ORIGINAL ARTICLE

Leadership Styles of Change Leaders Steering Curriculum Reforms in Pakistan

Ayesha Naveed[1], Sana Javed[2], Sakina Sadiq[3], Amer Siddiq[4], Irum Rehman[5], Rizwana Kamran[6]

ABSTRACT

Objective: To identify the leadership styles of medical educationists during their journey of bringing the curricular reform at their respective institutions".

Study Design: This was a cross-sectional descriptive study that focused on self-perceived leadership style.

Place and Duration of Study: This study was conducted in Riphah International Islamabad from February to July 2019.

Materials and Methods: Multifactor leadership questionnaire consisting of 45 items was used, having a 5-point Likert scale to see the predominant leadership style of the medical educationists involved in curricular reforms. Item 1-36 corresponds to the predominant leadership style.37-45 pertains to outcomes of leadership. Data was collected from 14 participants who were willing to participate in the study. Results were entered on an excel sheet and mean scores were calculated.

Results: The predominant leadership style of medical educationists came out to be transformative leadership with a mean score of 3.24. Leadership style mostly used was collaborative and transformative and transactional leadership style was also adopted.

Conclusion: Medical educationists faced many challenges during their journey of Educational Reform. The predominant leadership style identified is Transformational. Other leadership traits identified in change leaders are, Transactional leadership which monitors deviations and mistakes with a mean score of 2.81, and passive Avoidant behaviors are practiced the least with mean frequencies less than 1. As leaders, they must be prepared for the uncertainty and unexpected events and adapt themselves to the changing environment.

Key Words: *Change, Curricular Reforms, Educational Leaders, Leadership Styles, Transformational leadership.*

Introduction

In Pakistan, most medical schools are still following discipline-based, teacher-centered curricula and are in silos from the rest of the world. Only a minority have included new pedagogical approaches and reforms in the curriculum.[1] The need for change has been noted and accepted to some extent.[2]
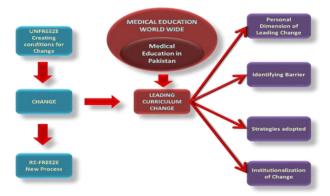
Medical educationists are the middle leaders which make change happen.[3] Leadership has been described as an important factor in sustaining curriculum change.[4] The importance of strong leadership which can rally the faculty to common objectives has been highlighted.[5] Change leaders need to navigate the change at three levels: self, others, and organizations. It is the leader's job to create readiness for change in an organization.

Leaders' perspectives on the process of curriculum change were conducted by Velthius in the medical schools of the Netherlands, who pointed out three main issues faced by the leaders: dealing with stakeholders, resistance, and steering of the change process.[6] It is proven that leading change takes will, understanding, and involvement.[7] Successfully leading curriculum reforms requires ownership of the change process along with motivation.[8,9] Although, change in medical education is an ongoing process globally, but it will not last unless leadership and the change process are understood.

[1,6]Department of Health Professions Education
CMH Lahore Medical College and Institute of Dentistry, Lahore
[2]Department of Family Medicine
Military Hospital, Rawalpindi
[3]Department of Dermatology
Army Medical College, Rawalpindi
[4]Department of Pathology
Pakistan Kidney and Liver Transplant and Research Centre, Lahore
[5]Department of Physiology
Margala College of Dentistry, Islamabad
....
Correspondence:
Dr. Ayesha Naveed
Assistant Professor
Department of Health Professional Education
CMH Lahore Medical and Dental College, Lahore
E-mail: drayeshanavid@gmail.com
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In past, no such studies were carried out in which the leadership style of the leaders in health professions education steering the curriculum reforms were identified. exploring the perspectives of medical educationists as a change agent would expand and enrich our understanding of the complexities associated with curriculum change. bringing a change is not an easy job it requires a strong leader who is aware of challenges and has the vision to overcome those by navigating their leadership styles.

Kurt Lewin is known as the founder of 'Change Management' with his three phases for the change process: Unfreeze, change, and refreeze.[10]

Fig. 1: Conceptual Framework

Materials and Methods

A cross sectional descriptive study was carried out at Riphah International University Islamabad from February 2019 to July 2019. Purposive (homogenous) sampling technique was used to gather the data which included 14 medical educationists involved in curricular reforms from four different universities which includes Shifa college of Medicine, Islamic International medical college, Fauji Foundation University & Khyber Medical University. Ethical approval of the study was obtained from Ethics Review Committee, Islamic international Medical College. Informed Consent was taken from the participants. Permission to reproduce the Multi leadership Questionnaire was taken from Mind Garden.

Key persons involved in implementation of reforms in medical schools with a background in medical education. Those who are not willing to participate in the study.

Data was collected on multifactor leadership questionnaire which was sent to the participants

though emails and responses were collected. Permission to administer the campaign was obtained by Mind Garden. Multi leadership Questionnaire is a pre validated questionnaire, the construct validity of which has been established through confirmatory factor analysis.[11] Data was received from online survey and the results were entered on excel sheet and mean scores were taken. The predominant leadership style of the participant was determined.

Results

There were 14 participants out of which 7 were males and 7 were females, all of them were senior faculty members from their institutes. All of them had back grounds from MBBS or BDS and all had post graduate qualifications in Health professions education.

The predominant leadership styles of these change leaders are displayed as follows:

Table I: Predominant Leadership Style of The Respondents

Leadership Subdivisions	Mean Scores of Participants	Standard Deviation
Transformational Leadership		
Builds trust Idealized Influence – Attributes	3.01	0.64
Idealized Influence Behavior Acts with Integrity	3.41	0.38
Encourages others Inspirational motivation	3.33	0.23
Encourages Innovative Thinking (Intellectual Stimulation)	3.22	0.41
Coaches & Develops People (Individualized Consideration)	3.29	0.36
Transactional Leadership		
Rewards Achievement (Contingent Reward)	3.33	0.44
Monitors Mistakes (Management-by-Exception: Active)	2.81	0.66
Avoidant Passive		
Fights Fires (Management-by-Exception: Passive)	0.64	0.43
Avoids Involvement (Laissez-Faire)	0.52	0.61
Outcomes Of Leadership		
Generates Extra Effort	2.95	0.44
Is Productive	3.44	0.41
Generates Satisfaction	3.45	0.43

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Participants mean score showed that Transformational leadership style was rated as the highest (3.24), followed by transactional (3.07). Idealized influence (behavior) with integrity was the dominant style adopted by medical educationists which falls under transformational leadership. Comparison of males and females showed 'Individualized influence (behavior)' (Mean =3.3) the most dominant leadership style among males, while 'Encourages others' Inspirational motivation (Mean =3.34) was the dominant style among females.

Trust, integrity, and coaching styles are considered the most active and effective. The passive avoidant leadership styles have been regarded as the most ineffective form of leadership. Falling in between the two extremes of effective / ineffective and active /passive is transactional leadership styles which is reward based.

Discussion

The purpose of this study was to explore the Leadership styles of medical educationists and challenges faced during curricular reforms Leadership style of successful educational leaders can help future change agents in identifying the successful leadership practices and improve their leadership skills.[12]

The predominant leadership style of medical educationists came out to be Transformative leadership. It is the leadership style as perceived by the participants now which depends on the circumstances, although it came out to be transformative leadership style, but it may not be the only style they used during their journey of reform. Empirical evidence shows that transformative leadership is regarded as the most effective style in bringing change in an institute.[13,14] Yukl argued lack of evidence of situational and contextual factors on the effectiveness of transformative leadership.[15] Furthermore, Hamstra, Yperen, Wisse, and Sassenberg (2011) studied transformational leadership and follower commitment and concluded that this area requires further exploration.[16] During the planning phase when the idea is still in the initial stage, the faculty has to be convinced and motivated to adopt a new strategy, transformative leadership is regarded as the most effective. There is scarce evidence available in literature regarding role of gender in transformational leadership. In our study Males and females did show slight differences. Males showed higher scores for 'Individualized influence (behavior)' (Mean =3.3) while females scores showed an inclination towards 'Encourages others' Inspirational motivation (Mean =3.34). Individualized influence is a behavior characteristic which shows high consideration for its followers and is dependent on two-way communication. Moreover, different leadership sub-strategies that were adopted by female and male participants were identified. Female participants demonstrated collaborative techniques in contrast more male members opted for harsher measures when the need arose. Most of the strategies adopted were collaborative so broadly they also fall under

transformative styles. According to Bass female leaders demonstrate transformational behaviors as compared to males but leadership styles depend not only on personal traits, personal beliefs and values but also on the environment and surrounding 17, 18 all these factors help shape leadership styles. Organizational cultures also encourage certain leadership style and discourage others. Participants in the study pointed out that communication skills, collaboration were the most important assets in the journey of curricular change.

Limitations of Study is leadership measure. Multi leadership questionnaire self-form was used which describes the leadership style of the individual as perceived by themselves.

Another limitation of this study is that this was the leadership styles of the participants at present. We did not have the leadership styles of any participants when they were in the early phases of their journey. Since we first identified the institutes where successful reforms in medical education had taken place the sample size of medical educational was restricted.

Future work: It is recommended that this could have been more interesting to measure the leadership style of a large sample of medical education leaders.

Conclusion

Medical educationists leading the curricular reforms faced many ups and downs during their journey of Educational Reforms. Curricular reforms are challenging and not a single leadership style or strategy can be labeled as successful for which they have to navigate their leadership styles according to the needs. The predominant leadership style identified is Transformational. Other leadership traits identified in change leaders are, Transactional leadership (Rewards Achievement) which monitors deviations and mistakes (Management by Exception Active) with a mean score of 2.81, and passive Avoidant behaviors are practiced the least with mean frequencies less than 1.

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