THE POWER OF RELATIONAL LEADERSHIP IN PRIMARY HEALTH CARE SETTINGS

Lessons from the DIALHS collaboration in Cape Town, South Africa

Introduction

Strong management and leadership competencies are critical to resilient and responsive health systems, especially in low- and middle-income country (LMIC) settings, which are often characterized by resource scarcities and recurrent crises. The need for strong leadership does not only apply to high-level managers, but to actors at all levels of the health system including those responsible for managing primary health care facilities and district services.

Over 5 years, researchers, sub-district managers and primary health care facility managers worked together to better understand leadership and management in a particular setting within the City of Cape Town. Together, they developed several interventions that aimed to develop relational leadership – a style of leadership that focuses on strengthening relationships between actors (see box 1). This brief describes these interventions and analyses the impact they had on leadership. It provides recommendations for policymakers and health managers for improving relational leadership in primary health care settings.

Prevailing management and leadership practices in the sub-district health system

Despite a decentralized healthcare system in South Africa, management and leadership functions at the sub-district and facility level are often constrained by bureaucratic demands and onerous monitoring and accountability requirements to city, provincial and national levels.

Whilst accountability mechanisms are important for enhancing health system functioning, the way in which they are implemented can impact on staff motivation, leadership practices and working relationships. In Cape Town, support and mentoring from sub-district management teams (SDMT) to facilities often took the form of detailed audits rather than capacity development or mentorship.
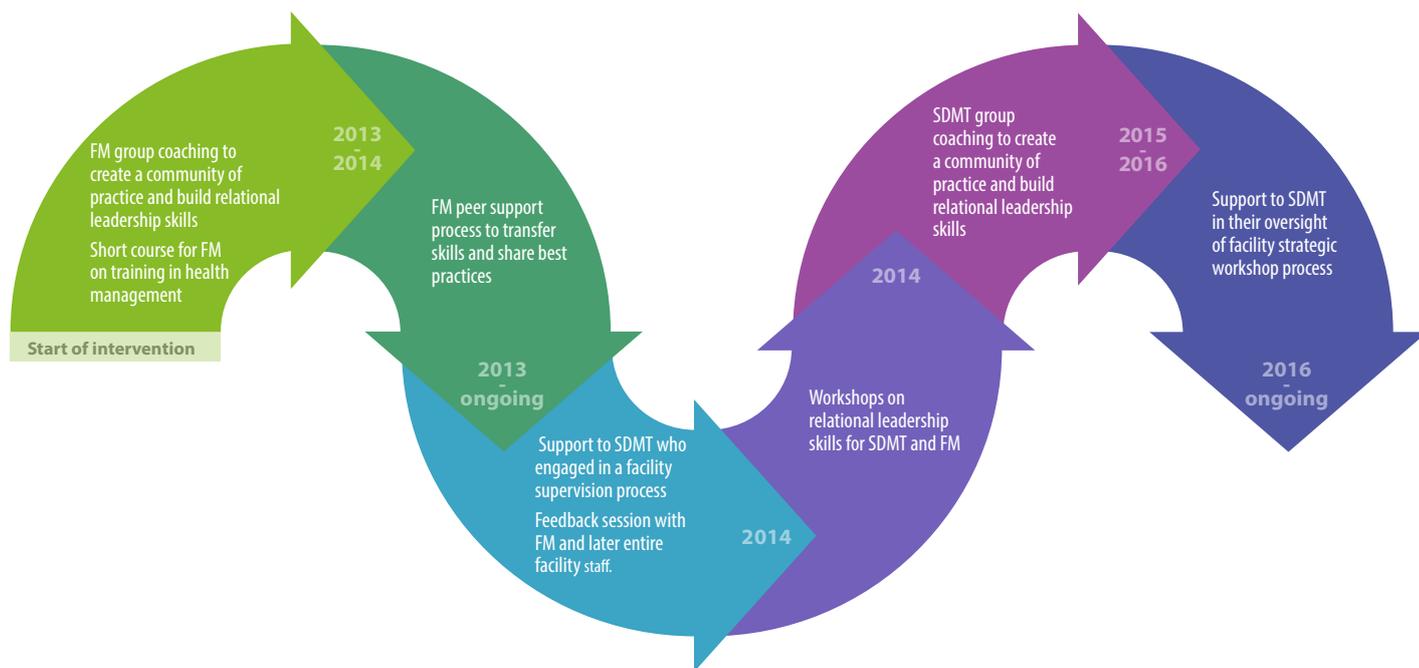
To address these issues researchers worked with facility managers (FM) and SDMT to design interventions that would nurture more relational leadership approaches.

Box 1: What is relational leadership?
(Adapted from Cummings et al. 2010, Cunliffe & Erikson, 2011, Uhl-bien, 2006)

While leadership literature from LMICs is limited, a body of work points to the importance of relationships in health systems strengthening. This builds on the growing literature about people-centred health systems that focuses on engaging the people, norms and values of the health system, to implement actions to strengthen it.

In this brief, we define relational leadership as:

- An interpersonal phenomenon associated with collaboration, empathy, trust and empowerment.
- Non-hierarchical and distributed.
- Embedded within everyday interactions, conversations and relational processes.
- Not restricted to managers, but rather a process of mutual influence through which actions are co-constructed.

Figure 1: Cycles of leadership development interventions

FM group coaching to create a community of practice and build relational leadership skills

Short course for FM on training in health management

Start of intervention

2013 - 2014

FM peer support process to transfer skills and share best practices

2013 - ongoing

Support to SDMT who engaged in a facility supervision process

Feedback session with FM and later entire facility staff.

2014

Workshops on relational leadership skills for SDMT and FM

2014

SDMT group coaching to create a community of practice and build relational leadership skills

2015 2016

Support to SDMT in their oversight of facility strategic workshop process

2016 - ongoing

What changed because of the interventions?

Greater understanding of relational leadership

Qualitative insights suggest an emerging shift towards relational leadership, reflected in the ability of managers to strengthen supportive relationships. Prior to the interventions the SDMT and FMs had limited exposure to relational leadership approaches and needed to experience them in order to understand their benefits. Overall, the SDMT and FMs were positive about their exposure to the set of leadership development initiatives; in reflective meetings individuals commented on the potential these approaches had to empower and retain staff and shared examples of how they had successfully applied their new skills.

More focus on improving management and leadership

The leadership interventions aimed specifically to enable FMs to develop relationships that would generate effective team engagements and to build their capacity to trust their own insights to develop their own managerial 'how to' kit

The interventions that emerged through engagements between researchers and managers broadened facility manager's understandings of leadership and management. As a continuation of these engagements, the group of facility managers that had been involved in the research initiated their own process of peer support comprising monthly half-day meetings where they could learn from each other and share best practices.

Enhanced autonomy of facility managers

With greater understanding of relational leadership approaches, sub-district managers were more willing to trust facility managers to make decisions independently and to use their discretion to improve services. Facility managers enjoyed having more autonomy to make decisions based on their knowledge and experience of the local context.

From the perspective of the SDMT, leadership development interventions had led to some health system gains due to greater cohesion and trust within the SDMT and a strengthened relationship between facility managers and staff. This was characterised as being a shift in the organisational culture within the sub-district. The SDMT noted that, in their experience, the FMs were becoming more engaged and assertive and were able to express their concerns about new initiatives that they thought were unfeasible to implement.

"Before you were told you must do 'this, this and this' and even though you have planned for your facility, you could not do your own things.

[Now the sub-district management team] give me more space to do the things that I have prioritised."

Health facility manager

Improved mentoring skills

Facility managers were supportive of a less hierarchical style of leadership that had a greater focus on support and mentoring than monitoring and evaluation. In a reflective meeting in June 2014, facility managers expressed a preference for alternative supervision "with support and mentoring 70%–80% of the time and monitoring and evaluation 20%–30% of the time."

Reflective meetings were run using *Thinking Environment* principles that included techniques such as positive rounds – an opportunity for each participant to explicitly verbalise their appreciation for the group in turn, or receive appreciation from another participant in a structured manner. As well as motivating managers, it laid a relational foundation that could then also support their ability to receive and work with constructive criticism.

Benefits from strengthened leadership skills

The interventions had many positive impacts on managers. Qualitative insights from individuals engaged in the study have identified an emerging shift towards a more relational leadership style, this is reflected in the actual ability of managers to strengthen supportive relationships.

Increased motivation of managers

Improved accountability processes led to more relaxed and cheerful interactions where "people are able to speak their mind in a positive way." This shift arose from applying techniques, such as positive rounds to group meetings whereby each participant had an opportunity to raise their perspectives. This exercise motivated managers and laid relational foundations that supported their ability to receive and work with constructive criticism.

Greater engagement in meetings

The leadership development initiatives had a direct effect on verbal contribution at staff meetings; people had more confidence to join in discussions and felt more engaged in decisions and outcomes because of the training.

"I noticed that in the main body of the meeting people were now talking as opposed to before when they would just sit and nod and make no input."

Health facility manager

Positive impact on staff retention

The sub district management team and facility managers were positive about their exposure to the set of leadership development processes. They were enthusiastic about the programme being adopted by the health department, as they felt staff are more likely to stay in roles where they feel listened to, respected and empowered.

"We receive more compliments these days than complaints."

Sub-district management team member

Conclusions

This long-term collaboration between researchers and health managers has shown that processes of relational leadership development can promote the relationships necessary for effective team engagements, encourage actors to trust each other to exercise positive discretion, and enhance the ability of managers to engage with their colleagues in a supportive way.

There was also a feeling that these factors could lead to better staff retention and positively affect patient experience. The long-lasting changes arising from strengthened relationships will hopefully have a lasting impact on the health system and lead to better health outcomes.

In this setting, the space and time for relational leadership has often been limited by the dominance of bureaucratic management and accountability processes that often characterise hierarchical models of leadership. This is likely to be an issue in other settings where management models are driven from above and awareness of relational leadership is low. In South Africa, the facility managers and sub-district management team needed to experience relational leadership approaches to be able to understand the benefits.

The relationship between researchers and managers was an important aspect of the intervention. The engagement led to facility managers initiating their own processes for peer support meetings, a strategy that is ongoing. It is hoped that this shift towards more relational styles of leadership will be sustained and strengthened in the future.

Recommendations

For health managers

- Consider new processes to make interactions across levels of management more positive and collaborative. For example, reinforce the culture of paying respectful attention to colleagues and patients within all engagements (e.g. meetings, performance appraisals, one-on-ones, patient consultations) and seek to amplify all points of equality (e.g. all perspectives are useful).

- Ensure that leadership development processes are group or team based. Use group reflection and coaching across multiple levels to promote distributed leadership.

For policy makers

- Centrally driven accountability mechanisms can undermine local level responsiveness of staff as it disrupts relationships and blocks channels of communication between health system actors. Findings suggest that these processes would land better if they were handled in a more relational and less top down manner.

- Visible senior support of distributed relational leadership is important for enabling relational leadership in those lower down the system.

- Improved morale and increased positivity of staff can positively affect the way that health systems work and the experiences of the patients within them.