



THE INSTITUTE FOR
PALLIATIVE MEDICINE
at San Diego Hospice

INTERNATIONAL PALLIATIVE CARE
LEADERSHIP DEVELOPMENT INITIATIVE

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Leadership is a choice!

Choice can be described as the act of choosing; the voluntary act of selecting or separating that which is preferred from two or more things; the determination of the mind in preferring one thing to another. (1)

I do not believe that I ever made a conscious decision to become a leader: it just happened. Perhaps I was at the right time at the right place, or maybe there was nobody else willing to assume leadership. But at some point I realized that leadership is a choice. People either select you to be a leader or you may make the decision yourself to step up and embrace leadership opportunities. After all, leadership involves active thinking and decision-making.

I am in a leadership position because I was chosen and I made a conscious decision to take up that responsibility. The choice to join the leadership program was quite easy and exciting. I love challenges but it was only later that I realized that becoming a leader would involve working with my inner self -- developing my strengths and challenging my weaknesses. Personally, it takes much effort to focus on myself and work with myself, especially learning to shore up my weaknesses.

My younger sister died of cancer when she was three and I was six years old. From then on I wanted to become a doctor and prevent children from suffering. This was during the apartheid regime in South Africa with very few opportunities for all but white males in the country. It is still difficult for a female to be a leader in our country. I grew up with white males in leadership positions, and few female role models. This changed during the change to democracy, with black people now in leadership positions. Once again white females are excluded. The only way that I can make a difference is to work extra hard. I am not very experienced in leadership, but I was prepared to learn.

As a doctor, a wife, the mother of three school-aged children, and a member of the community, it is sometimes difficult to be a leader and 24-hour role model -- as well as just a normal person with personal needs and my own short-comings. My daily life consists of choices. I try to base my choices on common sense, facts and solid values.

During the first Leadership Development Initiative course at the Institute for Palliative Medicine at San Diego Hospice, (2) we were exposed to the leadership principles of Kouzes and Posner (3). Although I had read many different opinions on leadership before, Kouzes and Posner's book changed my view regarding leadership. I made a conscious choice to improve my leadership skills, but I am by nature an eager person. Working to develop patience is not that easy, as I want results and I want them immediately.

I would like to use Kouzes and Posner's five practices of exemplary leadership as the basis of this story. These practices are:

1. Model the way
2. Inspire a shared vision
3. Challenge the process
4. Enable others to act
5. Encourage the heart

For me, personally, Model the Way is the most important aspect of leadership, as I will not be able to lead others if I can't first convince myself to do so. In order to lead you need to have a target, and I see the *vision* of the organization for which I work as the target to focus on.

Model the way: It is easy to model the way when things are running smoothly and you achieve your goals. But the more you are challenging the process, the more you find yourself in conflict with others. It is then when you must model the way by sticking to clear values. This is sometimes extremely difficult when you are under pressure and you need to take extra care to be a role model in difficult situations.

In my personal life I depend on other people to help address my needs and responsibilities. I employed a lady named Miriam to look after my children and to address their basic physical needs. I also employed a driver to ensure that my children arrive safely and on time at all activities. This way I am available to attend to their more complex physical, social, emotional and spiritual needs and to do nice things together as a family.

I work as an emergency care practitioner, which usually involves emergency obstetrics and acute pediatric emergencies. In that capacity, my aim is to save lives. However I'm also a pediatric palliative care doctor who works mainly with children with terminal HIV/AIDS and, in that role, my aim is to comfort the children and caregivers and to ensure that they experience peace in their bodies, minds and spirits.

It may seem that these two areas of experience directly oppose each other, but actually they complement one another and share common basic principles. I always believed that you need to treat people the way that *you* want to be treated, but actually you need to treat people the way *they* want to be treated. I very strongly believe in "practice what you preach". As a country, and probably as the whole world, we were very privileged to experience the leadership of former president Nelson Mandela, a real role model.

Inspire a shared vision: The vision of an organization can be described as an aspiration of what the organization would like to achieve in the future. It is therefore important to have a clear vision and to align all your projects within that vision. Our institutional vision is "Quality Palliative Care for All Children in the Free State". Although we live in the Free State Province we are not free from HIV/AIDS and its huge impact on the lives of children and their families, especially with the denial of

the epidemic by our previous President and Minister of Health. Despite the challenges we chose this vision and we stick to it.

Enable others to act: Conflict management was one of the areas that I wanted to improve as part of my development plan during the LDI course.

A while ago I was confronted with a very difficult work situation in terms of managing conflict. One of our very talented Residents has a problem accepting feedback, and has been known to interpret conversation or comments as a personal critique. Although he is clinically competent and verbally fluent, he seemed to lack personal confidence and has a number of outside personal challenges. For example, he is devoted to supporting his parents and sister, which causes him to take on extra work. Understandably, he was often tired when he arrived to assume his Registrar tasks.

Earlier this year he lost his temper with me and made a number of personal accusations, all of which were untrue. First, I was shocked at his lapse of judgment in a professional work setting. Then I became upset with him for thinking that I would do what he accused me of. Eventually I realized that he needed help.

Understandably I felt somewhat reluctant, but nevertheless I offered him some assistance. I started to work with him on self-management and explained that critiques are not offered personally against someone as an individual, but rather to help someone improve an action or behavior.

A few weeks later he was very disappointed one Tuesday when only a few people attended his presentation at a journal club meeting; some of the audience left early as his slideshow did not work properly. The following Monday I asked him if he would repeat this presentation during a training session for the other Registrars, none of whom had attended his Tuesday session. He lost his composure again and said that he refused to do any presentations whatsoever for the rest of the year. I remained calm and said that it was his choice, but he should tell me if he was to change his mind. He said nothing and walked off in a huff. I was disappointed that he reacted in such an overly-sensitive manner, despite the many hours I worked to help him.

Unexpectedly, he came to me the following Wednesday and asked if he could do the presentation. He did it and it went very well. I supported him throughout the rest of the year and we worked on the management of feedback. He did well and asked me to assist him with his preparation for an important examination. He tried hard, but I found it challenging to support him due to his hypersensitivity to any form of criticism. In time, he did another presentation that also went well. At the end of the year he was the first and only candidate in our country to receive the Fellowship from the College of Family Practice under the new training program for specialist Family Physicians in South Africa.

Another practical example involves one of our office workers at the University who appeared to be struggling with major depression. He had a severe relapse when family problems escalated last year. He sought help from someone on our team who reviewed his treatment with relatively good effect. I motivated him to study further and he enrolled for a Masters degree in Health Professionals Education at the University of the Free State. I found it difficult to continue supporting him as sometimes he did not comply well with his prescribed treatment. At times he appears to me to be very slow and indecisive, which frustrated me and I reflected this in my behavior. But he is very good with technology and I ask him regularly to assist me with video editing, posters, graphical design and resolving computer problems. During bad periods of depression, he wanted to stop his studies but I

tried to support him as he will be finishing his degree soon. I also helped him quit smoking for the third time by prescribing medication and giving moral support. Quitting smoking is easier said than done, but this time it was his choice and he was not coerced by someone else.

I'm surprised with the kick that I get when others succeed. Both of these colleagues are now positive assets for their workplace and for their families. Both effectively assist me with my work. I learned that mentoring a colleague is worth more than the temporary inconvenience and effort required when they mess up. I learned once again that the better you can train and assist people, the more value they can add to your organization. They are not a threat to you, but a validation of what you can contribute.

Due to my high-speed personality I tended to do things myself and finish them quickly -- my way. I ended up doing a lot of things while others watched. I realized that by trusting others, people can actually perform tasks well. I chose to change my way of thinking and now I have a lot of very capable team members doing most of the work that I previously believed only I was capable of doing effectively. Delegation depends on trusting people and showing them that they can, in turn, trust others. One colleague joked the other day that I'm now doing as little as he did previously.

Challenge the process: This topic is more difficult. Most of us would like to work in harmony and prefer a peaceful environment. However, sometimes one needs to make a decision and choose between a misguidedly harmonious path and a correct -- but conflicted -- path.

In theory it is easy and we choose the "correct" path. But in practice, we work with people who have different viewpoints, egos, feelings and personalities.

As the chairperson of a Pediatric Palliative Care organization, I became aware of a very difficult situation where I had to choose between turning a blind eye and letting the status quo continue. I was faced with exposing something "wrong" -- with the real risk that many people might lose their work and that children would not receive palliative care.

The individual at the core was a volunteer who offered to take responsibility for the financial management of our organization, and didn't allow anybody to assist him. Due to his own work responsibilities he was unable to produce financial statements for our organization on schedule. Consequently, our organization lost almost all its funding and couldn't apply for other funding. I couldn't discuss the situation with Board members because they were all personally involved with this individual.

The situation caused me so much distress that I could not sleep at night and was afraid to answer my phone or open my e-mails. This also affected my relationships at home and my work performance. After I spoke to my husband, my supervisor at work and my mentor at the LDI program -- all of whom thoroughly supported me -- I decided to challenge the process.

I wanted to handle the problem gently, without causing harm or distrust. I engaged with the national Hospice governing body who wanted the situation solved as quickly as possible, in order for them to continue to support the program.

I decided to arrange an appointment with this individual, where I explained to him that I was aware of the situation and asked him to resign of his own volition. This would free up the organization to

pay someone else to prepare the financial statements and sort out the problem. He refused and threatened to take me to court -- as if I were the guilty party.

I wanted to do well and solve the problem to the best of my ability, but it didn't work. After a second attempt also failed, I involved the other Board members who agreed that the individual should resign. He agreed to do so on his own terms. Unfortunately this solution did not resolve the funding issue and caused severe stress for all parties involved. I felt like a failure because I thought my actions might interfere with the service for children in need of palliative care. I was caught in a situation that I couldn't solve.

I chose to step down from my leadership position as the chairman of the Board, but continued to serve on the Board and render services to the children. It was a very difficult decision. On one hand, I felt I was running away from my problems. On the other hand, I realized that we are not always able to solve every problem ourselves and sometimes we need an outside professional to mediate the process. In time, the Board employed an independent consultant to solve the problem. I worked very hard to restore the damage, and today some relationships are stronger than ever.

Encourage the Heart: I like celebrations and try to find every opportunity to party and say thank you. Although complimenting people is not at the forefront of my personality type, I learned how important it is for people to receive personal recognition for their contributions and achievements. I learned to pay special attention to encourage the hearts of others and it gives me great pleasure to see that a small gesture can bring so much joy to others.

I decided to invite you to celebrate the heart with us, because we can continue to render "Quality Palliative Care for All Children in the Free State" according to our institutional vision.

My last choice is to share this personal summary of my leadership journey of the past two years with you:

- Conflict is not pleasant and can cause severe distress on physical, emotional and spiritual levels
- Trust other people by allowing them to do things. Keep on supporting them and all will benefit. Trust that those who are important to you will support you. Then you are not alone
- The winner should not be individuals, but rather the *cause* that we all support -- the shared vision

What I learned about myself:

- I was very disappointed when things didn't turn out the way I planned
- I learned to think before I just jumped in and did things. I learned some patience!
- I learned a lot about my personality type, and that I'm quite different from most people around me
- I based my decisions on my moral and ethical values and stayed with those
- I was able to forgive people and rebuild relationships
- I enabled others to act and supported self development
- I made lots of mistakes, but I hope that I learned from them!
- Next time I will take the decision to challenge the process much more quickly
- It's not always easy or glamorous to be a leader
- Leaders must be humble and continue to learn from each situation

Leadership is a choice; the choice is in your hands.

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References:

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