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Formalizing Education about Public Health Leadership during Professional Preparation

Robert J. McDermott, PhD

ABSTRACT

This year is the fourth year that the Florida Public Health Review (FPHR) has published student essays that attempt to illustrate how the application of specific leadership paradigms might, in theory, be responsive in addressing challenging and historically unresponsive problems in public health. Other public health students, faculty, and practitioners from throughout Florida are invited to contribute ideas that foster leadership skills and the development of dynamic leaders.

Florida Public Health Review, 2011; 8, 15-18.

Background

I have been chided from time-to-time by some of my public health colleagues for using too many clichés, metaphors, overstatements of truth, positive affirmations, and platitudes to describe “ordinary” phenomena. Although I may have to plead guilty to this particular accusation, where the subject of leadership is involved, I do not think it is a bad idea to advance a little bit of optimism, even if it should take the form of cliché or platitude.

Apparently even some of the leadership “gurus” agree as they seem to be prone to the same types of affirming statements. For instance, Nicholas Bate (2010) offers us the following “leadership dozen”:

- Leadership is 99% mindset, 1% job title. Act as you wish to be perceived.
- Leadership is a verb. Walk the talk.
- Model the behaviors you seek.
- Give clarity, check clarity. Of task, of responsibility, of standards.
- Thank and give praise. Catch people doing things right.
- Be loyal to your team.
- Leave 'like' out of it. Win and give respect.
- Support and allow a person to evolve. Respect difference but accept no excuses.
- Invest in your people.
- Have a development plan for each of them.
- In essence: ensure they understand what they are doing, are supported and feel they are growing.
- Start today.

Robert Fagan’s (2010) dozen key queries of leadership include:

- Do you truly inspire and motivate your team?
- Are you an effective delegator?

- Do you communicate effectively?
- How are your leadership development skills?
- Do you maximize effective financial and human resources?
- Do you strive for constant improvement and change?
- Do you truly care about your associates and customers and does it show?
- Do you protect those who follow and support you?
- Are you consistent and disciplined?
- Are you an effective planner and strategist, and do you follow up?
- Do you model good integrity and citizenship skills?
- Do you practice a healthy lifestyle with healthy relationships?

The “12 Rules for Self-Leadership” by Lifehack.org (n.d.) recommend that one should:

- Set goals for your life; not just for your job. What we think of as “meaning of life” goals affect your lifestyle outside of work too, and you get whole-life context, not just work-life, each feeding off the other.
- Practice discretion constantly, and lead with the example of how your own good behavior does get great results. Otherwise, why should anyone follow you when you lead?
- Take initiative. Volunteer to be first. Be daring, bold, brave and fearless, willing to fall down, fail, and get up again for another round. Starting with vulnerability has this amazing way of making us stronger when all is done.
- Be humble and give away the credit. Going before others is only part of leading; you

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have to go with them too. Therefore, they've got to want you around!

- Learn to love ideas and experiments. Turn them into pilot programs that preface impulsive decisions. Everything was impossible until the first person did it.
- Live in wonder. Wonder why, and prize "Why not?" as your favorite question. Be insatiably curious, and question everything.
- There are some things you don't take liberty with no matter how innovative you are when you lead. For instance, to have integrity means to tell the truth. To be ethical is to do the right thing. These are not fuzzy concepts.
- Believe that beauty exists in everything and in everyone, and then go about finding it. You'll be amazed how little you have to invent and much is waiting to be displayed.
- Actively reject pessimism and be an optimist. Say you have zero tolerance for negativity and self-fulfilling prophecies of doubt, and mean it.
- Champion change. As the saying goes, those who do what they've always done, will get what they've always gotten. The only things they do get more of are apathy, complacency, and boredom.
- Be a lifelong learner, and be a fanatic about it. Surround yourself with mentors and people smarter than you. Seek to be continually inspired by something, learning what your triggers are.
- Care for and about people. Compassion and empathy become you, and keep you ever-connected to your humanity. People will choose you to lead them.

Richard Martin (1966) offers us the following 12 principles of leadership mastery:

- Be a positive example and role model.
- Model the behavior and thinking of the best [leaders].
- Seek feedback and learn from it.
- Competitively seek out new challenges.
- Set the bar high for yourself and others.
- Take intelligent action on the basis of robust plans.
- Surround yourself with trusted advisors and associates.
- Always respect others.
- Deal with others on the basis of facts, not conjecture.
- Have a sense of humor.

- Get out and about.
- In a crisis, stay cool, calm, and collected.

He advises that these fundamentals are the foundation of a focused leadership development program. Moreover, he indicates that the simplicity of these principles can be deceptive. "Just because a technique or a principle is simple, doesn't mean that it can be easily and consistently applied. That takes resolve and persistence, as well as openness to feedback, both negative and positive."

Application to Florida and Public Health

How does the public health community in Florida and elsewhere apply formal leadership paradigms to move practice forward? To what extent can the public health community adapt one or more leadership frameworks, including ones that have their origins in the business and corporate worlds? Since 1994 the Public Health Leadership Institute at the University of South Florida has endeavored to increase the leadership abilities and managerial effectiveness of practicing public health professionals to improve public health in Florida, especially during times of crisis. In addition the Institute has built a reputation for assisting communities in becoming healthier through the development of more effective local health leaders who can respond to local health needs, strengthening the linkages between public health practice and Florida's academic institutions, particularly the University of South Florida College of Public Health, and serving as a resource for public health leadership information and issues.

To no lesser extent, public health students at the master's level need to be challenged to be responsive to public health needs and learn to apply radically different approaches to problem solving. Solutions that incorporate 21st century technologies and evolutionary thinking must take their place in advancing the spiraling challenges of public health practice.

As has been documented previously (McDermott, 2010), to narrow the gap in leadership education during professional preparation, at least 11 frameworks began being the focus of the one credit-hour seminar-style course entitled *Professional Foundations of Health Education* at the University of South Florida College of Public Health. Among the paradigms examined include 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, 2002), 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).

What Students Are Asked to Do

These paradigms are presented as sets of principles or practices, but not typically with illustrations from the public health world. Students are asked to make that connection or translation themselves. More specifically, they must prepare a paper of 3000 ± 500 words that infuses the fundamentals of a leadership model, theory, framework, or approach in addressing a health problem that is especially challenging or historically unresponsive to traditional intervention. For their *health problem* they choose a *setting* (school or university, worksite, health care setting, community setting, voluntary health organization, government agency, professional organization, or public-at-large). A detailed description of this assignment appeared in the *Florida Public Health Review* three years ago (McDermott, 2008). Although the papers are intended only to be theoretical applications, the challenge offers students opportunity to “think outside the box.”

As I suggested in past introductions to these papers, (McDermott, 2008; 2009; 2010) a few students feel hindered because they are unable to identify significant problems for which they have understanding, passion, and a will to investigate at a deeper level; apply one or more of the leadership models to actual problems and settings, possibly because much of their professional preparation is devoted to rote memorization, strict absorption of content, and is limited by the formal leadership skills of some of their instructors; state and defend a position clearly and succinctly because of modest writing skills or flaws in logic; and combinations of these and other pertinent issues. The net result for some students is that they matriculate from a public health professional preparation program with presumed leadership skills, but with only limited “feel” for altering typical practices and styles.

Whereas these issues are significant ones, eight students presented applications that could move us in public health from the abstract to the concrete. These “practice” essays demonstrate the value added by challenging future public health practitioners to think outside their comfort zones. These essays do not offer comprehensive plans for change; however, they do show how inspired innovative thinking can move students away from standard thinking that history has shown to fail to “move the needle” of

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progress. As in past years, I hope that these essays inspire others to improve interest in leadership during professional preparation programs in Florida institutions.

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