Reflections on Quantum Leadership

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What makes a good leader? This is something that can be difficult to define. There are a number of elements that could constitute a “good leader.” In this paper I will be reflecting on leadership as outlined in our textbooks and through various assessments I completed at the beginning of the semester. The Gibbs reflective style was used in processing the information (“Reflective Writing”, n.d.). The process has been very rewarding and I look forward to implementing what I have learned about myself as a leader into my daily work. While I try to follow APA guidelines and avoid writing in the first person, due to the very personal nature of this paper I must indulge.

**Complexity Principles Reflection**

Porter-O’Grady and Malloch (2018) discuss in their textbook the “ten complexity principles for leaders for thriving in the quantum age.” All ten of these principles are pulled from the study of quantum theory and are applied quite thoroughly to the healthcare management world. The principles are as follows: Wholes are not just the sum of their parts, all health care is local, value is now the centerpiece of service delivery, simple systems aggregate to complex systems, diversity is essential to life, error is essential to success, systems thrive when all of their functions intersect and interact, equilibrium and disequilibrium are in constant tension, change is generated from the center outward reflects, and revolution results from the aggregation of local changes. Every moment in the healthcare world is rife with chaos. People do not go to hospitals because they are feeling fine. They come to us because something is very, very wrong. As a healthcare leader it is important to manage this constant state of complexity and chaos (Smith, 2005).

**The Ten Principles**

The first principle states that the leader must recognize that their facility is more than simply a collection of the elements within. This is in fact the Gestalt principle whereas the whole is greater than the sum of the parts (Rhyne, 2001). All of the members of the facility must work and act not simply as a cog in the system, but rather as a valuable element of something greater. It is the leader’s responsibility to do what they can to facilitate this.

The second principle outlines that the core of what we do is treating patients. The patients are at the core of what we do. Every effort we make either affects them directly or someone who does (Porter-OGrady & Malloch, 2018).

The third principle examines the value we all bring to the team. Everyone is making a contribution whether positive or negative. It is the role of a leader to ensure everyone involved is adding value to the system instead of deducting it (Porter-OGrady & Malloch, 2018).

In the fourth principle, the whole system is described as being made up of smaller systems. While the system as a whole is complex, the smaller parts are simpler. Simpler does not mean less important, however. As a valuable leader, one must be able to see how each of these smaller parts affect the whole system (Porter-OGrady & Malloch, 2018).

Principle five talks about diversity. Diversity is essential to the success of a system. If all of the elements of a system were homogenous and exactly the same in every way it would be a less efficient and effective system. There would only be one set of strengths and one set of weakness. In a diverse system, elements with a certain set of strengths make up for elements with weaknesses in that area and vice versa (Porter-OGrady & Malloch, 2018).

The sixth principle says that error is essential to success. Error is a driving force in learning. In a healthy system all of the parts should be learning, adapting, and becoming better at what they do. This includes error making. The only truly harmful part of error making is letting it repeat (Porter-OGrady & Malloch, 2018).

Principle seven stresses the importance of relationships and interactions between the elements of a system. As a manager, one is in charge of policies, procedures, payroll, etc. But most importantly one is in charge of managing people. It is the people that decide whether the system will thrive or fail. How the staff interact and relate is integral to the health of a system (Porter-OGrady & Malloch, 2018).

The eighth principle deals with change. The healthcare system is in a constant state of flux. At any given moment things fall apart, emergencies happens, situations are resolved, staff are positively reinforced, etc. Without this change the system stagnates (Porter-OGrady & Malloch, 2018).

Principle nine is related to the second principle. The ninth principle states that when change is made, it is made in the center and it radiates outwardly. In the healthcare system the “center” is the point of service. Like the nucleus of a cell, it is the most important and most substantial part of the system. Change can only be made when the decisions are made at the level that directly serves the patient (Porter-OGrady & Malloch, 2018).

The tenth and final principle states that quick and effective change comes from the culmination of smaller localized changes. The term used here is “revolution,” evoking a sense of forceful change. If a system requires a significant change, the only way it can happen in an effective manner is if the changes are made locally. In the healthcare system this can have a number of meanings. Primarily, change in a facility depends on the changes made in its various departments (Porter-OGrady & Malloch, 2018).

**Personal Reflection On The Principles**

The fifth principle discussing diversity is a principle in which I see myself having both strengths and weaknesses. Having worked for so long and in so many different environments with so many different types of people I would say that I do very well leading a diverse group of people. I understand different people have different needs and I do everything I can to meet them where they are. At the same time, however, I sometimes have difficulty dealing with situations where “diversity” is used as an excuse for unprofessional and improper behavior. I understand that some people have different personalities, but there is a simple level of professionalism that every staff member should be held to for every interaction. In my coaching in such situations I explain to staff what is expected of them and then make sure to hold every other staff member to the same level of accountability. My goal is to continue to nurture diversity while still holding staff members accountable in a way that is positive.

Principle six’s statement that error is essential to growth is one I have difficulty with. I have always been a bit of a perfectionist. I do not accept loss or error well. I understand the concept Porter-O’Grady and Malloch are making here. From a managerial standpoint it makes sense to me. Making errors and learning from them is something I have had to allow myself to do throughout my journey into and through leadership. As far as making a goal relating to this principle I will allow myself to make errors to the degree that I can learn from them and subsequently not perform them again.

The tenth principle reflects a major tenet of my leadership. For quite some time I have realized that if successful changes are to be made I, as the leader, am not the one to make the changes. They must be made at the staff level. Therefore I do everything I can to empower my employees. I can announce a roll out that updates policy and procedure to better reflect best practices, but if the staff do not personally have the same vision it becomes a struggle. My goal regarding this principle is to find new ways to empower my employees to make changes.

**Courage in Leadership Reflection**

According to Porter-O’Grady and Malloch (2018), there are five qualities of a leader: courage, passion, energy, discipline, and trust. Courage in the context is the willingness to stick the course when others as wanting to pivot back to something more comfortable (Green-Wilson, 2011). It’s about being willing to go into the unknown with the likes of “we’ve never done it this way.” Courage is a paramount quality in a leader because things are messy. There is rarely a clear-cut “correct” answer. Decisions must be made, though. The leader must have the courage to brace themselves and jump in no matter what.

Courage is something I have cultivated over the course of my leadership. In the beginning I was more timid than I am now. I didn’t have the skills or the experience I do now so I was more reticent to make large choices. But as I grew as a leader I became more and more comfortable with sticking with my gut on decisions and staying the course. One specific example was when we were transitioning away from the old-style “skullcap” type surgical head coverings to a full-head bouffant cap. The surgeons were against the change because they felt the skullcap was an element of their identity as a surgeon. The skullcaps, however, did not cover the entirety of their hair so it put the patients unnecessarily at risk.

This is a significant time I remember having to muster up the courage to stand up for the safety of the patients. The surgeons did not knowingly or purposefully wish harm upon the patients, but in their clinging to their old ways they were doing just that.

Every day I walk into my office I must make sure I have the courage to face the day and the myriad of challenges it will surely bring. It can be difficult, but it is necessary for my sake, the sake of the staff, and most importantly the sake of the patients.

**Leadership Assessment Reflection**

In reviewing the results of my leadership assessments again, I am proud of the results. All three assessments state in various ways that I have several positive leadership qualities. The first time I did the diamond assessment I did not realize I was supposed to graph the results to form a diamond. Reviewing it again I graphed it and since my results were 5.0, 4.8, 4.8, and 4.7 on a scale of 0 to 5 my diamond is a nearly perfect diamond. To be honest I am pretty proud of that fact. It gives me encouragement that I have chosen the correct path in nursing.

On the VIA assessment the greatest strength was fairness and I agree with that. I strive above all things to be fair. It can be difficult sometimes. If I allow one staff member to do something, I must allow them all to do it. Everyone is on the same page and everyone deserves to be treated equally.

The most in-depth assessment was the Barrett PVA. While my positive elements were across the board, there were none marked “potentially-limiting” which is an obvious euphemism for weaknesses. One part of the assessment was particularly correct. “Understanding our values helps us better understand ourselves and why we may act or react in the way that we do. For example, if someone undermines one of your values it can result in feelings of hurt; you would be likely to feel upset if your value of "coaching/ mentoring" was not being honored by someone else.” I experienced this firsthand when I was a travel manager working in Anchorage, Alaska. I had been managing there for several weeks when one of the other managers reported to our superiors they did not think I should be coaching, correcting, mentoring, or apparently interacting at all with the staff because I was only a travel manager. I was doing the job I was brought in to do and suddenly it was being questioned as to whether I should be doing it at all.

Needless to say this troubled me greatly. It wasn’t just my coaching style or my staff interactions that was being questioned. It was my *very existence.* The situation was resolved with little problem and I was able to continue managing my staff. But the fact that so much of who I was was questioned affected my relationship with that person, which ultimately made it more challenging to do my job as a whole.

My takeaways from these assessments leads me to make the following goal. My goal is to continue to pursue my Masters in Nursing Administration degree so that my academic self finally matches up with the job I am already doing.

**Conclusion**

These assessments and the studied material has really made me look at myself as a leader and a director. This is the natural result, I suppose. Overall, the results from the assessments reflect what I have known to be true. I am certainly not perfect, especially concerning leadership. I learn every day. The breakdown of leadership in our textbook gives me a different perspective of my own ability to lead. I have things I can certainly improve on. As a result of this section of the class I have goals to consider as I walk into my office every morning.

References

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