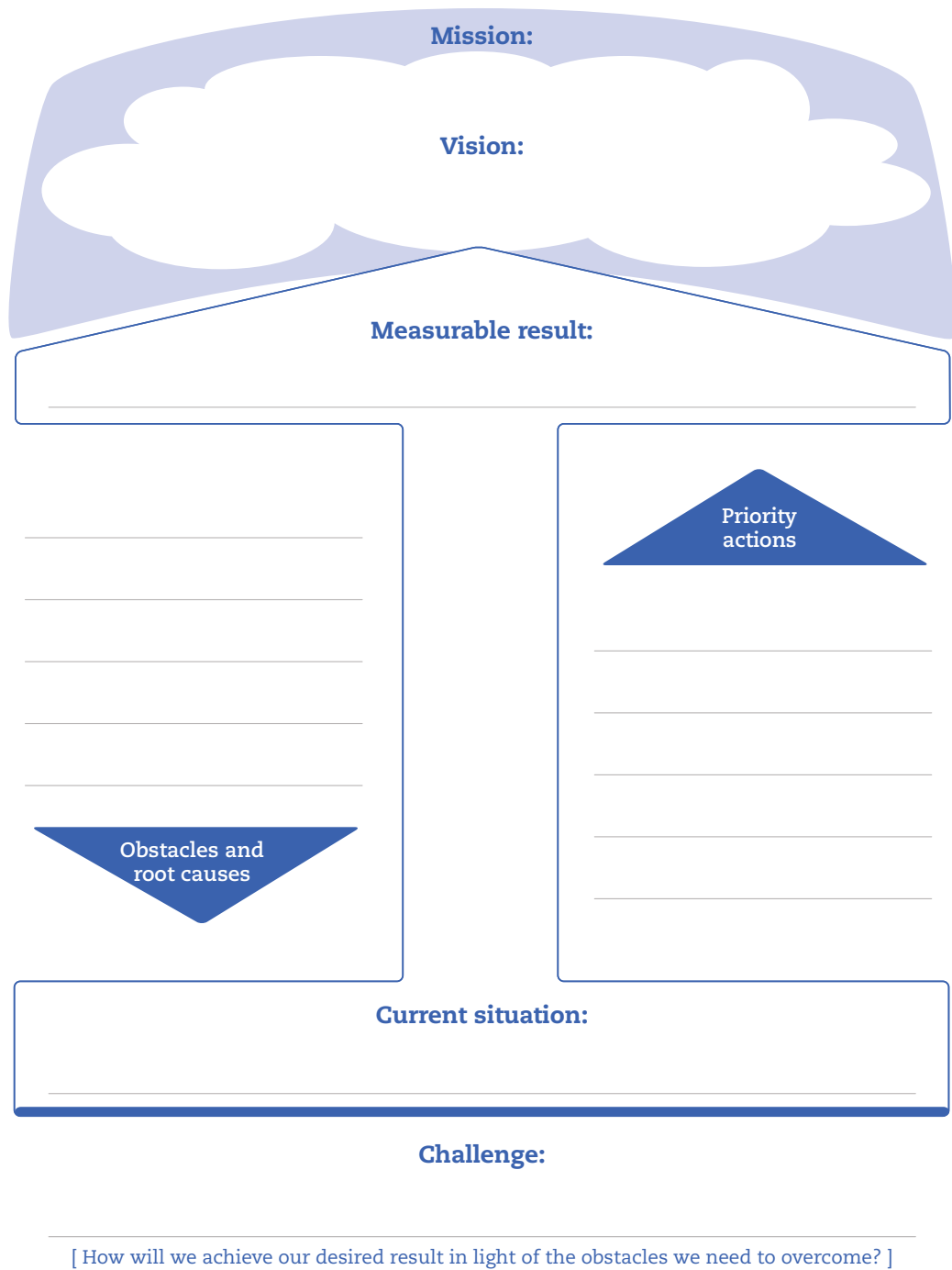
Step 1: Start with a fundamental question about purpose, "Why are we here?" For most organizations, this question is answered in their founding documents: the organizational **mission**, or, for government agencies, the legislative act that created them.

Step 2: Stephen Covey (2004) teaches us to "begin with the end in mind." Thus, the next question is, "What would we like to create that currently does not exist?" This is the **vision** of a better future.

Although dreaming about a better future can be a creative, inspiring act, stopping at that point can lead to discouragement and even despair, especially if your current situation is far removed from your dream. The vision becomes compelling when you take the next step—defining actions to bring it down to earth.

Step 3: Now it is time to ask, "Where are we now?" In this step, you and your team will look at your **current situation** in relation to your vision. This step calls on the leadership

FIGURE 4.   The Challenge Model: From Vision to Action to Results

Mission:

Vision:

Measurable result:

Priority
actions

Obstacles and
root causes

Current situation:

Challenge:

[How will we achieve our desired result in light of the obstacles we need to overcome?]

practice of scanning: talking and listening to people, checking records, visiting facilities and communities, reading reports. It will help you create a baseline.

This is a critical step that is often overlooked because people often think that they know the current situation when, in fact, they are only seeing what they expect to see or have made a series of assumptions that may or may not be correct. How often is fiction confused with facts? Only a closer look can determine the reality. This may be the first time you and your team gather data or interview people you have never talked with before. A benefit of this exercise is that you will begin to appreciate, if you did not already, the importance of having good information systems and accurate and timely sources of information.

By thoroughly exploring the current situation, you are likely to discover factors that you consider unacceptable. This may produce indignation and anger, which you can transform into a resolve to mobilize yourself and others into action. It is at this point that you are ready to formulate your **challenge,** "How can we get to our vision, given that our current situation is…?"

Step 4: Once you have created a shared vision and have a good sense of the current reality, you and your team can focus on one aspect of the vision, something to work on right now. You can ask yourselves, "What can we achieve that will bring us a little closer to our vision?" The answer will be a **result** that is SMART:

> **S** = Specific
> **M** = Measurable
> **A** = Appropriate[1]
> **R** = Realistic
> **T** = Time bound

The desired result should not be grandiose, but it should be a stretch, something you might not have accomplished if you had not taken on the challenge.

Step 5: The next question is, "Why are things the way they are?" This question helps you identify the **obstacles** that stand in the way of achieving your SMART result. It leads to other, more specific questions: "Why are people not showing up for work?" "Why are clients not coming back for resupply of contraceptives?" "Why haven't we fixed this?" and "Why did we not know about that?"

The temptation at this stage is to blame poor performance on a lack of resources or deficient systems. This does not help much in finding a remedy. You will need to explore the answer to another specific question: "If this matters to us and our clients, why are we not putting sufficient resources behind it?" After all, it is rarely the case that there is no money at all in the system; the question relates to allocation and decision-making. Digging beneath the surface to find the **root causes** of the obstacles is likely to provide ideas for possible solutions. Appendix A of this chapter shows you how to use a fishbone diagram to uncover root causes and the five whys technique to fully understand them.

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1. Sometimes, the A stands for Achievable (which is similar to Realistic) and the R stands for Relevant (which is similar to Appropriate).

Step 6: After you and your team have identified and deepened your understanding of the root causes of the symptoms that show up in the current situation, you can begin to select the **priority actions** that might address those root causes. As health professionals, we know that treating symptoms can be costly and ineffective if the underlying causes are not addressed.

You will now need to identify those priority actions that are most likely to lead to success, asking two questions: "What interventions have proven successful in similar situations elsewhere?" and "Given the resources we have available, what are the things we can do right now?"

Up to this point, you have drawn on the leadership practices in answering the Challenge Model questions. You have created an inspiring vision; you have scanned the current situation, the root causes of obstacles, and the available interventions; you have focused on a measurable result and priority actions to achieve it; and you have aligned and mobilized your team to go through the entire process.

Step 7: Once you have done all the groundwork in the previous steps, you have everything you need to develop a feasible action plan to meet your challenge. Now the management practices come into play as you and your team plan the activities your organization will undertake, organize your resources for implementation, monitor the plan's execution, evaluate the outcomes, and learn from them.

As a manager who leads, you can use the Challenge Model to create a road map for your team and yourself, no matter what your clinical or management specialty might be.

> Chapter 2 of *Managers Who Lead* has extensive information about using the Challenge Model.

Proven practices

- You can strengthen your management and leadership skills no matter what position you hold: good management and leadership are needed at every level of an organization. If you do what you already know more consciously, systematically, and intentionally, and if you encourage your staff to do the same, you can become a "manager who leads."

- Understanding and applying the 12 management, leadership, and governance practices can help you and your staff enhance your work environment, improve management systems, prudently raise and allocate resources, proactively respond to change, and take ownership of your challenges. These changes will result in better services for your clients and their communities.

- If you monitor "leader shifts" in your own attitudes and beliefs, you can maintain the positive changes and resist any tendency to slide back into a preoccupation with your own needs, reputation, or image, rather than a focus on the common good.

■ The Challenge Model is a simple tool for systematically translating dreams into action. By tying your day-to-day work to a compelling vision and carefully following the steps of the model, you and your team can get through difficult times and produce significant public health results.

Glossary of management and leadership terms

challenge model: A graphic analytical tool that helps users, in a systematic fashion, to determine how to get from a present undesirable situation to a desired and measurable result that contributes to achieving the vision and realizing the mission.

governance: A collective process of making decisions in organizations, health systems, or the health sector. Governance is (1) setting strategic direction and objectives; (2) making policies, laws, rules, regulations, or decisions, and raising and deploying resources to accomplish the strategic goals and objectives; and (3) overseeing and making sure that the strategic goals and objectives are accomplished.

leader shift: A change in a leader's attitudes, beliefs, and behavior.

leading: Mobilizing others to envision and realize a better future.

leading and managing: Enabling oneself and others to set direction, face challenges, and achieve results.

manager who leads: Someone who enables him- or herself and others to face challenges and achieve results.

managing: Planning and using resources efficiently to produce intended results.

mission: A clear and concise statement of an organization, program, or team's reason for being, an affirmation that answers the question, "Why do we exist?" A mission provides orientation, uniformity, and meaning to the organization's decisions and activities at all levels. It is the core around which staff members focus their best efforts.

SMART result: A specific, measurable, appropriate, realistic, and time-bound outcome.

vision: A picture of a desired future state that a team, organization, project, or program can move toward by taking action.

work climate: The prevailing atmosphere at work, as employees experience it.

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APPENDIX A.   Diagnosing Root Causes—The Fishbone Diagram and Five Whys Technique

THE FISHBONE DIAGRAM

After using the Challenge Model to uncover obstacles that keep you from achieving your intended result, you can use the fishbone diagram to identify the root causes of those obstacles.

Continue working with your team so you can draw on the knowledge and perspectives of many people, which will improve the quality of your analysis. If possible, draw the Fishbone Diagram shown in Figure A-1 on a flip chart or chalkboard so everyone can look at it and discuss it together.

Step 1: Write one obstacle you have defined in your Challenge Model in the box on the far right of the Fishbone Diagram.

Step 2: Brainstorm possible reasons why this obstacle is creating a gap between the current situation and your intended result. Discuss each of the main factors—people, policies, processes and procedures, and environment—and how it might contribute to the obstacle.

- People: knowledge, skills, motivation, support
- Policies: rules and regulations that you have the ability to affect
- Processes and procedures: standards, equipment
- Environment: Ministry of Health, community, other stakeholders

Using these four categories will help you organize your ideas. As a group, look for the possible causes of the performance gap and classify them by category. You can select other categories if these four don't apply to your situation.

Step 3: Write the possible reasons on the diagram, grouping them by category. The categories are connected to the central spine of the diagram.

Step 4: Identify the causes that are most responsible for the problem. Do this by probing deeper to understand the factors that sustain the current situation and keep you from moving to your desired result. Use the Five Whys technique (see next page) to help you probe.

Discuss and select those causes that, if successfully addressed, will allow you to make the most progress toward the desired result. Circle these causes.

FIGURE A-I. The Fishbone Diagram

Current situation

Processes and procedures

Environment

Policies

People
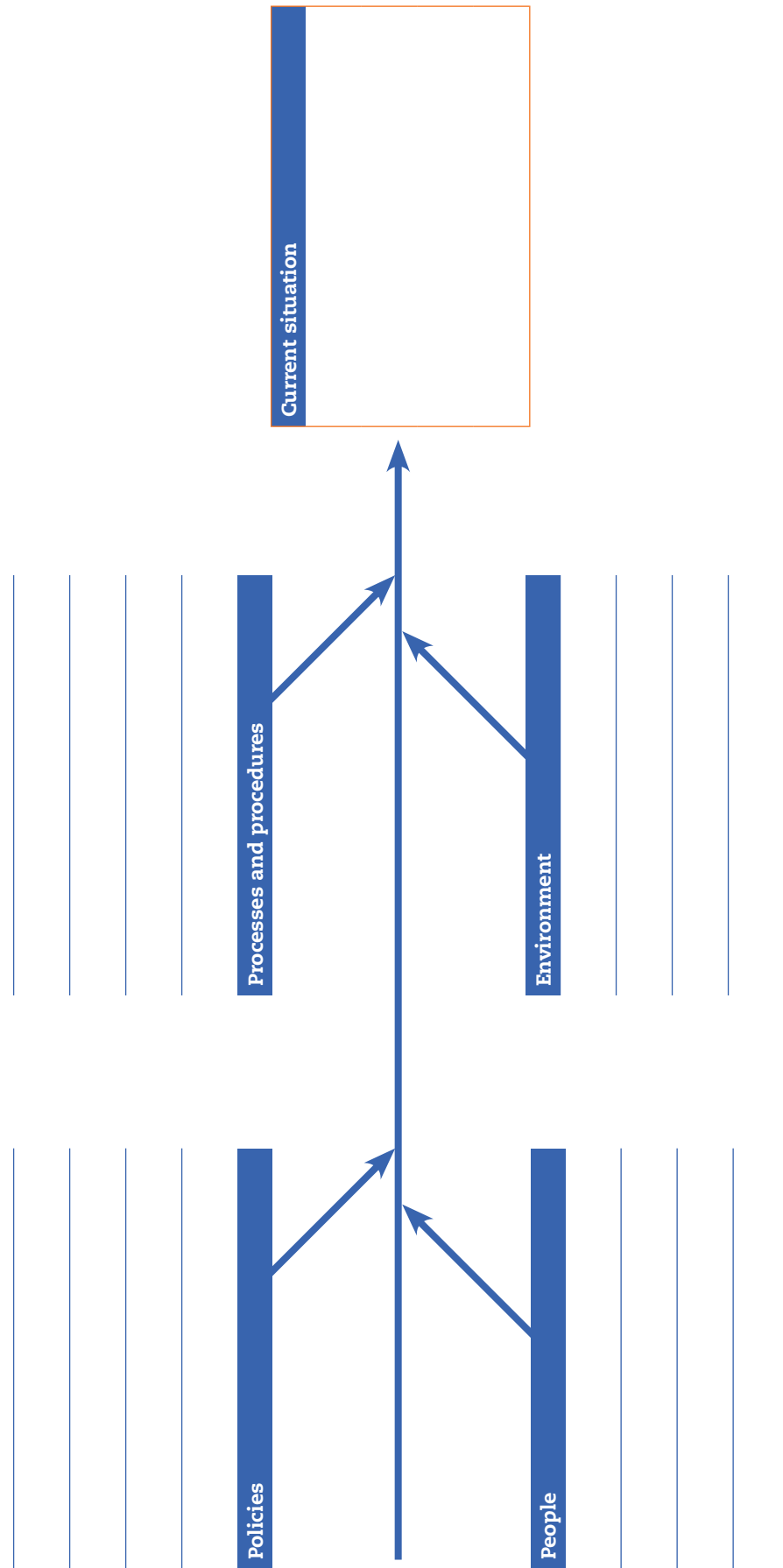
THE FIVE WHYS TECHNIQUE

The Five Whys exercise is a questioning technique developed by Imai Masaaki and made popular as part of the Toyota Production System in the 1970s. It will help your team get beyond obvious symptoms and identify the primary or root causes of a problem. Asking "why" five times prevents mistaking symptoms for causes and gives a more complete picture of how the problem came into being.

When you are working with a cause-and-effect diagram and have identified a probable cause, ask, "Why is that true?" or "Why is that happening?" To each answer ask "why" again. Continue asking "why" at least five times, until the answer is "That is just the way it is, or that is just what happened." Then you can work on addressing the underlying factors that are truly causing the problem.

FIGURE A-2.   An Example of the Five Whys Technique

What is happening that should not be?

Why is it happening?

PROBLEM   The clinic does not have vehicles

1 All our vehicles are broken down — Why is that?

2 They were not properly maintained — Why is that?

3 There was no money for maintenance — Why is that?

4 It wasn't in the budget — Why is that?

5 No one thought about it