



**HEALTH  
SYSTEMS  
TRUST**

## Wellness for Effective Leadership

- An overview by Sarah Davids



## Why our focus is on WELLNESS in Leadership

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- Health care is one of the only remaining professions in which ignoring spouses, significant others, children and even ourselves are still considered to be socially acceptable (Wicks and Buck, 2013).

# Some Legislation supporting WELLNESS in Leadership

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**Constitution:** Chapter 10, Section 195 prescribes the values and principles governing the public administration as follows:

- Public Administration that must be **development-oriented**
- Good human-resource management and career-development practices, to **maximise human potential** must be cultivated

**NDP 2030** Outcome 2. The NDOH vision remains: A long and healthy life for **all** South Africans.

**NCS:** Domain 4 Leadership and Governance & Domain 5 Operational Management

**Ideal Clinics:** For service delivery improvement programmes to be achieved other fundamental management changes must occur

- A fundamental **shift of culture** whereby public servants see themselves first and foremost as servants of the citizens of South Africa, and where the Public Service is managed with service to the public as its primary goal.

# Wellness for Effective Leadership (WEL) Programme

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- Started Jan 2009 in response to a crisis
  - 140 babies died of diarrhoea & dehydration in 1 district in 3 months, mostly in 1 sub-district, 52 in 1 hospital
  - Main conclusion of investigations: Poor health care
  - Local managers felt powerless and lacked agency
  - Programme evolved since then & spread by invitation
- Analysed data 2009 – 2014
  - From 403 frontline managers in 30 groups in 6 provinces
  - Members district or sub-district management teams: DMs, managers of diff programmes, HR and Finance
  - Clinic managers (OMs) and some doctors & pharmacists

Model at core of theory of change  
**Facilitate change from intrapersonal outward**



## Quotes from participants

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- *“You are an engine. You have needs. To be well, you have to take care of your needs so that you have energy to lead others, inspire others, meet goals and expected outcomes. The self is the engine of leadership. If you service the car right it will take you where you need to be.”*
- *“You cannot be different at home, at work, in the broader community, etc. If you don’t listen at home, this is what is going to come out at work and wherever you are moving.”*

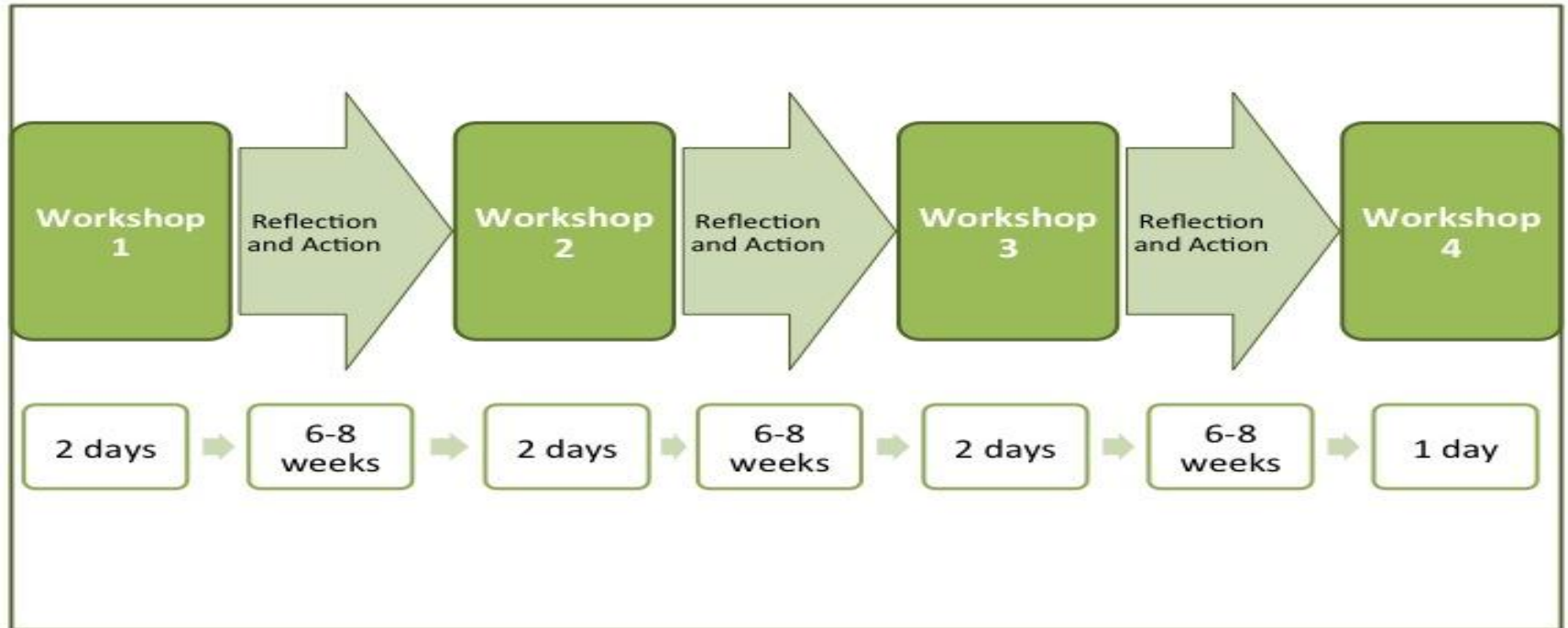
## Purpose of WEL:

# To improve services at a local level

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- Not by 'fixing' system (others working on that)
- But by **growing and developing the people** who run the system. Making them WELL
  - **Healthy energetic managers can make any system work**
  - **Managers who are unwell cannot make even good systems work**
- Focus on managers at district, sub-district and facility levels
- Develop emotional intelligence (EQ) and personal & inter-personal competencies

# WEL Programme Structure



**Figure 2: Structure of a WEL Programme**



## WEL programme like TB treatment

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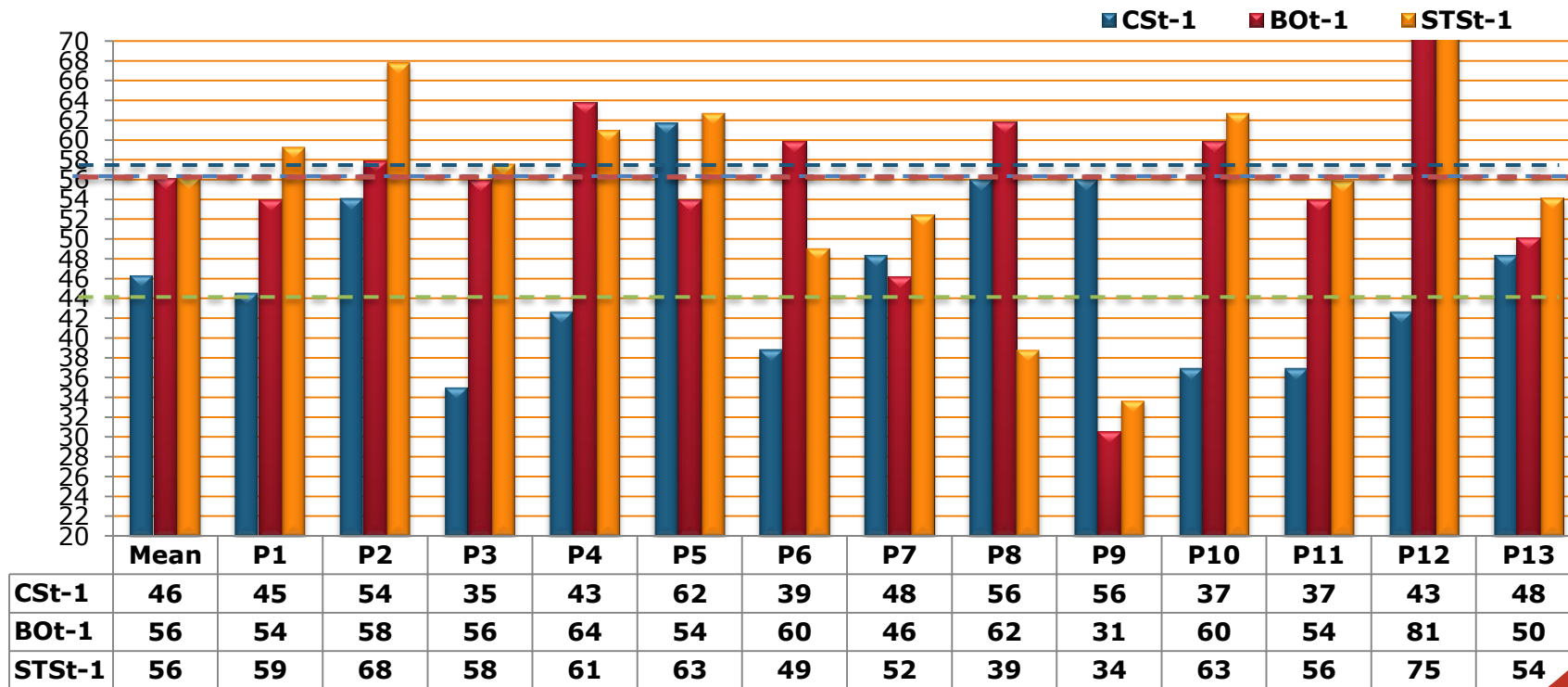
- Feel better within 2 weeks of starting treatment, and treatment takes 5 months
- WEL only requires 4 doses, 6 weeks apart
  - But the process of healing between doses, and a total of 4 doses is very important
  - If relationships have been bad (either at work or at home) they don't change overnight after one workshop
- 3 workshops of 2 days each, close to home & work
- 1 final workshop of 1 day ... open to others
  - 7 days out of office in 5 months
  - No travel or accommodation except for 2 facilitators

## Assess needs of THIS group then design content

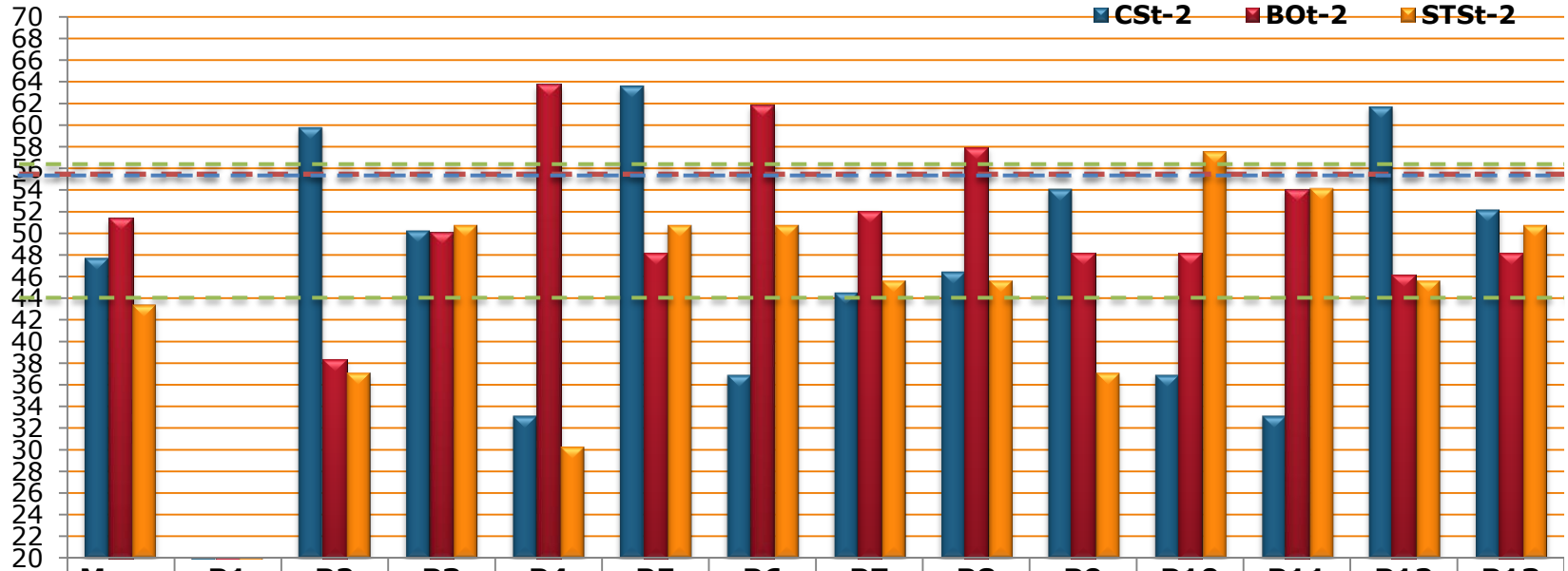
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- Each person reflects on and shares:
  - Their context: +ve & -ve factors at home, work, SA
  - Their River of Life
- Completes a ProQOL questionnaire
- Experiences
  - A safe space and equal respect for all
  - Being listened to by the group, without interruption
  - What it is like to pause and reflect

# First ProQOL March – one group



## Second ProQOL September (one group)



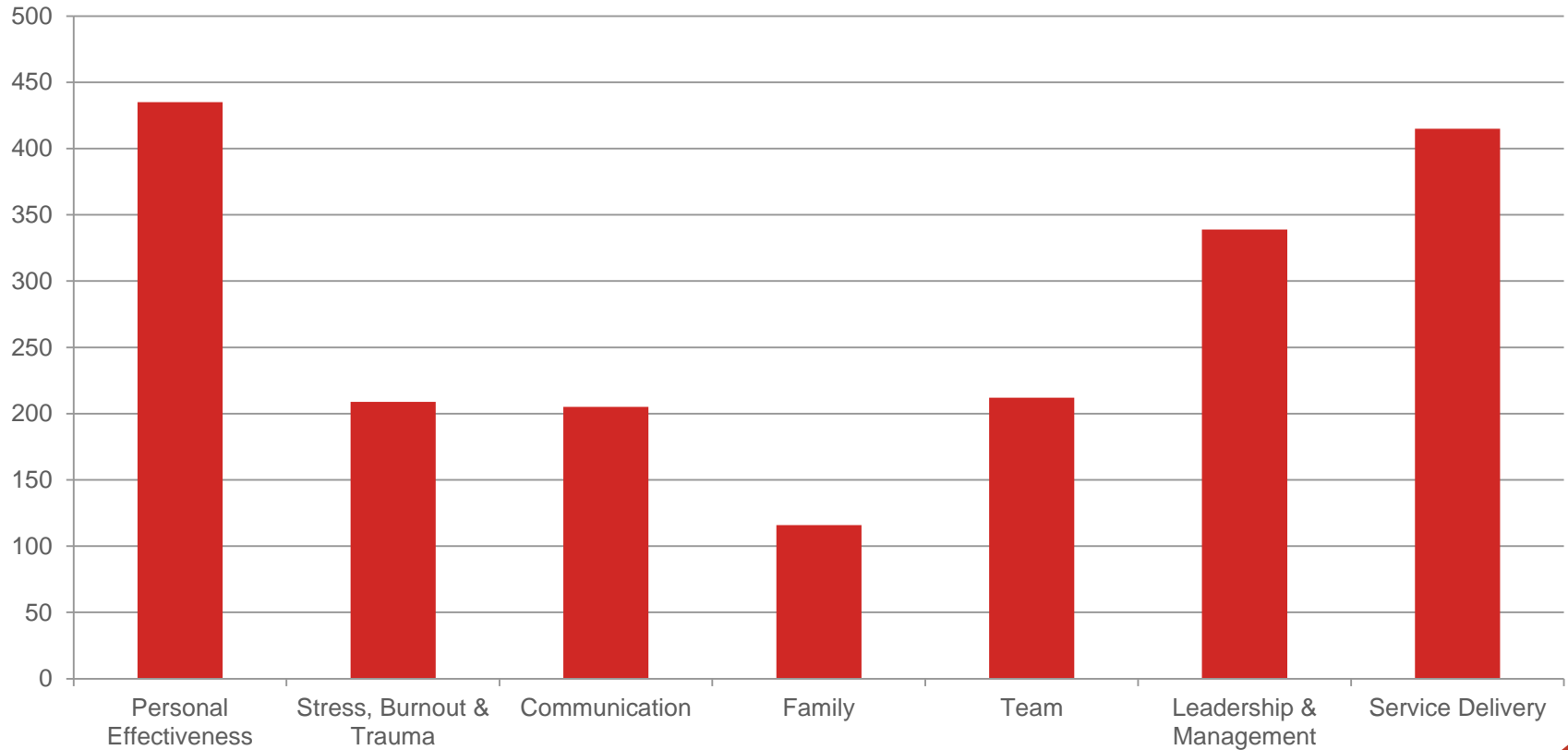
	Mean	P1	P2	P3	P4	P5	P6	P7	P8	P9	P10	P11	P12	P13
<b>CSt-2</b>	48	-26	60	50	33	64	37	45	47	54	37	33	62	52
<b>BOt-2</b>	51	0	38	50	64	48	62	52	58	48	48	54	46	48
<b>STSt-2</b>	43	8	37	51	30	51	51	46	46	37	58	54	46	51

## Participants reported shifts

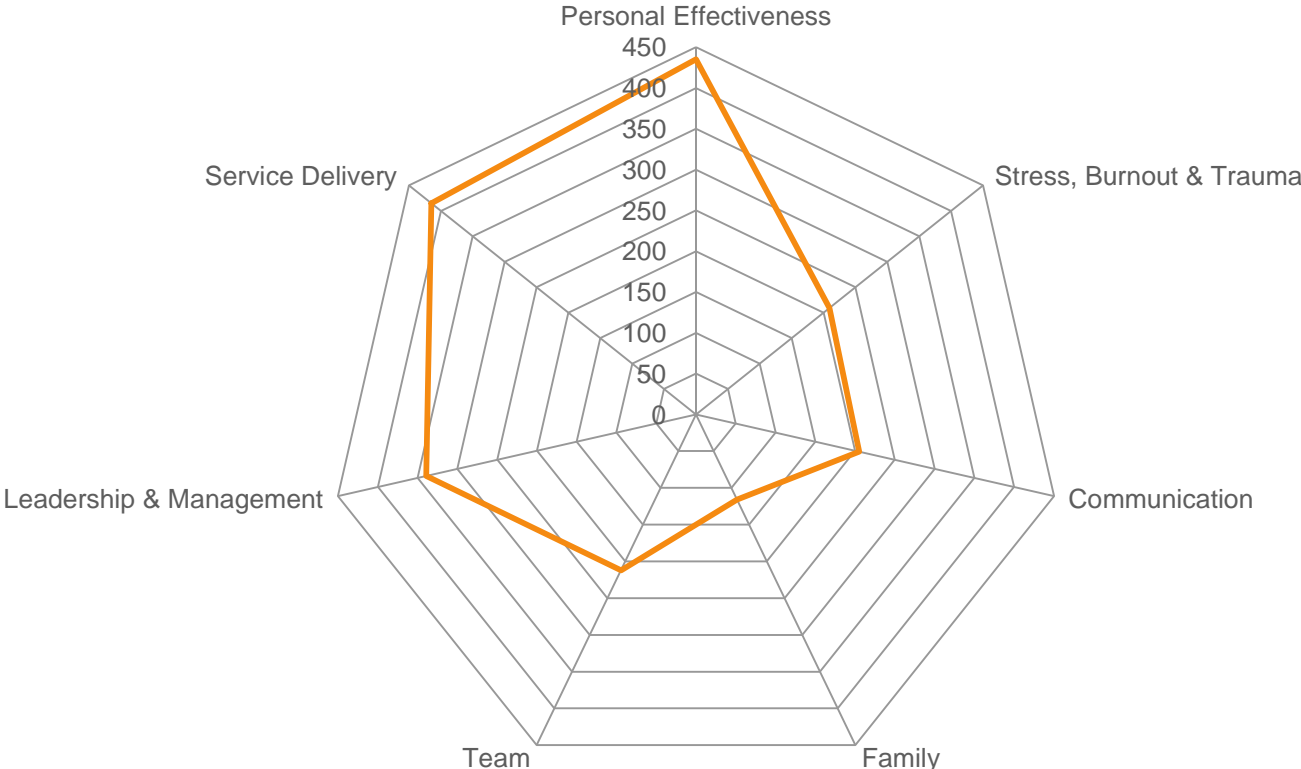
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- *Before we worked in silos, now we work as a team*
- *My relationships with my children are so much better, I can now concentrate when I'm at work*
- *I have learnt to trust others and to delegate*
- *I did not want to come to work, now I enjoy work*
- *Before WEL the HCT programme in my area was underperforming at 44% delivery. By 3<sup>rd</sup> session it was 72% and currently (4<sup>th</sup> w'shop) it is on 97%. Does WEL work? Here is the evidence.*

# Summary of reported shifts



# QSR Nvivo10 analysis



# WEL options

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## 7 Day WEL

- Provides healing & transformation
- Flexible programme
  - If issues (eg. Power, gender, conflict, trust) arise during w'shop, shift programme and discuss it
  - Skilled facilitators constantly reflect, model, receive & give feedback
- 6 – 8 weeks between w'shops very important
  - Facilitators analyse, reflect and plan
  - Participants reflect, try out new behaviours, support each other and report back to group

Monthly supportive messages from WEL

## 2 Day WEL

- Raises awareness that facilitates different choices that may result in change
- Flexible yet focussed programme, but less depth at times
- ProQol not done
- Liaise with client to build in follow up and reflection sessions in existing meetings. Telephonic & e-support on request
- Monthly supportive messages from WEL



# Thank you

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- More detail in Chapter 10 of the previous SAHR [www.hst.org.za](http://www.hst.org.za)
- Questions then...some fun...



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## **SECTION DIVIDER**

Sub-heading goes here