



## **Leadership Journey: My Story**

### **Background**

As a young medical graduate in Nigeria, I never considered entering the field in which I now find myself. All I wanted was to join the State Ministry of Health and work in a district hospital as a medical officer, rise through the ranks, and retire near the peak of the civil service ladder. This was what I did when I completed my one-year mandatory National Youth Service. I joined the service of my state Ministry of Health and was posted to one of the district hospitals as a general duty doctor. I had little interest in postgraduate training but I soon became frustrated with civil service bureaucracy.

I did appreciate one vivid reality – excessive acute/chronic pain that patients suffered. However, I found myself helpless and ill-equipped to make any significant change in such patient care. I had no focused teaching on analgesics or pain management in my undergraduate training. Frustrated with the practice as a general duty doctor, I decided to try postgraduate training. Surprisingly, the specialty that immediately crossed my mind was one I never considered before: Anaesthesia.

I had a smooth journey through my residency training in Anaesthesia, passing through several training institutions within Nigeria and outside, seeking knowledge to empower me to become a sound specialist in Anaesthesia.

### **Leadership challenge**

*“Challenges are tough to those who never face them but easy to those who accept them.  
Accept every challenge with a smile and see it disappear.”*

Anonymous

I never deliberately sought leadership responsibility. I was content leading from behind, driving the process with somebody else playing the leadership role. This was due to my inherent shyness. But life has occasionally put me in leadership positions. Then, I relied on my native intelligence and limited understanding of leadership to navigate challenges. I took leadership for granted -- on face value -- without understanding the broad meaning of leadership. However, I have always recognized my strength of character, passion for change, my desire to initiate change and "challenge the process", tenacity and commitment to goals. But I never saw these as useful qualities for leadership.

*"Leadership is accessible to anyone who has passion and purpose to change the way things are."*

James M. Kouzes and Barry Z. Posner

I had my first taste of leadership in secondary school. I never expected to be appointed school prefect and stood on the Assembly ground waiting to clap for the 'lucky' colleagues. To my surprise I heard my name called as prefect for my hostel. It was like the ground opened and swallowed me up. My consolation was there was a house Captain -- and the prefect was deputy to house Captain. I could still drive the process from behind.

After completing residency training, I was employed as Consultant Anesthesiologist in the same hospital where I trained. A few months later, being the more senior of two consultant Anesthesiologists, I was appointed head of department of Anesthesiology. Shortly after, I became coordinator of the department in the University.

Apart from administrative responsibilities heading my department, which fell on me by hierarchical seniority, the first real test of my organizational leadership came in 2004. I was elected coordinator of the Society for the Study of Pain, Nigeria (SSPN) in my zone. Initially I resisted the offer but finally accepted out of respect for the national leadership of the association. This was another phase of leadership -- moving from positional leadership to leadership by permission (Maxwell's ladder).

What a great challenge! I discovered I was able to mobilize people and increase the membership of the zone association, raising its profile from a position of obscurity to one of the most viable, vibrant SSPN zones in the country at the time.

*"Whatever thy hand findeth to do, do it with thy might..."*

Eccl 9:10.

This probably encouraged the association to elect me National Secretary three years later. Challenge is a good test of leadership. The climax was that in 2008 my zone hosted the annual Association scientific conference and AGM. This modest achievement gave me encouragement, releasing buried leadership qualities I never appreciated. Leadership is the ability to inspire and motivate others for the accomplishment of a set goal.

*"He who thinks he leads, but has no followers, is only taking a walk."*

John Maxwell

## Adventure into the world of Palliative Care

I consider my adventure into Palliative Care an accident of fate.

One morning I was summoned to meet my Chief Medical Director who asked me to help draft a proposal to establish Palliative Care in the hospital. "Why me?" I wondered. I assumed the baton fell to me because of my demonstrated commitment, advocacy for effective pain management, and my SSPN activities.

*"People rarely get promoted just for doing their jobs. They need to be noticed, too."*

Sharon Ferrier

I knew little about Palliative Care then, so I sought information from those who did. Those who seek diligently shall not go empty handed. I consulted a senior Anesthesiologist -- colleague and mentor, Professor Olaitan Soyannwo, who co-founded the Centre for Palliative Care, Nigeria (CPCN). With her guidance I put together a proposal. It was accepted, marking the birth of Pain and Palliative Care service in my hospital.

But I never expected that I would be asked to lead the team. It was yet another challenge to build a service from scratch in an environment unaware of this new clinical specialty of Palliative Medicine. I was consoled by my firm belief that,

*"Great achievements don't happen when you keep things the same.*

*Change invariably involves challenge."*

James M. Kouzes and Barry Z. Posner

The hospital Pain and Palliative Care Committee was inaugurated in August 2009 with me as Coordinator. This was then a completely new form of healthcare service in my hospital -- and most other Nigerian health institutions. The committee was charged with the responsibility of providing "world class Pain and Palliative Care service in the hospital".

## Self-Development

### Palliative Care training

Leadership is a responsibility. It is a privilege to direct fellow beings and call the shots while others follow. But followers need to understand the fundamentals of the team's assignment from their leader.

In my case, the only thing that put me ahead of other team members was I am an Anesthesiologist with an interest in pain management. I had no prior formal training in Palliative Care. I received no focused undergraduate or postgraduate teaching in Palliative Care. Initially I felt comfortable since my concept of Palliative Care was so narrow. The concept of total pain and suffering was entirely new to me. I had not yet realized that Palliative Care involves much more than pain control, and that relief of suffering is much more than pain relief. I soon realized how deficient I was in the knowledge and practice of Palliative Medicine. In order to lead my team, I needed to take relevant courses to give me deeper knowledge and understanding of Palliative Care.

First I attended a one-day workshop on basic principles of Palliative Care, organized by the HAU and CPCN at Ibadan. The full understanding of holistic care as espoused in the philosophy of Palliative Care did not yet sink in. Though I was the most experienced of all the team in this new field, and we each tried to provide Palliative Care to our patients, we could not go beyond what we already knew – pain care.

Then came another training opportunity at Hospice Africa Uganda – a five-week Palliative Care Initiators' course for Clinical skills acquisition and Hospice organization. My hospital sponsored four members of the team (including myself) to attend the course. We returned with increased levels of confidence, "fire in our bellies" and an action plan to commence Palliative Care service. This exposure was a good starting point, increasing my interest in Palliative Care, and inspiring me to learn more and enhance my practice.

While asking others and searching for how/where to enhance my knowledge of Palliative Medicine, I encountered a former medical school classmate and colleague, Dr. Folaju Oyebola. He told me he had just completed his Masters of Philosophy (MPhil) in Palliative Medicine at the University of Cape Town, South Africa, suggesting Liz Gwyther as the contact person. Coincidentally, I had read an article on 'Palliative Medicine Teaching Programme at the University of Cape Town' by Liz Gwyther, published in the Journal of Pain and Symptom Management 2007; 33: 558-562.

I was admitted to the distance-learning program at the University of Cape Town, South Africa, completing my Diploma in Palliative Medicine in November 2010. This opened my eyes to the largely unmet needs for Palliative Care services in Nigeria. I appreciated the numerous challenges faced by patients and families going through life-limiting diseases, the magnitude of problems, and the obstacles to Palliative Care development in Nigeria. In all these, I saw another responsibility to champion the course of Palliative Care.

*"Leadership begins when you believe you can make a difference."*

James M. Kouzes and Barry Z. Posner

## **Advancing Palliative Care education**

Most Nigerian healthcare professionals have limited knowledge or expertise in Palliative Care due to limited exposure during their training. Consequently, apart from an urgent need to integrate Palliative Care into the curriculum of healthcare professionals, there was an urgent need to build Palliative Care capacity.

My Palliative Care team organized series of ad hoc trainings aimed at empowering established healthcare practitioners to render Palliative Care to patients.

I realized the huge cost of training abroad was a major limitation in building Palliative Care capacity in Nigeria -- and indeed the West African sub-region. I decided to address the challenge through my University, the University of Ilorin, Nigeria.

I discussed my vision with my Palliative Care team and their response was positive. The only way to bring about change is to get everyone involved and the only way to get everyone

involved is to get everyone to listen. A courtesy visit to the leadership of the University of Ilorin, in the company of Dr. Anne Merriman of Hospice Africa, Uganda, provided the team with the opportunity to promote Palliative Care and advocate for academic Palliative Medicine. I was subsequently invited to address the Senate of the University on the subject. Our proposal was embraced by the University and we were asked to submit draft curricula for undergraduate and postgraduate training.

*"All of our dreams can come true if we have the courage to pursue them."*

Walt Disney

### **Expanding the scope and reach of Palliative Care to grass roots**

My Palliative Care unit at the University of Ilorin Teaching Hospital is the only unit serving the entire people of Kwara state and parts of the neighbouring states of Kogi, Niger, Osun and Oyo. This encompasses a population over five million people. Coverage of the program is low. Palliative Care service is limited to patients who attend the teaching hospital. Service is non-existent at primary and secondary healthcare levels. However, patients who need Palliative Care are everywhere -- from rural areas to urban centers.

Recognizing the urgency of extending Palliative Care service to rural communities in Kwara, I initiated the process of establishing hospital-based Palliative Care teams in three designated district state hospitals with a proposal submitted to Ministry of Health. Various government and healthcare-sector stakeholders were also consulted. The issue is currently being discussed at various levels of state government. The state Ministry of Health has directed that a committee be set up to study the proposal.

### **Promoting integration of Palliative Care into the existing healthcare system**

To ensure wide accessibility and sustainability, we must integrate Palliative Care into the existing healthcare system. My Palliative Care team sent a proposal to the state parliament proposing a Palliative Care policy and establishment of a Department/Directorate of Palliative Care services in the state Ministry of Health. The proposal is currently awaiting parliamentary consideration. We hope that if/when it moves through parliamentary debate, the implemented program will provide a model for the Federal government and other states.

### **Advocacy for improved facilities for cancer care in Kwara state**

Cancer management in Nigeria is hampered by lack of adequate resources. Palliative Care remains the only hope due to 'Late Presentation Syndrome' involving 83-87% of cancer patients. The role of radiotherapy in cancer management cannot be overemphasized: four million-plus Nigerians require radiotherapy but barely 15% have access. The nearest radiotherapy center to our Palliative Care unit is a two-and-a-half hour drive over bad roads. The center itself is overwhelmed with a two-month waiting list.

Recognizing this challenge, I sent a proposal to Kwara state government on the urgent need for radiotherapy services. Although no concrete action has yet occurred, government awareness has been established.

## **Advancing Palliative Care by promoting formation of Palliative Association**

I gained experience organizing, motivating and mobilizing people to form a vibrant SSPN zone in Kwara -- in addition to working with the National executive council. All this came in very handy when it was time to form the Kwara zone of the Hospice and Palliative Care Association of Nigeria (HPCAN). As the head of the only Palliative Care service in Kwara state, the baton fell to me. I mobilized and organized interested healthcare professionals and other community members to form the Association zone chapter.

Then I was asked by HPCAN to host the Annual Association scientific conference and AGM in 2012. I discussed the offer with my Palliative Care team and we agreed to accept the challenge. I was elected as zone coordinator. We tested our readiness to host the conference by mobilizing our members and other state NGOs -- for the first time in state history -- to join other Associations across the world to celebrate the 2011 World Hospice and Palliative Care Day. It was a success and hosting the conference became easier as we built on our past experience.

## **Fund raising activities/courting community participation**

My Palliative Care team had been thinking of building a day-care hospice to complement our homecare service. It was a mission which seemed almost impossible at conception because the project was not a hospital priority. There was no budgetary provision for this. A team member suggested we should explore the idea of organizing a fundraising to execute the project. This idea was considered and accepted by the team. The leader is not a sole repository of vision/idea.

*"Vision can be collectively sought and the leader needs only to be attentive to the different suggestions and opinion of every member of the team."*

Anonymous

Fundraising was organized as one event to mark 2011 World Hospice and Palliative Care Day. It was a success with donations coming from government, politicians, individual philanthropists and members of the hospital community. The amount realized was insufficient to complete the project. However the hospital management, impressed by our effort, provided additional funds to complete the project. Leadership is about providing the catalyst to drive the process of change.

## **LDI to the rescue**

For a leader to succeed, he/she needs to demonstrate a reasonable level of competence because this is the necessary ingredient to convince the team of his/her ability to guide

them forward. Previously I took leadership for granted because I didn't understand the broad meaning of leadership. However, my Palliative Care team was growing, challenges were mounting and leadership responsibilities were increasing.

I was fortunate to attend the Leadership Development Initiative (LDI) program at the Institute of Palliative Medicine, San Diego Hospice, California, USA. There I received the necessary encouragement, training, guidance and support to navigate various challenges.

The training helped me to improve interactions with my team, discussing all issues and carrying every member along in all decision-making, negotiating areas of disagreements to reach a common understanding. I got used to encouraging the heart when it was needed. My facilitation style at meetings improved as I am now able to pay attention to the different learning styles and talents of every member of the team, accommodate dissent, and value and respect the opinions of every member.

*"The very essence of all power to influence lies in getting the other person to participate."*

John Maxwell

My presentation skills have also improved considerably.

The three projects I focused on during the LDI training were:

1. Integrating Palliative Care into medical undergraduate curriculum at the University of Ilorin.
2. Promotion of a Diploma in Palliative Medicine at the University of Ilorin.
3. Expansion of Palliative Care to the grass roots in Kwara state.

In all these, the LDI team, mentors and partners were there to walk the road with me, providing balm to soothe my pains, tonic for my soul when morale was low, olive oil to lubricate the wheels of negotiation in difficult conversations, and to encourage the heart when negotiations didn't progress as expected. I say, "Thank you" to these great and wonderful companions. LDI training gave me the key to unlock my leadership potential.

*"The best leaders are the best learners.... Learning is the master skill of leadership."*

James M. Kouzes and Barry Z. Posner

LDI training made me realize that leadership requires much more than strength of character, dedication, commitment to set goals, ability to challenge the process, to envision a better future or initiate change. A leader must be able to inspire others with his/her vision, respect and value their contribution and enlist participation to achieve set goals.

LDI offered me opportunities to correct things I was hitherto not doing well and affirm things I was actually doing well -- which I never appreciated.

*"You can't see the view until you've climbed the mountain."*

Carole Dacombe

This quote is particularly true of the challenges of leadership, especially for somebody like me who had to move from positional leadership to leadership by permission. With the

guides and companions of LDI, my climb was made easier and the view was well worth the effort.

LDI gave me the bolt and knot of leadership.

## Conclusion

I conclude my story with the conviction that Leadership is not the exclusive preserve of any group. It is not genetically inherited; it is a process of evolution, not imposition. Like the wise saying,

*“Leadership is accessible to anyone who has passion and purpose to change the way things are.”*

James M. Kouzes and Barry Z. Posner

Anyone can aspire to leadership because everyone has inherent leadership qualities which can be developed through training or modeling. The degree to which one is able to develop these qualities determines how successful one becomes as a leader. No one leadership style is right for all situations and a leader may need to tailor his/her style to fit different circumstances/situations.

Even though we did not learn how to be a leader in school, healthcare systems in most parts of the world recognize doctors as team leaders. The system depends on our leadership skills to succeed. Great minds believe this is not misplaced trust because -- as physicians -- we already acquired many leadership skills because of our clinical training.

We are, therefore, appropriately placed in a unique position of leadership and are ready to lead. However, we can become better leaders *tomorrow* than we are *today*, if only we recognize *learning* as the master skill of leadership.

After all in the school of experience, they say, there is no graduation and a good memory lies in repetition.

My LDI training was a good learning experience, sharing from the experiences of mentors, coaches and peers. It was a great initiative that will raise competent and effective leaders for global Palliative Care development. Its value and contribution to my leadership development certainly cannot be quantified, and I will forever be grateful to LDI funders and team for helping to define and shape my leadership journey.

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