

THE  
PROFESSIONAL  
ASSOCIATION  
STRENGTHENING  
PROJECT

**MODULE 6**

**The Effect  
of Successful  
Leadership by  
Professional  
Associations**

***survive* & *thrive***

professional associations, private sector and global health scholars  
saving mothers, newborns and children

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### Where to find the complete the Professional Association Strengthening manual:

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# The Effect of Successful Leadership by Professional Associations

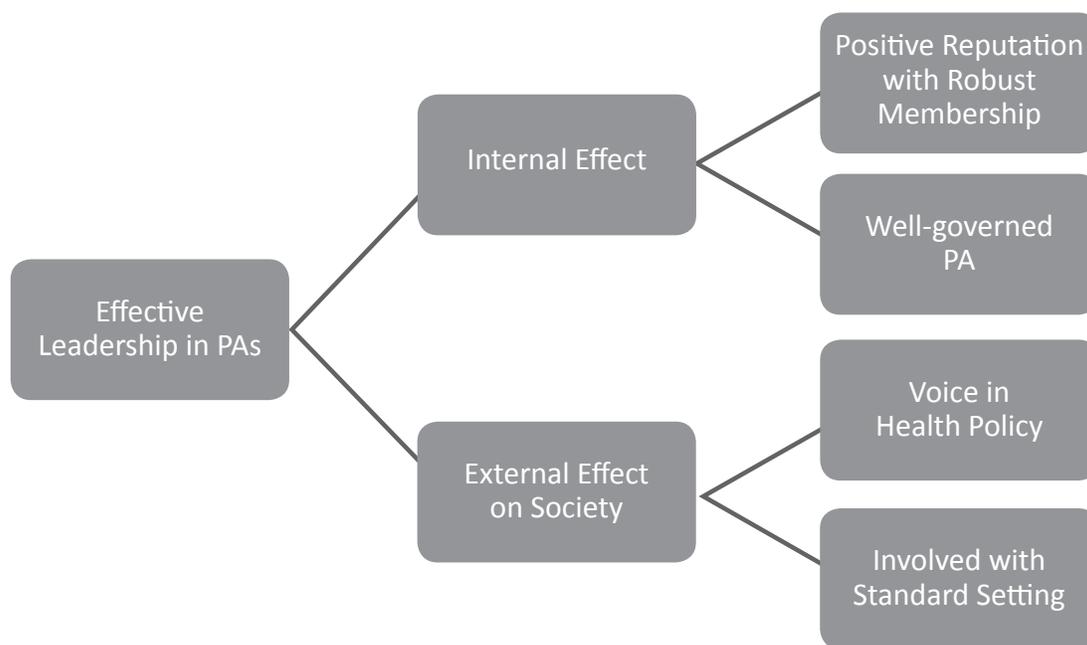
Leadership can be consciously developed by professional associations (PAs) for a two-fold effect: direct benefit to the functioning of the PA and a positive effect on the profession (Figure 1).

## Internal Effects of Successful Leadership

The effect of successful leadership within the PA will manifest itself with smooth operations, orderly processes, engagement of members, and a positive reputation for the PA. This positive reputation will become known and will drive membership upward. The many aspects of effective governance and functions of a PA are discussed in Modules 4 and 5.

Every few years the board of the PA should discuss the appropriate level of qualifications and skills of board and committee members. The association may have a leadership gap. Based on the strategic priorities of the association, the board may decide to seek new leadership with a targeted list of skills, experiences, and traits. For example, there might be a plan to better balance membership on the board from different regions of the country, or to add board members with certain types of expertise, or to attract board members with different attributes such as ethnicity, gender, or religion. Depending on the governance model and by-laws, a nominating committee may engage in this process, or current board members may cultivate potential candidates for elected leadership.

Figure 1. Impact of Effective Leadership by a Professional Association



Source: Kate McHugh, American College of Nurse-Midwives, Senior Technical Advisor

The association should have a clear record of the start and end service dates of current members and the potential for renewal. Associations should prohibit unlimited terms of office for the executive committee of the board. Some associations actively groom members for future service as committee chairs or board members through appointments as assistant committee chairs or leaders of special task forces or projects.

To ensure global representation among its leadership, Sigma Theta Tau International created a Leadership Succession Committee to engage emerging leaders and groom them for elected roles in the organization. [www.nursingsociety.org/why-stti/about-stti/stti-leadership-succession](http://www.nursingsociety.org/why-stti/about-stti/stti-leadership-succession)

The development of a pattern of effective leadership occurs over time and is the result of leadership efforts by many members of the Executive Board. Leadership within an associate should always be a team effort and not a cult of personality. Respecting the terms of office and holding timely elections with an orderly transition between leaders are markers of effective leadership and governance. Later in this module we will discuss a deliberate effort to develop new leadership as an important activity of a PA.

## External Effects of Successful Leadership

The leadership exerted by a strong PA will also have a powerful external effect. Chamberlain and colleagues noted that professional associations contribute to training, advocacy, and lobbying for health related causes and increased public awareness of certain health care issues (Figure 2).<sup>1</sup> This shaping of the public consciousness may lead to policy changes by the government that can help reduce rates of preventable disease or mortality.

Over time, a PA focused on external effects might gain a seat at national meetings with government agencies or the Ministry of Health. It is believed that this presence can have a strong indirect effect on quality of care and the regulation and education of members of the profession.

The external leadership efforts of a PA can have many

positive results, and a PA can adopt a number of strategies to establish and enhance its external presence (Table 1). One is to interact and plan with other health PAs so that a collective voice is heard by the government. This was noted as a posi-

**Table 1.** Methods Used By Leaders to Increase the External Impact of a Professional Association

<ul style="list-style-type: none"> <li>■ Meet regularly with elected leaders of other healthcare PAs.</li> </ul>
<ul style="list-style-type: none"> <li>■ Request to have a representative from the PA on committees and task forces of the government.</li> </ul>
<ul style="list-style-type: none"> <li>■ Have a representative from the PA attend the conferences of other associations.</li> </ul>
<ul style="list-style-type: none"> <li>■ Request an invitation to meetings of the boards of directors of other associations.</li> </ul>
<ul style="list-style-type: none"> <li>■ Ask certain members of the PA to become official representatives to non-government organizations or foundations.</li> </ul>

*Note.* Require that the representative give short reports to the Board of Directors about their activities on behalf of the PA.

tive outcome of regional workshops held as part of activities of the Partnership for Maternal, Newborn and Child Health.<sup>2</sup>

This type of workshop may have other positive benefits, including an increased capacity of the PA to organize and coordinate activities and become more involved in program and policy development.<sup>3</sup> PAs can also have members appointed to commissions, organizations, and committees of the government or boards of other associations.<sup>4</sup>

***Where there is unity there is always victory.***  
– Publilius Syrus

Meeting with the leaders of other PAs on a regular basis continues interprofessional dialogue in a purposeful way and leads to increased understanding and harmony between professions. Even if differences remain, it is very important for the dialogue to continue. In some cases there may be myths or misunderstandings about the scope of practice or

the education/training of other professionals. The dialogue among the leaders may lead to a better understanding of the stressors that affect frontline clinicians.<sup>5</sup> This type of dialogue can ensure accurate information, reduce tension, and lead to strategic discussions about common solutions. Researchers found that when multiple associations collaborate before sending a message to the government, the message is more effective.<sup>6</sup>

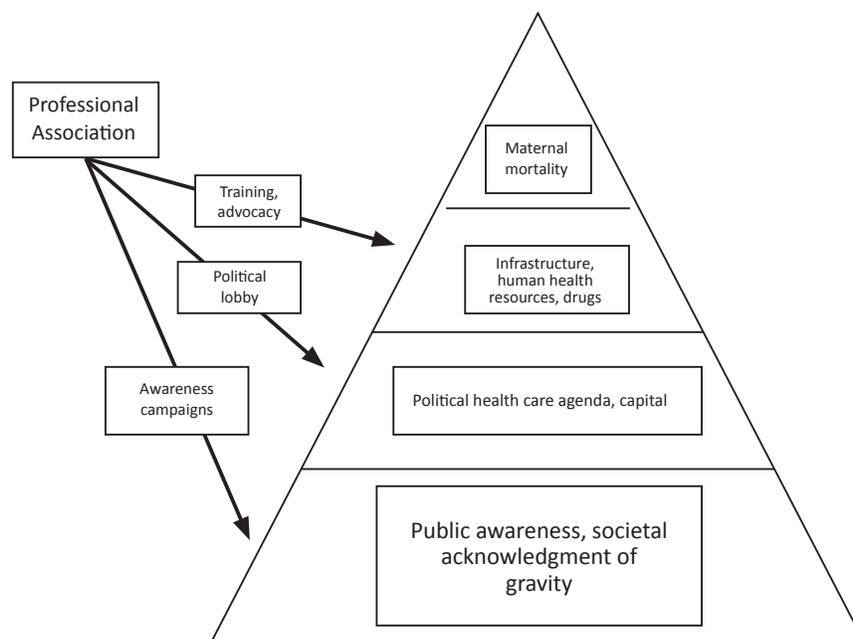
Outcomes of the discussion that occurs between associations should be communicated to the members, and text messaging and social media are very effective strategies.<sup>7</sup> Effective leaders communicate their efforts and do not hold them as secrets. Communication strategies are discussed in Module 7: Visibility and Communication.

The American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists recognized the need for better communication and working relationships. This message was presented to the members of both associations in the 2011 Joint Statement of Practice Relations between Obstetrician-Gynecologists and Certified Nurse-Midwives/Certified Midwives.<sup>8</sup>

Professional associations can exert considerable influence on health policy through advocacy efforts on chosen topics. However, a PA may feel that a labeling an effort as advocacy can be counterproductive within its society or political system. In such a case, the effort may be referred to as use of influence.<sup>5</sup> A PA is most effective when it takes positions that benefit the populations it serves, has a clear goal(s), uses simple (not medical) language, and has clearly identified targets for advocacy messages.<sup>5</sup> The focus on the needs of the population rather than the needs of the PA increases the likelihood that the message will be heard. Creating campaigns to increase the visibility of the profession and its health care messages are discussed in Module 7.

The elected leadership of a PA may decide to maximize the external effect of individual members by providing them with new skills. A PA might sponsor workshops related to improving pre-service education, developing advocacy messages, writing grants, or developing quality improvement initiatives.<sup>9</sup> In this case, the PA improves the skill set of its members, who then exercise leadership in the workplace. Associations might seek external support from a donor for these types of workshops. This is discussed below.

**Figure 2.** Potential points of impact for a professional association on maternal mortality.



Source: Chamberlain J, McDonagh R, Lalonde A, Arulkumaran S. The role of professional associations in reducing maternal mortality worldwide. *Int J Gynaecol Obstet.* 2003;83(1):94-102. Used with permission from the International Federation of Gynecology and Obstetrics.

## External Effect of Individual Members of a PA

Members of a PA can have a powerful effect in their places of work. Since membership in a PA is a choice and costs money, it is likely that those who join are highly committed members of the profession. Membership in a PA reinforces a strong collective identity for each individual member. Many members of a PA are employed in health care facilities, schools, and universities. In each of these places they may exercise their influence and provide leadership that elevates the reputation and quality of the entire profession. These efforts, when added together, affect the leadership of a health care system.

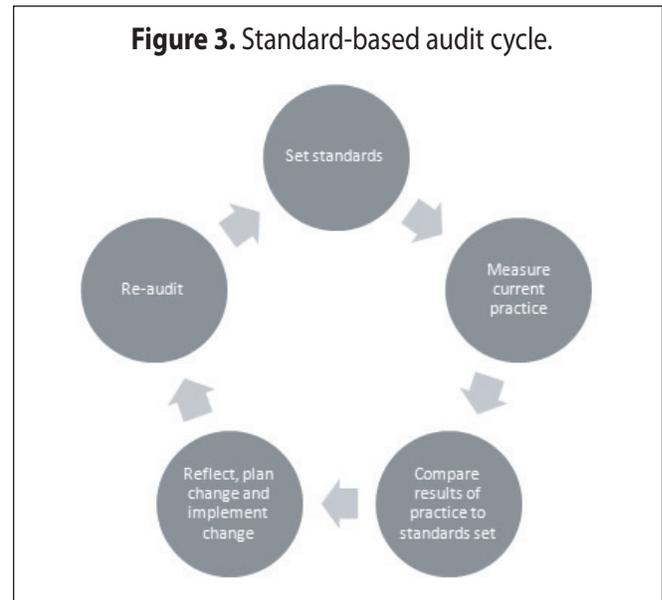
One of the most powerful types of external leadership relates to quality improvement. Members of a PA are frequently vocal about the need to improve quality of care through more robust pre-service education, continuing professional development, and changes within the health care system to provide adequate human resources and equipment. As individuals, they may influence committees of universities, government regulatory bodies, or Ministries of Health by suggesting changes that benefit all members of the profession and the populations served.

### External Leadership Efforts by Individual Members of a PA

- Upgrade quality of pre-service curricula through membership on a university curriculum committee or governing body such as the Nurses and Midwives Council.
- Offer to teach a workshop to increase clinical skills of other health care providers.
- Serve on a quality improvement committee of a hospital or health centre.

In their clinical roles, members of a PA are uniquely positioned to analyze and critique quality of care. They have a deep knowledge of the components of the health care system that influence quality: structure, processes,

**Figure 3.** Standard-based audit cycle.



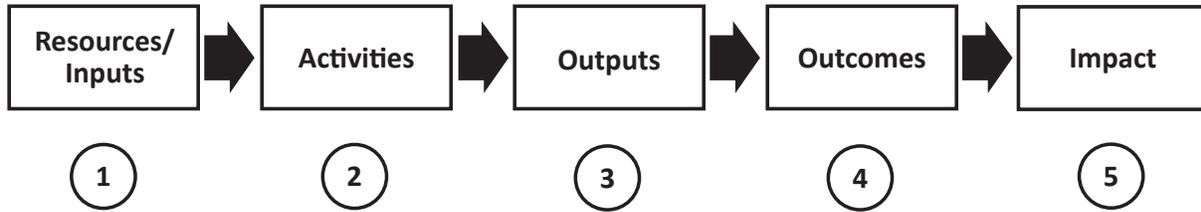
and outcomes. Therefore, active engagement of clinicians is critical to increasing quality.<sup>10</sup> At the facility level, individual PA members can serve as internal champions of change to help develop cultures of change. They can push for audit frameworks based on global standards for practice, drive analysis of outcomes at their facilities, and work for improvement (Figure 3). This internal ownership at the facility level has been shown to correlate with better results in quality improvement efforts.<sup>11</sup>

Individual members of a PA can lead efforts to improve care at the facility level through increased training, increased teamwork with other professions, and use of simple models to track and measure success. A tool such as a logic model (Figure 4) can be used by individual PA members and coworkers to identify a clinical problem, create an improvement plan that includes use of resources (human and other), create measurable outputs, and change outcomes over time (short-, medium-, and long-term).

## Traits and Styles of Effective Leaders

In this module we have discussed the various ways that PAs and their members affect leadership. But what about the individuals themselves? What types of individuals are the most effective leaders of associations? What are their characteristics? Can a PA develop leaders?

**Figure 4.** Components of a LOGIC Model



**The Right Mix**

Psychologists and social scientists have spent a considerable amount of time researching the combination of personal qualities that result in effective leaders. Numerous research studies support that the most effective leaders have a combination of 3 qualities: emotional competence, interpersonal skills, and communications skills.<sup>12,13</sup>

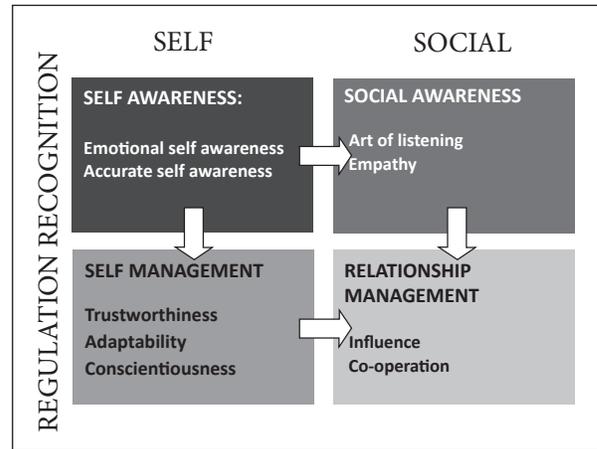
Emotional competence is sometimes called emotional intelligence (EI) to compare it to traditional aspects of intellect measured by tests like the intelligence quotient test. It has been researched by many, and some authors have specifically focused on leadership and EI.<sup>14-16</sup> Emotional intelligence is characterized by high levels of awareness of self and an ability to regulate one’s own behavior in a way that is helpful to the group. As such, persons with high EI are able to cope with the normal conflict that comes with leadership roles.

The most powerful combination of factors that predicts leader success is a combination of

1. Self-awareness by the leader of his/her own moods, including the effect of those moods on others.
2. Self-regulation of destructive or negative thoughts and emotions.
3. Self-motivation shown as a passion for career and work.
4. Empathy: understanding others and adjusting oneself to the reactions of others.
5. Social skills that allow the leader to bridge differences with others.<sup>12,16</sup>

In thinking about succession planning or adding new members to a board, thoughtful use of the categories above is helpful. It needs to be noted, however, that very little study has been done specifically about board members of PAs or member leaders in health professions. However, these

**Figure 5.** Attributes of emotional intelligence.



Source: MBASKool. How intelligent is emotional intelligence. [www.mbaskool.com/business-articles/human-resource/1065-how-intelligent-is-emotional-intelligence-.html](http://www.mbaskool.com/business-articles/human-resource/1065-how-intelligent-is-emotional-intelligence-.html). Published November 11, 2011. Accessed May 25, 2016. Used with permission from MBASKool.

general personality analyses should be applicable.

One additional leadership theory that might pertain to leaders of PAs is Level 5 Leadership, which refers to a leader who combines personal humility with intense professional will to lead the organization or cause to greatness.<sup>17</sup> These super-leaders embody the heart and soul of the profession and become beacons to the general membership. Many physicians, nurses, and midwives can think of a Level 5 leader who had enormous influence on the profession.

**Figure 6.** The paradox of level 5 leaders.



Additional competencies are of particular use for leaders in PAs: creative thinking, oral and written communication skill, flexibility, and vision.<sup>13</sup>

### **Can a Leader be Trained?**

Effective interventions can be used to develop the leadership skills of health care professionals, including skills related to planning and organization, effective communication, public speaking, and use of social media.<sup>13</sup> Some very comprehensive support programs, such as the FIGO LOGIC Initiative,<sup>18</sup> have included leadership development as an aspect of increasing organizational capacity.

These efforts at leadership training are designed to improve skills and confidence. They will not change a leader's personality, increase empathy, or increase the attributes that are part of EI.

### **Emerging Leader Development**

A strong PA should anticipate its future need for leaders internal to the association and external to the greater world of the profession. Many times members with personal strengths and skills feel marginalized by an old guard. Members who have held leadership positions for many years have strong networks and routines of communication and may not be welcoming to new leaders.

A few associations have made deliberate efforts to identify and groom emerging leaders. This investment in the next generation can take many forms. A PA board needs to make a strategic decision about this process, how to finance it, and whether the emerging leaders self-select or are chosen in a deliberate fashion. Some of the most powerful models include sharing new knowledge, contacts, skills, and resources with the emerging leaders. Networking through

country-wide meetings or regional meetings builds leadership capacity.<sup>19</sup>

Sigma Theta Tau International's Maternal-Child Health Nurse Leadership Academy Africa selects emerging leaders to learn effective interprofessional team leadership in order to improve the quality of health care for childbearing women and children up to 5 years old.

A common and proven method of leader development involves mentorship. In a classic mentorship program, a more senior person is partnered with an emerging leader. A mentorship program can be designed to increase the diversity within a profession by grooming persons different than past leaders. There may be deliberate outreach to new leaders who have skill sets to accomplish future board priorities.<sup>13</sup> Mentorship programs may include some self-reflection in the form of written journals or directed conversations with the mentor. The mentee is given access to some of the activities of the mentor and might be allowed to attend certain committee or planning meetings or have access to more confidential information related to the PA.

The Young Midwifery Leaders program of the International Confederation of Midwives has now been translated and adapted by the Federation of Latin American Midwives for use in South America. During a 16-month process, midwife mentees complete self-directed modules that build leadership skills, complete leadership projects, and are given access to a faculty mentor.

**Figure 7.** Finding the next leaders.



Source: [www.halogensoftware.com/uploads/learn/centers-of-excellence/succession-planning/6-coe-succession-planning.png](http://www.halogensoftware.com/uploads/learn/centers-of-excellence/succession-planning/6-coe-succession-planning.png)

A PA that values leadership development creates a succession plan for itself. Healthy associations have established pools of persons with leadership characteristics to draw from for future roles in elected offices, committees, projects, and roles external to the PA.

## REFERENCES

1. Chamberlain J, McDonagh R, Lalonde A, Arulkumaran S. The role of professional associations in reducing maternal mortality worldwide. *Int J Gynaecol Obstet.* 2003;83(1):94-102
2. Rabbani F, Perveen S, Wasim S, Toure K, Nurse-Findlay S, Mobeen N. Evaluating regional workshops on strengthening the capacity of healthcare professional associations to achieve Millennium Development Goals 4 and 5. *International Journal of Gynecology & Obstetrics.* *Int J Gynaecol Obstet.* 2014;124(3):265-269. doi: 10.1016/j.ijgo.2013.08.017.
3. Partnership for Maternal, Newborn & Child Health. (2007). Joint statement: health professional groups key to reaching MDGs 4 & 5. <http://www.who.int/pmnch/events/2006/HCPjointstaterev0102207.pdf>. Published January 2007. Accessed May 11, 2016.
4. Drenkard KN. Influencing and impacting the profession through governance opportunities. *Nurs Adm Q.* 2015;39(1):38-43. doi: 10.1097/NAQ.0000000000000085.
5. Filby A, McConville F, Portela A. What prevents quality midwifery care? A systematic mapping of barriers in low and middle income countries from the provider perspective. *PLoS One.* 2016;11(5):e0153391. doi: 10.1371/journal.pone.0153391.
6. Shaw D. Advocacy: the role of health professional associations. *Int J Gynaecol Obstet.* 2014;127(Suppl 1):S43-S48. doi: 10.1016/j.ijgo.2014.08.002.
7. Chaudhary, P., Tuladhar, T. (2014). Novel ways of improving communication with members of health professional associations. *Int J Gynaecol Obstet.* 2014;127(Suppl 1):S15-S16. doi: 10.1016/j.ijgo.2014.06.005.
8. American College of Obstetricians and Gynecologists, American College of Nurse-Midwives. Joint statement of practice relations between obstetrician-gynecologists and certified nurse-midwives/certified midwives. <http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000224/ACNM.ACOG%20Joint%20Statement%203.30.11.pdf>. Published February 2011. Accessed May 25, 2016.
9. Taylor DJ. Professional leadership in obstetrics and gynecology and its contribution to Millennium Development Goal 5. *Int J Gynaecol Obstet.* 119(Suppl 1):S42-S44.
10. Raven JH, Tolhurst RJ, Tang S, van den Broek N. What is quality in maternal and neonatal health care? *Midwifery.*28(5):e676-e683.
11. Raven JH, Hofman J, Adegoke A., van den Broek N. Methodology and tools for quality improvement in maternal and newborn health care. *Int J Gynaecol Obstet.* 2011;114(1):4-9. doi: 10.1016/j.ijgo.2011.02.007.
12. Riggio RE, Lee J. Emotional and interpersonal competencies and leader development. *Hum Res Manage Rev.* 2007;17(4):418-426.
13. Patterson JB, Pointer MP. A model for preparing leaders and promoting leadership skills within professional associations. *J Rehab Admin.* 2007;31(2)101-112.
14. Goleman D. Leadership that gets results. *Harvard Bus Rev.* <https://hbr.org/2000/03/leadership-that-gets-results>. Published March-April 2000. Accessed May 25, 2016.
15. Goleman D, Boyatzis R, McKee A. *The new Leaders: Transforming the Art of Leadership into the Science of Results.* Cambridge MA: Harvard Business School Press; 2002.
16. Harrison JK, Clough MW. Characteristics of “state of the art” leaders: productive narcissism versus emotional intelligence and Level 5 capabilities. *Soc Sci J.* 2006;43(2):287-292.
17. Collins J. Level 5 leadership: the triumph of humility and fierce resolve. *Harvard Business Review.* <https://hbr.org/2005/07/level-5-leadership-the-triumph-of-humility-and-fierce-resolve>. Published July-August 2005. Accessed May 25, 2016.
18. International Federation of Gynecology and Obstetrics. FIGO LOGIC initiative. <http://www.figo.org/figo-logic-initiative>. Accessed May 25, 2016.
19. Lewis, D., Rollock, M. Marshall, M., Carr, C., Fullerton, J. (2015). Small nations, large impact: The Caribbean Regional Midwives Association. *International Journal of Childbirth,* 5 (4):180-187.