Mastery of leadership competencies: leader led learning or mentorship?

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Disclosure

- Author: Mrs S Peters (Supervisor: Professor MC Bezuidenhout)
- Information presented is an extract from my Masters dissertation: Mentorship in Health Services Leadership. The approach being presented today has not been published or presented at any other conference
- Employer: Gauteng Department of Health: Ann Latsky Nursing College (Located in the Gauteng Province: South Africa)
- Currently employed as a lecturer for undergraduate students
- The presenter has no conflict of interests
- Session Objectives :
 - Identify the role of leader led learning in development of leadership competencies
 - Demonstrate an understanding of the significance of mentorship in leadership development

INTRODUCTION

- This research was conducted in two provinces in South Africa, the objective of which was:
 - To identify leadership competencies required by health services leaders
 - Determine the role of mentorship in leadership development

 The target group: Health Services leaders from level 11 upwards (SA Public Services – Deputy Director and up)

This presentation demonstrates the relationship of leadership development to experience or leader led learning and mentorship.

Literature review

The concepts leadership, management, leadership development, mentorship and mentorship models were explored

International and local studies, reinforced the significance of mentorship in the preparation of health care professionals for leadership positions.

- Models of Mentorship analysed demonstrated the following common threads:
 - Guidance of mentees
 - Demonstration of caring so that the mentee reached his/her full potential and utilise communication skills to optimise outputs.
- The focal points of these models were:
 - Learning through insight
 - Utilisation of relationships to bring about change
 - The significance of feedback from a mentor or colleague

Methodology

A quantitative approach using an exploratory and descriptive design was used.

• A census survey was conducted to obtain the relevant data. Some researchers consider surveys to be shallow in that they do not add to the depth of scientific knowledge (Burns & Grove 2009:245). However, Polit and Beck (2006:241), rate surveys as highly flexible and applicable to many populations, and emphasise the fact that surveys can focus on a wide range of topics.

• A survey was selected in this study to reach a population that was widely distributed geographically.

Methodology - continued

- A questionnaire to assess leadership competencies was developed (based on the American College of Health Care Executives' questionnaire)
- Validity was confirmed through expert opinion
- A pre-test was conducted to validate reliability.
 - The outcome of statistical analysis using the Cronbach's Alpha Coefficient was .86 .93 for the competencies assessed (0.7 confirms reliability)
- For the main study:
 - The questionnaire & information letter was dispatched to participants via email
 - The participants were requested to conduct a self assessment of their leadership competencies on taking office and at the time of completing the questionnaire (requested to rate themselves as novice/competent/expert)

Leadership competencies assessed

- Communication and relationship management
 - Communication is an inherent competence in leadership.
- Leadership skills and behaviour
 - Goleman (1998:94) speaks to a leader needing strategic vision. Sinoris (2010:1) "leadership is the single most important driver in overall organisational performance"
- Human Resources Planning
 - Leaders in health services are highly dependent on human resources to ensure optimal service delivery.
- Financial Planning
 - As much as the public sector institutions are non-profit driven, health services leaders are accountable for the finances allocated from government funding.
- Strategic Planning
 - This competence is key to efficient use of resources for improvement of outputs, both corporate & clinical

Results

- Data, collected via e-mail (30% response rate: 46 out of 153) was submitted to a statistician for analysis
- Each competence comprised a range of skills
 - The average for each skill over the two periods was calculated (novice, competent & expert converted to 0%, 50% & 100% respectively) &
- Subsequently the average of the competence
- Comparisons were made for the two periods and the significance of the differences was determined (initially an Analysis of Variance was conducted and this was further subjected to Two Sample T- Testing to determine the significance of the differences)
- As an illustration one competence including the skills and the results obtained will be presented
- Thereafter a comparison of the competence from the self assessments will be discussed

Results: Communication & Relationship Management (N=45)

Of the 45 respondents 20 and 22.44 percent of the respondents considered themselves as novices in six of the listed skills in the first year of assumption of the position.

• Shared decision-making was the only skill in which respondents considered themselves to be competent (32; 71.11%) or expert (8; 17.78%), at the time of taking office as a manager.

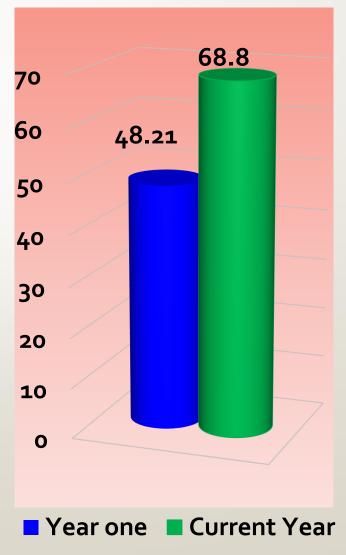
The average for each of the skills under *communication and relationship management* was calculated and the results demonstrated a general improvement of 25% in the skills over a period of time demonstrating a shift from *novice* to *expert* level.

Communication & Relationship Management 90 80 70 60 Percentage 50 40 30 20 10 0 Identify **Practice** Communica **Provide** Maintain Build Foster an Overall improveme collaborativ stakeholder shared te & Model inclusive results of labour nt (Average) decision the vision of workplace – data expectation peace – relationship diversity & conflict making the analysis to institution individual senior staff resolution S differences and negotiation Year One 46.67 46.66 45.56 45.56 44.44 53-33 47.73 47.2 Current Year 76.74 83.73 72.62 69.05 66.67 61.9 71.98 70.24

LEADERSHIP

- Nine listed leadership skills improved, indicating the positive influence of experience on the respondents' competence.
- Overall improvement of 20.9%
- The demand for optimal performance in health care services could be a motivating factor for this trend. Sinioris (2010:1) states that "leadership is the single most important driver of overall organisational performance".
- The complex nature of health services demands effective leadership
 - Resources to manage the changes are limited and these, among other factors, impacts on the success or failure of leaders in the health sector

Self assessment of leadership

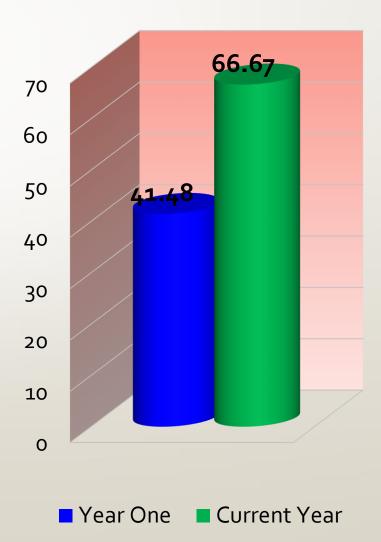


HUMAN RESOURCES PLANNING

Between 24.44 and 28.89% of the respondents initially considered themselves as *novices* in three listed skills.

- However, the respondents' competency in the listed HR skills improved from that of novice to expert
- A 25% general improvement was noted for this competence
- Health services leaders have many policy guidelines and legislation on which to base planning which demands engagement for success in compliance
- In the public health sector in South Africa each Provincial Department of Health has to plan and manage resources within a financial year cycle

Self Assessment of HR Planning

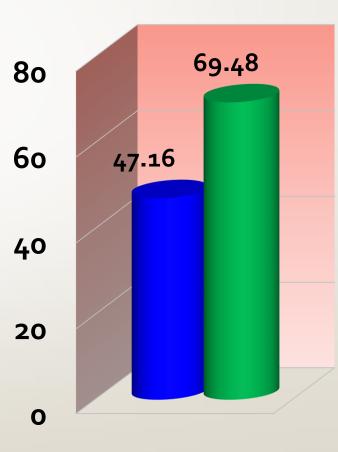


FINANCIAL PLANNING

There was overall improvement in *financial planning* is 22.32% which was quite a marked improvement. Possible reasons:

- Financial planning is governed by a well defined regulatory framework
- Monitoring & evaluation is guided by a system of checklists and regular reports.
- Structured guidelines are in place as reference sources for health services mangers in leadership positions
- Compliance to the regulatory framework is dependent on the manager being familiar with the contents

Self Assessment of Financial Planning

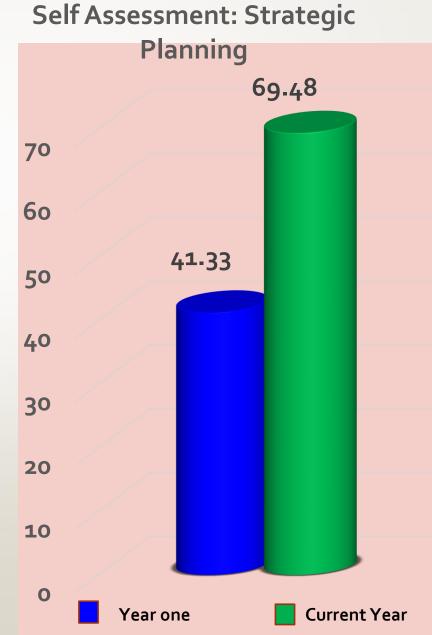


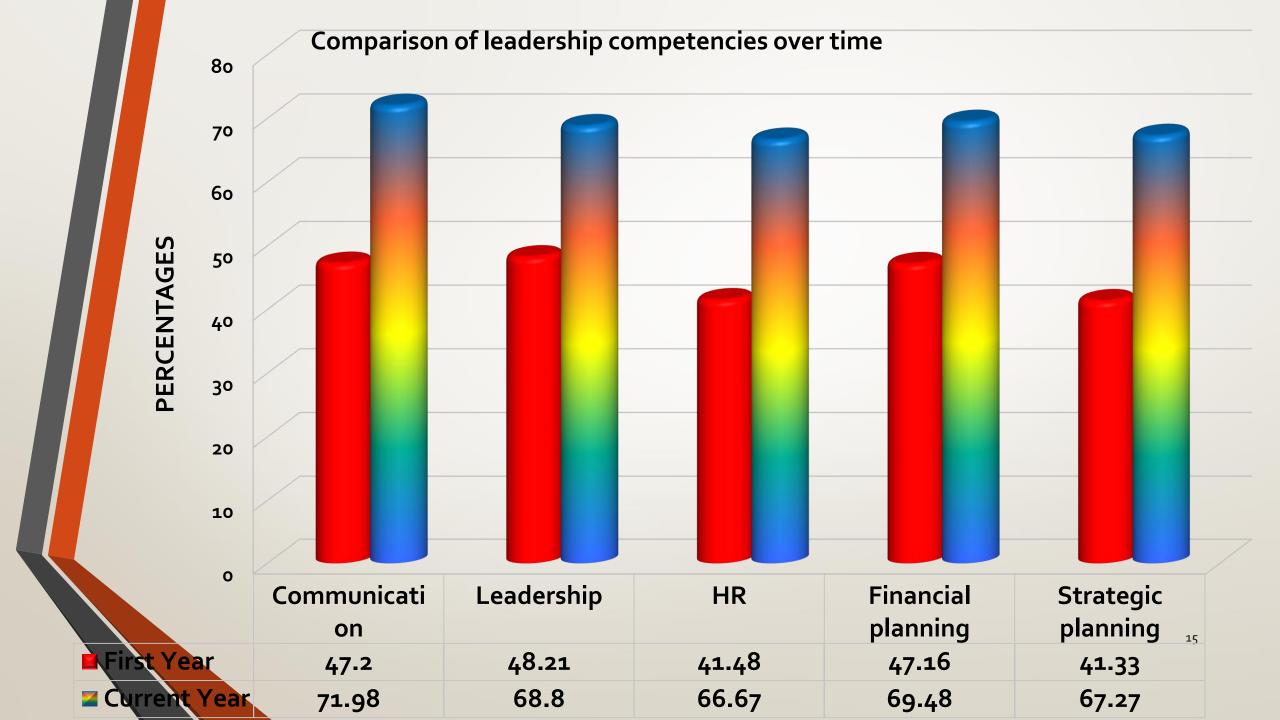


STRATEGIC PLANNING

There was an overall improvement of 26%

- Health services managers are compelled to have a strategic plan in place to motivate for optimal budgets.
- Financial requests are linked to specific health outcomes and outputs that need to be achieved.
- Thus managers are expected to provide evidence of achievements for the previous or current financial year in which the bid is being made.
- This reinforces the link between *strategic planning* and financial management.
 - According to Yoder-Wise (2011:311), the success of a strategic plan is developing a business plan which is integrated with a financial plan.





TEST FOR THE SIGNIFICANCE OF THE IMPROVEMENT OF THE LEADERSHIP SKILLS

 A paired t-test was conducted to establish the significance of the overall improvement in the rating

• The results of the t-test confirmed that improvement was significant in the five listed leadership competencies with the p-values being less than 5%.

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The effect of mentorship on leadership competencies

Ten (21.74%) respondents participated mentorship programmes.

- A two sample t-test was conducted to test which leadership competencies were lacking in managers not exposed to mentorship
- At a less than 5% level of significance, leadership skills behaviour, human resources planning and communication and relationship management were lacking in the first year in the group that was not exposed to mentorship

At a \leq 5% level of significance, leadership skills and behaviour and, communication and relationship management were still lacking after two or more years in the post for these leaders

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Discussion

This study reinforced the need for mentorship (limited to competencies & skills regarded as soft skills)

- Of the 5 competencies, two (leadership skills and communication and relationship management) were not significantly improved in leaders that did not undergo mentorship programmes
 - The specific skills of 'fostering trust' encouraging commitment and promoting team work showed the lowest rate of improvement (12.53%, 16.01% and 17.63% respectively)

This reinforced the need for mentorship for leaders

Discussion - continued

- Evidence also demonstrated an improvement in three of the competencies assessed in both groups (HR, Financial & Strategic Planning)
- Suggests that leader led learning played a significant role in self development
- Orvis, KA and Ratwani, KL (2010:661) explored learner engagement quote Knowles:1980 and Kraiger:2003 activity that demands learner effort and engagement promotes learning, retention & transfer of information
- Engagement in practice directs an individuals cognitive processes
- Progress evaluation and feedback makes a positive impact on progress toward own learning

Discussion - cont.

- The participants in this research were either heads of smaller health institutions or heads of specific programmes
 - Part of their role expectations was the presentation of progress reports on a quarterly basis as accountability for achievement of outcomes (linked to expenditure)
- This meant working with operational staff reinforcing the principles of:
 - engagement in practice
 - The role of progress evaluation toward own learning
- The researcher's own observation of the presentation of regular monitoring and evaluation reports to stakeholders was that progressive positive feedback was given to leaders
- However, this observation will need to be further researched to confirm whether this can be generalised especially where there are no formal programmes for development in place

Conclusion

- Orvis, K and Ratwani, KL (2010:658) explored the pressures faced by organisations to move toward self-development to supplement formal leader development programmes.
- Leader led development could be :
 - Voluntarily self initiated
 - Organisation driven
- However, the authors also quote McCauley (2001) who speaks to leader development through job experiences
- There is adequate data on the quantity of leader development activities that leaders engage in
 - However, the challenge for further research is confirming the effectiveness including cost effectiveness of self development activities

