

To Be or 'Who' to Be – That is the Question

The lived experience of leaders during periods of transition.

Dr. Joan Camilleri

Objectives:

- increasing understanding of leaders' lived experience & underlying processes as they adjust to organisational changes;
- supporting emergence of themes about managerial skills enhancing this process;
- gaining insight into training needs/approaches to develop/validate training manual.



Methodology

17 leaders interviewed 3 times in a year



Rationale: The Maltese National Healthcare Service (MNHCS), which follows UK & EU health intervention methods, was chosen as a case-study during its attempt to introduce an inadequately evaluated socio-cultural shift in leadership style. Lacking understanding, leaders resisted by changing behaviour while adhering to their ongoing identities/sense of self. Addressing **role** rather than **identity** attained limited commitment to change. It would be beneficial to understand leaders' lived experience from an **insider-researcher perspective**, introducing a **psychotherapeutic approach to managerial training**.

Results: *Personal transition precipitated fear – Reaction to various changes:*

- **Proposed:** increasing quality, accessibility & sustainability of service provision at all levels, across all professions / hospitals: *desired*.
- **Physical-sensory** e.g. keeping abreast with new medical conditions/technology & evidence-based clinical/technical improvements: *desired*.
- **Socio-cultural** e.g. shifts in role after organisational, political & administrative restructuring: *undesired*.
- **Emotional-transferential:** career progression, *desired*, self-growth, *resisted*.
- **Imaginative-projective:** *discouraged*. Leaders oscillated between creativity & authoritarianism – creative and innovative employees left or became alienated.

Arising Themes: *The alienation-detachment process*



Training Manual Results & Validation

Training needs/requested approach: personalised, reflective, interactive workshops in self-awareness & ethical aspects.

Feedback: the Manual integrated masculine-feminine leadership orientations, bridging differences between professions.

Reflections: Leaders were pro-change, but still felt shame when discussing private selves. Most reported increasing their ability to self-reflect. Self-awareness led them to recognise better their desired identity & cope better with personal transition.

Active experimentation led to the observation that while the MNHCS process: *propose, stop, wait (gain time), abort (to safety)* limited change agency, *consult, plan, act, 360' reflection*, promoted it.

Surprises: The vital role of *self-actualisation & critical self-reflection* when viewing *power as being of service rather than giving direction*. I began to look at leadership as a spiral flow.

Impact & Way Forward:

Adopting a *practitioner-researcher stance & viewing self-reflexivity as supporting self-growth* resulted in my:

Setting up a *Peer-to-Peer Research Group* in the Commission for Domestic Violence promoting above stance in the related task force. Commissioners provided platforms to share outcomes;

Adopting an *appreciative inquiry approach* at the University of Malta to understand members' counselling service's needs. Some Heads of Departments (HODs) supported students' focus groups. Fear of stigma decreased, doubling new cases. Awareness motivated the HODs to promote self-reflection groups as extracurricular activities.

Joining an EU COST action network on Mental Health Research, supporting researchers' mental health & students' transition to the workplace.

The Manual is being prepared for publication & could be the basis of a post-doctoral study to explore the *role of self-reflexivity in transition management training*.