Surviving an Attack on Adaptive and Inclusive Leadership

This paper discusses a retrospective autoethnographic analysis of the author’s leadership experience in a medium sized district hospital in South Africa. Using Heifetz’s leadership model of technical and adaptive leadership ( Heifetz 1994, Roberts 2007), the struggles of a new health service are examined within the context of the psychosocial legacy of apartheid, how it affected issues of adaptive leadership, and how it continues to affect functioning and transformation negatively.

**Design**

This is an autoethnographic reflection spanning 9 years.

**Findings**

SUMMARY ARGUMENT AND LOGICAL FLOW

1.Apartheid as a system legalized exclusion and inculcated a leadership style of punitive authoritarianism, exclusion and rigidity ( technical leadership).

2. Resistance groups such as the African National Congress worked hard at creating inclusion, participation, creativity and (adaptive leadership) and it is in the centenary year of this organisation which is the ruling party, where questions arise as to the use of its power .

3. Once Apartheid concluded in 1994, pressure on state organizations increased to become more inclusive in terms of social group and gender, but also in terms of style of management, to reflect principles and values held by a non-apartheid democracy (adaptive leadership).

4. The health institution the author worked in was commissioned by him in 2002 and a district based health service was built with the hospital at the centre of a hub-and-spoke model. The hospital grew steadily and was led by a chief operational officer, who showed positive technical leadership characteristics and the author, who worked with a complementary adaptive leadership style. The services were exemplified by excellence and its reputation for innovation and performance grew. Being a township hospital, it was “expected” to underperform, and be out of budget with issues of cleanliness and poor maintenance and equally pathetic clinical care. Eradication of a scarcity and victim mentality was embarked upon in many ways, since with the best intentions, even the best governments cannot change circumstances when people are determined to remain victims (Zille 2012). The momentum took off and successes built up. A principle of “exceeding expectations” pervaded, with an ethic of intrepreneurialship and high discipline and “clock building, rather than time telling” (Collins 2001) really put the organisation on the path from “good to great”.

5. Despite a desire to live differently to previous oppressive leaders and managers, the supervisors of the hospital management were experienced by that management as challenged with the need for more connectedness and inclusion and thus resisted the efforts of the facility to grow. Areas of status, certainty, autonomy, a sense of relatedness and safety and fairness in the exchange between people is explored in this context (Rock 2008). The use of coercive, utilitarian and legitimate power is discussed (Covey 1992) and the need to manage the hunger to control and direct ( Heifetz, Linsky 2002).

**Value**

Leadership at all levels needs to allow, internalise and integrate practices that promote adaptive leadership, and to promote it at all levels in conjunction with technical leadership. It is suggested that power -the simple drive to see one’s purpose through- should be tempered with love - the longing to unify (Kahane 2010) and seen as the principle for sustaining and aligning technical and adaptive leadership. This understanding facilitates bringing in a sense of cohesion and collective purpose by remembering and developing the communities and their principles which developed the leaders who grapple with these situations (Mintzberg 2012).

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Curriculum Vitae

Dr Timothy Visser is the Chief Executive Officer of Eerste River Hospital as well as part of the Clinical Directorate of Groote Schuur Hospital in Cape Town, South Africa. He is qualified as a medical practitioner at the University of Cape Town and while he functions as a consultant in Internal Medicine and Emergency Medicine, he also functions in the managerial sphere. He assists with cultural immersion programmes of business schools of the University of Stellenbosch and Erasmus University, Rotterdam within South Africa.

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