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## Wanted -- Focused Leadership Theory and Application in Public Health Professional Preparation

Robert J. McDermott, PhD, FAAHB

### ABSTRACT

*Many faculty and administrators in academic public health believe that professional preparation culminating in the awarding of the MPH degree is necessarily coupled with the development of leadership skills and dynamic leaders. This assumption may indeed be a false one. Integrating specific leadership paradigms into public health professional preparation and applying leadership theory to specific public health problems may assist the leadership development process and increase the possibility that professional preparation and the acquisition of leadership knowledge and skills are more intimately entwined.*

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### Introduction

For public health to achieve optimal success in Florida and elsewhere, the future public health workforce will need to be imbued with a more thorough understanding and application of leadership principles and paradigms. There may be an assumption among faculty and administrators of MPH professional preparation programs that the product of this graduate education and training automatically will evolve into improved leadership practices and the creation of dynamic leaders. Unfortunately, this assumption may be a faulty one unless familiarity with leadership models and styles is integrated into the curriculum. Whereas scholars may argue as to whether leaders are born or nurtured, it is fairly clear that regardless of one's perspective, both types of individuals would benefit from formal exposure to leadership frameworks and application of one or more of these frameworks to ongoing public health problems.

The University of South Florida College of Public Health, Department of Community and Family Health, introduced a one credit hour seminar-style course in the fall of 2007 entitled *Professional Foundations of Health Education*. Emphatically featured in this seminar was an array of leadership models, many derived from the business and corporate worlds, but some derived from other areas of endeavor as well. Among the paradigms profiled included: the servant leadership model (Greenleaf, 1977), the transactional-transformational model (Burns, 1978), the enabling model (Bennis & Nanis, 1985), the eight-stage process of change model (Kotter, 1986), the leadership-commitment model (Kouzes & Posner, 1987), the principle-centered leadership model, (Covey, 1992), the leader-follower relationship model (Rost, 1993), the leadership training model of the Directors of Health Promotion and Education (1997) presented through the Public Health Education Leadership Institute, the relational leadership model (Komives, Lucas, & McMahon, 1998), the resonance model (Goleman, 2002), and the situational leadership model (Hersey, Blanchard, &

Johnson, 2007). Many additional frameworks on leadership could be added to these.

Each of these frameworks was described through readings, typically accompanied by an example, principally from business-corporate venues. The models also were presented to 12 MPH pre-degree and post-degree students using a lecture-discussion format. Finally, students were asked to prepare a paper (Figure 1) that required them to combine leadership theory with an actual public health problem for which they had some passion.

### Experience and Challenges

Students struggled somewhat in connecting the problem-model dyad. The assignment was deliberately vague to inspire students' creativity and broad interpretation of the task presented to them. As things turned out, the challenges for students were four-fold:

- Their inability to identify a problem of national or local significance for which there was both understanding and passion;
- Their inability to grasp the distinctions among leadership models or how they could be employed to put a new spin on an old problem;
- Their inability to articulate an explanation or plan in writing, due to inadequate writing or logical thinking skills; and/or,
- All possible combinations of the above issues.

These difficulties notwithstanding, two essays were generated that demonstrated the value added of challenging future public health practitioners to think in new dimensions. Whereas these two essays merely scratch the surface of the problem-model dyad, they succeeded in providing a forum and an innovative technique to move student thinking to an "out-of-the-box" mode. In any case, these essays are provided in this volume of the *Florida Public Health Review* with the hope that other professional preparation programs will explore, refine, and improve upon this endeavor. In the not-too-distant future, academic and practice-based public health may have to scrutinize and apply

leadership models from business and other entities to help energize it for the tasks laid out in the Institute of Medicine reports, *Who Will Keep the Public*

*Healthy?* (IOM, 2002) and *The Future of Public Health* (IOM, 2002).

**Figure 1**  
**Professional Foundations of Health Education**  
*Description of Leadership Paper*

The task is to prepare a paper 3000 ± 500 words in length that incorporates the elements of a professional leadership model, theory, framework, or approach into addressing a particular *health education problem* of your choosing (e.g., declining physical activity among children and youth, tapering off of the decline in adult smoking, inadequate breast or cervical cancer screening for some population segments, inadequate awareness of the skills and competencies of health educators, etc.) and *setting* (school or university, worksite, health care setting, community setting, voluntary health organization, government agency, professional organization, or public-at-large).

**Specific Outline to Follow for this Paper:**

- I. Cover page: Author's name and title of the paper centered on the page
- II. Abstract page: 220 ± 20 word summary of the paper's content
- III. Body of the paper
  - A. **Introduction** – what this paper is about – scope of the paper
  - B. **Significance of the problem** – why is having leadership and a vision of the future in this particular venue important to sustaining or elevating the importance of health education and the problem you have selected.
  - C. **Factors related to or affecting the problem** – identify and explain the human, social, historical, cultural, political and other factors or events that have created the current situation or inadequacy; and, using the professional literature, indicate to the extent you can, things that have been tried previously to affect or treat the situation
  - D. **Implications for leadership**– using one or more of the leadership models, theories, frameworks, or approaches, explain how its application could positively influence or build capacity for improvement of the situation you choose (i.e., problem and setting).

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