

Leading when it matters

I was recently involved in the resuscitation of a patient who collapsed while I was doing a post-intake ward round in a busy public hospital in Cape Town. Without a big fanfare, the nursing staff had started basic cardiopulmonary resuscitation (CPR) and we were alerted to the need for medical assistance. Taking a whole ward round of students to a resuscitation event was not part of my plan for the morning, but it presented a unique opportunity for learning. Not only for the nursing staff, the students and the junior doctors, but also for me.

After we had worked together for about 45 minutes, I had a moment to count the number of faces around me. In total there were 6 nurses, 10 medical students, an intern, a registrar and me. What struck me was the ‘quietness’ of a busy resuscitation engaging the attention of almost 20 people. While everyone was busy doing something useful, it was hard to work out who was ‘in charge.’ Indeed, afterwards I had to think long and hard about who was issuing most of the instructions and how the entire process was being co-ordinated. It just seemed to ‘work’ without the need for harsh tones of voice, stern words, abrupt instructions or any form of communication that was not appreciative.

During the debriefing session after we had concluded our resuscitation work, I asked everyone to reflect on the event. What I had noticed, had not gone unnoticed by those present. The nursing staff were the first to comment on the quality of the communication and the manner in which their fears were allayed by the appreciation showed by everyone for the work that was being done. This theme was again echoed by the students and the junior clinical staff.

It was only later in the evening that I had an opportunity to reflect on the power of appreciation and its role in leadership. Derived from the philosophy^[1] and practice of appreciative inquiry,^[2] appreciative leadership has been defined by Drs Diana Whitney and James Ludema as ‘The capacity to discover, magnify and connect that which is good and healthy, in people and the world around them, in such a way that deepens relatedness, inspires transformation and mobilises positive social innovation.’^[3]

Essentially, this approach to leadership is characterised by five elements. By providing a brief description of each of these elements it will become apparent that the resuscitation was a spontaneous embodiment of the basic tenets of appreciative leadership. Inclusion refers to the engagement of all stakeholders, i.e. the entire organisation, in the process. This requires finding a useful role for everyone – a role that plays to the strengths and passions of all present. Inquiry is a shift in the agenda from ‘telling to asking.’ Indeed, most of the resuscitation was framed as a series of questions focusing on

the status of the patient and her response to our treatment. These questions generated more questions about the next most appropriate response, guided by CPR best practice guidelines, and a conversation between staff about the way forward. This dialogue reflected the dynamic nature of the situation we were faced with and the possibilities for learning ‘in the moment.’ Illumination is a process of creating an ‘alignment of people’s strengths’ so as to make their ‘weaknesses irrelevant.’^[4] Inspiration creates hope about and for the future. In the face of a very challenging situation, junior staff were learning from the successes of others present and were inspired to ‘do it right and get it right.’ Students spoke of the opportunity to do real chest compressions and how they were encouraged by the cardiac output achieved when it was done correctly. And then there is integrity, the last spoke of the wheel. This refers specifically to ‘relational integrity’ and the need to create a ‘world that works for all.’^[5] It is a process of balancing the needs of everyone and recognising their contribution to the work being done, i.e. being appreciated for doing one’s best.

So why write an editorial about an unsuccessful resuscitation? I’ve chosen to write about it because the entire process resonated so well with the critical elements of leadership that we neglect to teach our students. The event reminded me that we don’t spend enough time explicitly teaching our students to lead and we often fail to lead when circumstances seem insurmountable in the harsh realities of clinical practice. So how then will they learn? Surely the time has come to embed the elements of this positive approach to leadership in the training of healthcare professionals?

Prof. Vanessa Burch

Editor: African Journal of Health Professions Education
vcburch.65@gmail.com



1. Cooperrider DL, Srivastva S. *Appreciative Management and Leadership: The Power of Positive Thought and Action in Organizations*. San Francisco: Jossey-Bass, 1990.
2. Whitney D, Trosten-Bloom A. *The Power of Appreciative Inquiry: A Practical Guide to Positive Change*. Oakland: Berrett-Koehler Publishers, 2002.
3. Whitney D, Ludema J. *Appreciative Leadership Development Program. Participant Workbook*. Lexington: Corporation for Positive Change, 2006.
4. Cooperrider DL. Foreword. In: Schiller M, Mah Holland B, Riley D. *Appreciative Leaders: In the Eye of the Beholder*. Ohio: Taos Institute, 2001.
5. Whitney D. Leading by design: The five elements of appreciative leadership as design criteria. https://www.taosinstitute.net/Websites/taos/files/Content/5692967/whitney_Leading_by_Design.pdf (accessed 10 June 2019).

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