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A Bulletin devoted to promoting positive mental health, research and awareness in the field of Organisational Psychological Medicine

The Institute applies psychological medicine principles to the human elements in the work place and combines the specialties of Psychological Medicine, Administration and Management

The paradigm shift in Human Capital Management and Potential Enhancement

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# The IIOPM Bulletin
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The editors are extremely pleased to bring out the inaugural bulletin of the International Institute of Organisational Psychological Medicine (IIOPM). The IIOPM was established in Australia and USA and has now expanded globally. The main objective of the IIOPM is to enhance the potential of human capital in the organisations and intends to achieve this by preventing, identifying, and managing workplace related psychological pathologies in the human capital. The IIOPM bulletin aims to promote and exchange ideas, theories and to develop the discipline of organisational psychological medicine in diverse organisations across the globe.

‘Human capital’ refers to the collection of resources—all the knowledge, skills, abilities, talents, experience, intelligence, training, judgment, and wisdom possessed individually and collectively by individuals in an organisation. These resources are the total capacity of the people that represents a form of wealth which can be directed to accomplish the goals of the organisation. Human capital is the most important resource of an organisation and it plays a pivotal role in the success of the organisation.

The psychological health of human capital in organisations can be impacted by the workplace and beyond. Poor psychological health results in poor outcomes in terms of the performance of both an organisation and its staff. Various studies of demoralisation on the human capital of organisations have concluded that psychopathological sequelae result in the decreased efficiency and productivity of the workforce. Similarly, other studies have highlighted that embitterment in the workplace resulted in psychopathological embitterment post-traumatic stress disorder. Undoubtedly, workplace-related psychiatric pathology impacts on organisational outcomes and also results in recruitment difficulties and poor retention of staff. These in turn negatively affect the need for good talent management for increased productivity in the organisations. This has led to the initiation of the defined branch of Organisational Psychological Medicine, which includes psychiatrists, with added qualifications and experience in management and administration, who are interested and involved in analysing and researching the workplace-related psychological and psychiatric pathology.

We are delighted to highlight some of the initiatives undertaken by the institute and the future plans in the next few paragraphs.

During the last 9 months, the institute has held human capital management meetings in Mumbai, (India), Leicester (UK) and has received a tremendous response and interest from various psychiatrists, senior managers, and doctors from other specialities. The IIOPM jointly with the Maharashtra University of Health Sciences offered a training event in Organisational Psychological Medicine.
Medicine and membership certification program at Grant Medical College and JJ Hospital Mumbai, India on 27th November 2015. The training events essentially focussed on human capital management based on a psychological approach and were hugely successful. The events enabled the participants to gain insight and understanding into key issues related to the human capital management practices in organisations and learn ways to promote resilience and productivity of the workforce. The talks highlighted various steps of building a highly engaged productive workforce and the principles and emphasising the importance of giving opportunities to express oneself fully, acknowledging meaningful contributions, provide performance feedback and also offering a sense of connection and social support to individuals in the organisation. The core message of the presentations in relation to human capital management can be summed up as: ‘It is better to grow your employees and steer them into places they can learn and succeed, and want to work hard and be loyal than to have a revolving door of employees’. The workshops delivered gave practical tips and strategies to support managers and the employees to understand the need to develop the ability to nurture the inner needs of an individual along with organisational objectives and goals.

The IIOPM faculty members were also invited to contribute in the symposium at the 16th Annual National Conference of Association of Industrial Psychiatry of India, held on 28th and 29th November 2015 at the St Regis Hotel, Mumbai. Professor D’Souza talked about the paradigm shift in human capital management using a dynamic organisational psychological medicine approach. Professor Nimmagadda gave a presentation on the essential role of emotional intelligence and effective leadership in enhancing productivity in organisations. The talks were well received by more than 400 delegates who attended the conference.

The institute is working towards publishing the first text book on organisational psychological medicine and is currently undertaking the due publication process with the senior editor of the Oxford University Press in relation to this matter. The text book will provide an overview of this evolving and important discipline and will bring together the expanding research base covering the study of psychiatric and psychological pathology in the workplace and its prevention. The textbook will serve as a useful reference work for psychiatrists, psychologists, and other mental health professionals interested in the prevention and treatment of work-place-related psychopathology, as well as for senior business management and human resources professionals. It will be the only book that aims to unite the fields of management, organisational psychology and psychiatry under one umbrella with a singular aim of the improving mental health and productivity of individuals and organisations.

The institute has established active academic links with various renowned universities and organisations across the globe and continues to expand in various parts of the world. The institute has already a memorandum of understanding (MoU) with a range of academic institutions and Healthcare Universities in USA, India and Australia. The institute is in the process of reaching a memorandum of understanding with Cheswold Park Hospital, a prestigious psychiatric hospital in Doncaster, UK.

The IIOPM has been rapidly growing over the last few years and given that the full curriculum is in place, psychiatrists, other doctors and professionals with administration and organisational experience would be eligible for the membership examination commencing from next year. This would enable them to obtain a qualification and use of post nominals, i.e., MIIOIPM. The IIOPM has clear plans to regularly offer training and continuing medical education (CME) for the members of the Institute in the future.
The branch of Organisational Psychological Medicine's scope of practice expands from the diagnosis and management of work place-related psychological disorders to the added sphere of preventive psychological medicine, resilience and positive psychological medicine applied to the human capital within organisations. These include population health initiatives of developing programs that will enhance the outcomes of human capital of organisations. Thus, the discipline benefits the bottom line of both the individual and the organisation. It also broadens its horizons to encompass corporate social responsibility in this area and leadership along with the enhancement of human capital. The editors are pleased with the quality of the contributions for the bulletin on varied range of topics including burn out, stress management, leadership, organisational dynamics, human capital management by academics and clinicians from various organisations across the globe.

Finally, the editors would like to express their sincere appreciation for the great initiative and vision of Professor Russell D'Souza, Dean of the IIOPM in setting up the institute and working tirelessly in raising awareness of various aspects of the human capital management and productivity, and thank him for his work.
Greetings from the President, Royal College of Psychiatrists

Professor Russell D’Souza
Dean and Executive Director Global
The International Institute of Organisational Psychological Medicine
Australia – USA - UK

13.7.2016

Dear Russell

I send my greetings to the International Institute of Organisational Psychological Medicine on the release of the inaugural IIOPM Bulletin.

I am delighted that psychological medicine’s role in influencing the enhanced productivity of human capital of organisations is being studied and understood. The psychological potential and health of the workforce is an important component of human capital management of organisations and indeed, the community. The recognition and harnessing of the evidence based interventions in the prevention of psychopathologies and enhancing resilience of the human capital of organisations is an important component of population health initiatives. Psychological health and well-being are essential component in enhancing organisational productivity and long term success. The IIOPM is playing an important role in highlighting the enhanced care for the psychological health and well-being of the workforce and thus, increasing the productivity of the organisations.

I congratulate the IIOPM Board and editors of the IIOPM Bulletin on bringing out this important publication.

Best wishes
Simon Wessely

Professor Sir Simon Wessely
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The Scope and Nature of Organisational Psychological Medicine

Dr. Avinash De Sousa
Secretary and Associate Professor, The IIOPM, India

The International Institute of Organisational Psychological Medicine (IIOPM) was initiated in Australia and USA by psychiatrists working in this division of psychiatry, and working in collaboration with professionals involved with good organisational outcomes. These professionals include psychology, senior management and administrators. The scope and the education programs relate to the important need to achieving sustainable human capital for the organisation. These include early identification, diagnosing and managing psychopathological sequel resulting from the workplace and beyond, preventing psychopathologies resulting from workplace practices and standards. The added inclusion to the scope is the paradigm shift - the enhancing of human capital potential using holistic principals; resilience and positive psychological medicine. Thus besides principals of positive psychological medicine the added coordinated use of neurosciences, dynamic psychological and management underpinnings, cognitive medicine and spiritual philosophy in programs will offer resilience and enhancement of the potential of human capital of an organisation.

The Scope of the IIOPM

The scope includes:

a) The scientific application of the principles of Psychological Medicine, Neurosciences and Management in optimising, and

b) Synchronising the work place (Organisation) requirements with the psychological, biological and holistic needs of the human beings operating in the work place.

The Objectives of the IIOPM

- Increase the sophistication in human capital management practices by using the underpinnings of Neuroscience and Psychological medicine.
- Supporting senior management and employee understanding of the need to develop the ability to map and nurture the inner needs of the individual along with the organisations objectives and goals.
- Educating senior management on identifying, resilience building and preventing psychopathological sequel resulting from work practice in the human capital, thus protecting the bottom line of the organisation and human capital’s outcomes.
- Enhancing the health, psychological wellbeing and productivity of the human capital of organisations.
- Increase the return on investment (ROI) of the Human Capital in an organisation.
- Provide support using scientific principles for an Organisation's Corporate Social responsibility endeavours and programs.

Psychological medicine has been involved in the diagnosis, treatment, and prevention of mental illness and emotional problems. Due to their medical training, the psychiatrist understands the body’s functions and the complex relationship between emotional illness and other medical illness. Thus the psychiatrist is the mental health professional and physician best qualified to distinguish between physical and psychological causes of both psychological and physical distress.

The medical specialty of psychological medicine, utilizes research in the field of neurosciences, psychology, medicine, biology, biochemistry and pharmacology. It has hence been considered a middle ground between neurology and psychology. Unlike other physicians and neurologists, specialists in psychological medicine have added expertise, to varying extents in the use of psychotherapy and other therapeutic communication techniques.
Psychological health of Human Capital in organisations can be impacted by the work place and beyond. Poor psychological health results in poor outcomes to the bottom line of both the human capital and the organisation. The studies on demoralisation on human capital of organisations found it resulted in psychopathological sequelae. Similarly, studies in embitterment in the work-place have found it resulted in psychopathological Embitterment post-traumatic stress disorder.

Work-place related psychiatric pathology impacts on organisational outcomes, and among other issues also results in poor retention and attraction of human capital. These affect negatively the important management need of good talent management for increased production of goods and or services. This lead to the initiation of the defined branch of Organisational Psychological Medicine, which includes psychiatrists with added qualifications and experience in management and administration, who are interested and involved in researching, studying the work-place related psychological and psychiatric pathology.

This branch of psychological medicine’s scope of practice expands from the diagnosis and management of work-place related psychological disorders to added forte of preventive psychological medicine and resilience and positive psychological medicine applied to the human capital of organisations. These include population health initiatives of developing programs that will enhance the outcomes of human capital of organisations. Thus the discipline benefits the bottom line of both the individual and the organisation.

The discipline of Organisational Psychological Medicine offers neuro-scientific evidence based underpinnings and avenues for:

- Enhancing Human Potential of an organisation with the principles of positive psychiatry – Resilience and Psychological medicine.
- Preventing psychopathological sequel in the human capital of organisations resulting from the work-place - Preventive Psychological Medicine.
- Recognising and managing the psychopathological sequelae resulting from the work-place and beyond in the human capital of organisations.

**Enhancing Human Capital’s Potential of an organisation**

- Developing and organising programs with neurosciences, positive psychiatry, dynamic psychological principles, management underpinnings, quantum physics and spiritual philosophy principles used in coordination for the dynamic outcomes:
- Maximising employee potential and output impacting on organisational creativity and entrepreneurship.
- Evidence based scientific programs to enhance the use of available discretionary effort and behaviour.
- Offering programs for Total Human Capital Management and enhancing organisational citizenship behaviour.
- Use of neuroscientific based programs to enhance human capital’s sharpness in intellect, endurance and presence of mind, resulting in individual’s skills of perception, observation and expression being optimised.

**Preventing psychological pathologies in the Human Capital of an organisation**

- Programs that identify and offer prevention of the psychopathological sequelae that ensures from the work place practice in an organisation such as demoralisation, embitterment, occupation fatigue and burnout:
- Preventing the psychopathological sequelae ensures the protection of the negative impact on the personal, physical, psychological and social outcome of human capital.
- This ensures the bottom line of the organisation and the individual are protected.
- Advisory and Advocacy to Organisations leadership on programs and education that will prevent psychopathological outcomes to the human capital in organisations.
Creating and organising programs that fulfil the Corporate Social Responsibility of an organisation.

**Managing the psychopathological sequelae**

- Evidence based management Programs that identify, manage and resolve the psychopathology.
- Psychopathology education programs for management that result in early identification and minimisation of negative outcomes.
- Knowledge on the principles of rehabilitation programs – return to work place education and training programs.
- Relapse prevention and resilience programs for human capital of organisations.
**The Paradigm shift in Human Capital Management: A Dynamic Organisational Psychological Medicine Approach**

**Professor Russell D’Souza**  
Dean and Professor, The IIOPM  
Melbourne, Australia.

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**Introduction**

All Senior Executives of organisations and corporations know the importance of human capital to the successful operation of their organisation's business. For nearly every organisation the cost of the people involved in creating their products or providing their services is the largest single element of their operating costs. Equally critically, but less obvious, is the view that the Human Capital is the only fixed element of resource that can be leveraged, in increasing productivity in goods and or services.

There is an emerging need for an increased sophistication in human capital management practices for long-term organisational success. In particular the engagement of employees, optimising the use of the available discretionary effort, the individualisation of organisational relationships with employees, in achieving organisational meaning and purpose, the use of contingent reward systems and increasing amounts of communication to and from staff. These are some of the key domains of human capital management that must be viewed far more strategically than has been the case to date.

This sophisticated approach, along with other areas of strategic organisational management, has emerged as an important requirement of high performing and successful organisations. Thus we realise that Human Capital is the most important capital of an organisation. Arguably it is also complex and changeable. Human Capital is the only capital that has the ‘heart and mind’ which increases the dimensions that can be strategically managed. This dimension has the potential to impact positively and negatively on the successful management of this important capital and resource.

**Healthcare Workforce**

There has never been a more stressful time for workers in healthcare in many countries and regions. The uncertainty about funding and new funding models the demands for "doing more with less", leads to staff cuts and stresses out middle management when it comes to providing health care services and scheduling staff. The mergers and consolidations with the accompanying mandates to cut costs, and in turn validate the decision to merge or be acquired, gives every worker concern about whether their job will be there tomorrow or six months from now. So if your future is uncertain, and demoralization sets in, how can the situation be contained positively? Based on both an extensive review of the literature and clinical experience, we proposed that demoralization be recognized as a distinct psychological process in which loss of meaning and hope can potentially spoil any sense of a worthwhile life and future at the workplace (1). Demoralization is an important expression of existential distress. As a psychological state, its dimensional nature spans over a spectrum, from disheartenment at one end through despondency to despair at the other. Its importance conceptually is not only because of the suffering and loss of potential and productivity it entails, but because it can
be differentiated clinically from depression (2). While demoralization may be a harbinger of depression or a sub threshold depressive state, and indeed might also co-exist with depression, its capacity to exist separately and independently highlights the need for further empirical delineation in the work place (3). The importance of demoralisation is that it is also the harbinger of burn out and compassion fatigue syndrome. The stages that have been identified are stagnation, frustration and apathy. In surveys of work-force, at health care facilities where demoralization scores on the Demoralization index were high, there were reports by the human capital of emotional exhaustion, reduced sense of personal accomplishment or meaning in work, psychological exhaustion, decreased interactions with others (isolation), depersonalization (symptoms disconnected from real causes) and physical exhaustion.

In the health care industry and in the new public sector health management, the need for a sophisticated approach to managing the human capital and talent management has evolved to be a key factor (4). This factor in health care management is seen as a requisite, for the organisation’s successful currency, sustainability and long term vision. Attraction and retention of high quality human capital that expends its discretionary effort will predict the organisation’s successful viability.

There is now scientific understanding of the dynamic underpinnings, physical, psychological, developmental trajectory and existential requirements of human capital, that when viewed by senior executives along with the organisations strategic direction, goals and vision, can be the fit for the achieving the organisation’s global success. In health care management, this has evolved to be a key factor in quality attraction and retention of human capital. This is a requirement of the much discussed need for good ‘talent management’.

**Conventional Human Resource Management**

The conventional human resource management used the ‘Theory X’ Michigan model (Formbrun et al 1984) and Theory ‘Y’ Harvard Model (Beer et al 1985) or also the hard and soft models in Human Resource management in the British context (Hendry & Pettigrew 1990), the key distinction being whether the emphasis is placed on the ‘Human” or the ‘Resource,’ with its diametric opposing underpinning. Theory X or Hard model is based on the notions of tight strategic control and is an economic model. Theory Y, or soft model, is based on control through commitment. Models drawing on both theories, such as the one proposed by Guest with the four policy Human Resource Management goals, drawing on ‘strategic integration’ of the hard or Theory ‘X’ and ‘Commitment’ associated with soft or Theory ‘Y’ or the model proposed by Story, drawing on both models, strategic direction and Commitment used in combination, on evaluation have been found to not offer the best fit to achieve the optimum human potential and increased discretionary effort behaviour. (Truss et al 1997)

**The Paradigm Shift in Human Capital Management**

The lack of optimum currency of the conventional models of human resource management led to the new empirical based paradigm shift in human capital management. Total Human Capital management or theory ‘T’, an approach from the organisational psychological and intellectual medicine underpinnings, was developed by the International Institute of organisational psychological medicine based in Australia and USA.
This involves drawing on the sophisticated, coordinated use of neuroscience, organisational intellectual medicine, analytical psychological underpinnings, dynamic management, and spiritual philosophy. The model has been successful in the optimisation of achieving of human capital potential. This is displayed by enhanced discretionary effort and increased organisational citizenship behaviour. The achieving of the organisational mandates of professional, technical competencies, regulatory requirements, strategic direction, all part of the “External fit”, is brought into harmony with the ‘Inner fit’ of the human capital’s needs. This is achieved successfully by the creation of a dynamic synchrony with the human capital’s inner needs of psychological, developmental, transformational, inner growth, inner purpose and spiritual philosophical attributes, all part of the “Inner fit”. This holistic activation is brought on through the use of the principals of logos technique using a variety of meaning based values developed by psychological and intellectual medicine techniques and underpinnings.

Organisational Psychological Medicine Approach Outcomes

The evidence demonstrated from use of the principals of organisational psychological medicine in targeted human capital management in organisations is the ability to deliver high performing individuals and teams, increased productivity and a high retention, efficient and effective talent management strategy. These are reflected in enhanced organisational citizenship behaviours. Organisational Citizenship behaviour is linked with increased discretionary behaviour that contributes positively to overall organizational effectiveness. These will include employees holding a positive attitude towards the organisation and its values. The demonstration of support and conscientiousness towards the organisation is an important maker of an organisation’s successful viability. These result in what is termed ‘re-moralised human capital’. Human Capital that has discovered new meaning and purpose has an enhanced belief in the organisation, with a culmination of increased feelings of value. This results in the emergence of organisational team spirit, together with an awareness of the business context of the organisation. The organisational psychological medicine based Theory T model -- Total human capital management solution is the paradigm shift and breakthrough in human capital management with the organisation’s required ‘built to last’ attributes, which is a predictor of success in the long term. The identified deliverables include the successful talent management strategy and success competencies, the sustainable development of a ‘can do’ culture and the ability to utilise the full creative and innovative potential of the human capital for the organisation. The identified results include the ability for the ‘Minds and Hearts’ to be aligned with organisational goals and vision. This is a necessary requirement that has found currency for an organisation’s successful long term viability.

Conclusion

The evidence from the application of the organisational psychological medicine based Total Human Capital Management, is the achieving of inspired employees who are committed to their organisation and fascinated with the project challenges that they encounter. Then the paradigm shift in human capital management - using the organisational psychological, medicine and management underpinnings, can produce: a re-moralised work-force. Optimising the organisation’s creativity and entrepreneurship through the activated human potential is essential. Maximised human capital output through the creation of a nurturing organisational community. Ultimately the achieving of organisational excellence by inspiring inner motivation, inner transformation and inner growth has to be achieved. These have a confirmed ‘built to last’ currency for organisations.
All these impact positively on performance, benefiting the bottom line of the organisation. Experiential learning and work-shopping of activity based programs, applying the underpinnings of organisational psychological medicine in Valuing the Human Capital in Health Care, have been developed, applied and evaluated. The outcome analysis on these programs was measured in multi domains of personal, organisational, professional and educational. On all the evaluated domains there was demonstration of significant positive results and gains for stake holders.

**Further Reading and References**


What is the Impact of Emotional Intelligence (EI) on Leadership and Productivity in Organisations?

Professor Srikanth Nimmagadda
Professor of Psychological Medicine, The IIOPM
Consultant Forensic Psychiatrist and Medical Director
Cheswold Park Hospital, Doncaster, UK

Introduction

This paper offers an overview of the principles of Emotional Intelligence (EQ) and the impact of to the leadership in organisations. The article predominantly focuses on the Goleman’s interpretation of emotional intelligence and leadership styles. The early Emotional Intelligence theory was originally developed during the 1970s and 1980s by the work and writings of psychologists Howard Gardner, Peter Salovey and John Mayer.

The EQ (Emotional Intelligence) concept argues that IQ (Intelligence Quotient) is too narrow and there are wider areas of Emotional Intelligence that enable how successful a person is and how this further translates to good leadership and productivity in organisations. For example, there are many people who are not academically brilliant and yet, are socially and inter-personally inept and considered to be effective leaders in various market sectors. This paper highlights various research studies that that showed a linear link between EQ competencies on leadership and productivity.

What is Emotional intelligence (EQ)?

John Mayer and Peter Salovey, two U.S psychologists first defined the term ‘emotional intelligence’ in the 1980s as ‘the ability to perceive, integrate, to understand and reflectively manage one’s own and other people’s feelings.’

Daniel Goleman postulated emotional intelligence as the ‘capacity for recognising our own feelings and those of others, for motivating ourselves, for managing emotions well in ourselves and in our relationships.’ Goleman developed and popularised his framework in his book Emotional Intelligence which consisted of five key components: self awareness, self regulation, motivation, empathy and social skills (Goldman, D.1998a, b).

Emotional Intelligence theory has largely been influenced from numerous other branches of behavioural, emotional and communications theories, such as Transactional Analysis, Neuro-Linguistic Programming (NLP), and empathy. Emotional intelligence cannot always be learned, though it can be developed. Emotional intelligence is a complex set of skills and requires time to develop (Goleman D, 2003). Essentially, by developing the five EQ domains, a person is likely to be more productive and successful at he do, and also help others to be more productive and successful too.
What is the impact of EQ on Leadership and Productivity?

Goleman’s research looked at 181 different management competency models in over 200 organizations worldwide, and concluded that about one-third of this difference is due to technical skill and cognitive ability whilst two-thirds is due to emotional competencies. This is further confirmed by another study by Cameron and Green (2004), who also concluded that in top leadership positions, over four-fifths of the difference is due to emotional competencies. This research challenged the traditional thinking and views about effective leadership models in various organisations. Goleman argued that although technical skills and intelligence are important, they are not fully sufficient to develop truly effective leaders who are characterised by a high level of emotional intelligence. It is also shown that emotional intelligence has real impact on the outcomes, sometimes doubling and even trebling productivity and efficiency in the organisations (Cherniss et al, 2001).

The association between EQ strengths in a leader and the organization's climate is important for EQ theory. Goleman identified six styles of EQ-based leadership based on the Hay/McBer analysis of data on 3,781 executives offered insight into the role of EQ competencies in leadership effectiveness. The four leadership styles—the visionary, the affiliative, the democratic, and the coaching generally drive the climate in a positive direction. On the other hand, two other leadership styles, i.e., the coercive and the pacesetting tend to drive climate in downward direction, particularly when leaders overuse them (Goleman, 2000). The most effective leaders integrate four or more of the six styles regularly, switching to the one most appropriate in a given leadership situation.

Spencer et al (1993) carried out a study of 300 top-level executives from fifteen global companies and concluded that that six emotional competencies distinguished stars from the average: influence, team leadership, organizational awareness, self-confidence, achievement drive, and leadership.

Optimism is another emotional competence that leads to increased productivity. Seligman (1990) concluded that new salesmen at Met Life who scored high on a test of "learned optimism" sold 37 percent more life insurance in their first two years than pessimists. In another study, the search firm Egon Zehnder International analyzed 515 senior executives in Latin America, Germany, and Japan and the results were almost identical in all three cultures. It was concluded that those who were primarily strong in emotional intelligence succeeded better than those who were strongest in either relevant previous experience or IQ. Therefore, emotional intelligence was a better predictor of success than either relevant previous experience or high IQ.

McClelland (1998) reviewed the executive positions in many professions, from banking, managing, geology, sales, and health care in more than thirty different organisations. He concluded that a wide range of EQ competencies (and a narrow range of cognitive ones) distinguished top performers from average ones. Those that distinguished most powerfully were achievement drive, developing others, adaptability, influence, self-confidence, and leadership. The one cognitive competence that distinguished as strongly was analytic thinking.

Various studies in the last years have concluded that emotional intelligence is a fundamental skill and a prerequisite for good leadership in healthcare situations (Horwitz 2008). Greensboro N C (2010) pointed out that the top priority for leadership development is improving the ability to lead employees and working teams. However, this skill, along with self awareness was rated lowest of skills actually demonstrated by healthcare leaders. Recent CCL (2010) research indicated that interpersonal soft skills are rising in importance among leaders with participative management, building and mending
relationships and change management as in the previously acknowledged top rated skills, such as resourcefulness, decisiveness and ‘doing whatever it takes’.

Conclusion

Emotional intelligence (EQ) is widely known to be a key component of effective leadership. Emotional intelligence is the capacity to recognise and manage one's emotions and show empathy towards others and this is the foundation upon which organisational leadership is based. Leaders with emotional intelligence become less fearful, more courageous, and effective and will be more willing to take responsibility. Leaders with emotional intelligence are good in managing change and resolving conflict which are vital to succeed as an effective leader. Effective leaders in turn create an organisational climate that fosters superior performance.

EQ is viewed as the means of developing and enhancing individual management and leadership capabilities through an analysis of behaviour, management styles, attitudes and interpersonal skills. The process and outcomes of EQ development also contain many elements known to reduce stress for individuals and organizations, by decreasing conflict, improving relationships and understanding, and increasing stability, continuity and harmony.

EQ can be developed by reflecting on experiences, learning about oneself and practicing the behaviours. An aspiration to develop emotional intelligence is all about personal transformation and doing so enables an individual to gain new skills, knowledge, expertise, deeper understanding about themselves, greater wisdom and more importantly, broader perspective. Developing emotional intelligence requires personal commitment to long term growth. This is a journey worth taking because becoming more emotional intelligent enriches both the individual and organisation and the communities in which they work and live.

Emotional Intelligence is increasingly relevant to organizational development and developing people, because the EQ principles provide a new way to understand and assess people's behaviours, management styles, attitudes, interpersonal skills, and potential.

Further Reading and References


Introduction

The discipline of Psychological Medicine scope includes the scientific application of the principals of psychological medicine, neurosciences and management in optimizing and synchronizing the workplace (Organization) requirements and the psychological, biological and holistic needs of the human beings operating in the work-place. The discipline of Organizational Psychological Medicine offers neuro scientific evidence based underpinnings and avenues for enhancing Human Potential of an organization with positive psychiatry principals. Preventing psychological pathologies in the human capital and managing the psycho pathological sequela resulting from the work-place and beyond.

One of the greatest threats to work-place safety may be from an unexpected source: stress. Global surveys on the state of the working world show that a large proportion of people experience burnout. Indeed, burnout arguably is reaching epic proportions in many industrialized countries. Recent Gallup research, for example, showed that 2.7 million workers in Germany report feeling the effects of burnout. A 2013 survey of human resource directors in the United Kingdom found that nearly 30% reported that burnout was widespread within their organization. Evidence suggests that burnout is not merely an emotional response to long hours or a challenging job. Emerging scientific evidence shows that burnout takes a profound physical toll that cascades well beyond one’s professional live. Integrative research teams are demonstrating that burnout goes beyond the mind and is a condition that leaves its mark on the brain.

Burnout

Many of the symptoms of burnout overlap with the hallmarks of depression, including extreme fatigue, loss of passion, and intensifying cynicism and negativity. Maslach studied a trend: Workers often reported feelings of profound emotional exhaustion, negativity directed at clients and patients, and a crisis in feelings of professional competence. Much like symptoms of depression, burnout was asphyxiating people’s ambitions, idealism, and sense of worth.

At its core, burnout appears when the demands of a job outstrip a person’s ability to cope with the stress. People in careers focused on care giving — teachers, nurses, social workers, and physicians — report the most prevalent rates of burnout. Burnout ultimately extends beyond care giving careers. Over time, jobs that require too much of employees will cultivate feelings of negativity and hopelessness as people struggle to meet impossible deadlines, deal with rude customers, or cope with the emotional toll of professional caretaking.

Research indicates that other factors beyond working too hard, both individual and organizational, can be just as detrimental. For example, a comprehensive report on psychosocial stress in the workplace published by the World Health Organization identified consistent evidence that “high job demands, low control, and effort–reward imbalance are risk factors for mental and physical health
problems”. Maslach and others have developed a comprehensive model identifying six key components of the workplace environment that contribute to burnout: workload, control, reward, community, fairness, and values. Burnout emerges when one or more of these six areas are chronically mismatched between an individual and his job.

**Burnout and Neurobiology**

New research is emerging on the impact of this kind of occupational stress to the brain. Research from an integrative team of psychological scientists in Sweden provides striking evidence that workplace burnout can alter neural circuits, ultimately causing a vicious cycle of neurological dysfunction.

Research has identified differences in the amygdala — a brain structure that is critical in emotional reactions, including fear and aggression. Neuroimaging studies suggest that burnout group had relatively enlarged amygdalae, and also appeared to have significantly weaker connections between the amygdala and brain areas linked to emotional distress, specifically the anterior cingulate cortex (ACC). The more stressed an individual reported feeling, the weaker the connectivity between these brain regions appeared on the R-fMRI.

Burnout group showed weaker correlations between activity in the amygdala and the medial prefrontal cortex (mPFC), a structure involved in executive function. Weaker connections between these two brain structures could help explain why the burnout group have difficulty controlling their negative emotions.

Researcher Savic, a neurologist in the Department of Women's and Children’s Health at the Karolinska Institute, confirmed that the brains of individuals suffering from burnout don’t just function differently— their brain structure can change. Supporting the functional findings of the collaboration with Golkar, Savic found anatomical evidence that the brains of burnout patients were showing signs of chronic stress. Savic anticipated that chronic stress would be visible in brain areas involved in the modulation of stress responses — the amygdala, the ACC, and the mPFC.

Neuroimaging studies suggest that the emotional turmoil of burnout leaves a signature mark in these brain structures. The frontal cortex, a brain area essential to cognitive functioning, begins to thin as part of the normal aging process, but patients suffering from burnout showed more pronounced thinning in the mPFC compared with the controls. The normal effects of aging were more prominent in the imaging in the burnout group. Other brain structures also showed signs of wear and tear: Burnout patients appeared to have larger amygdala and shrinking in the caudate, which correlated with their perceptions of workplace stress.

The studies suggest that over activation in the amygdala leads to impaired modulation of the mPFC region, which then triggers further stimulation of the amygdala — leading to even more activation of the mPFC. As this cycle continues out of control over time, neural structures begin to show signs of wear and tear, which lead to cortical thinning as well as memory, attentional, and emotional difficulties.
Neurocognition and Burnout

Neuroscientists are beginning to understand how burnout can affect people’s cognitive functioning — disrupting creativity, problem solving, and working memory.

Pavlos Deligkaris Thessaloniki conducted a comprehensive review of the burnout literature. In 13 of the 15 studies, burnout was associated with cognitive deficits. Deligkaris et al. reported that “specifically, executive attentional and memory systems appear to suffer in association with burnout, and cognitive functioning is impaired in burned-out individuals.” Out of the seven studies that included assessments of memory, six showed an association between burnout and memory impairments.

Conclusion

Burnout impedes healthy professional growth, but emerging research shows that the chronic psychosocial stress that characterizes burnout not only impairs people’s personal and social functioning, it also can overwhelm their cognitive skills and neuroendocrine systems — eventually leading to distinctive changes in the anatomy and functioning of the brain. There is a significant cognitive, physical and social cost to burnout. Organisational psychological medicine has a role in preventing and in enhancing resilience with the scientific underpinnings, in the organisation’s human capital.

Further Reading and References

Criticality of Leadership in the development of a Learning Organisation

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Introduction

One of the constants in today’s vastly competitive organisational environment is the rapid rate of change and the predication of corporate survival on its ability to regenerate itself in ways to meet this challenge (Ahmed, 2002). Accordingly, companies that are open to new ideas and are committed to their timely strategic implementation are far more likely to survive (de Geus in Brenneman, Keys and Fulmer, 1998). Assertions such as these sustain the relevance of the development of learning organizations in the current organizational climate. Argyris (1994) has long decried the importance of the dynamism found in the learning organizations as a means to creating and sustaining competitive advantage over others. Senge (1993), moreover, points to the critical role that the leadership must play in the creation of such a model of organization, or as he conceptualizes as ‘generative learning’. Their role is pivotal in the way knowledge is produced, managed and shared across the organization (Nonaka, 1994), embedding new assumptions about how work is done and, in doing so, shifting the existing mental models (Argyris, 1994). Schein (1985) also asserts the central role of culture as a means of anchoring the new way of doing things in individual and collective behavior of an organization. The role of the leadership, thus assumes even greater importance, in creating structures through systemically derived interventions that allow for the evolution of a congruent culture (Schein, 1996; Popper & Lipshitz, 1998). Systems thinking is an integral part of the leadership paradigm as it allows for connections to be made across the organization and thereby maintaining an overarching view of the organizational terrain (Johanessen, Olaisen and Olsen, 1999).

Accordingly, the aim of this paper is to explore the role of leadership as it relates critically to the development of a learning organisation. As the area under scrutiny is extremely complex, a thorough discussion of all the pertinent issues is beyond the scope and space limitations of this paper. Accordingly, the paper will concern itself with developing a meta-perspective on the topic. This will be achieved through a brief exploration of some of the key converging concepts raised above, including generative learning, forms of knowledge, mental models, organizational culture, systems thinking and leadership. The author will then fuse these concepts into a synthesis, thereby informing the central theme of this essay. Before going any further, however, it is imperative that an attempt is made to define what is meant by the term “a learning organization”.

Learning Organisation

For the purposes of this paper, organization is seen as a collaborative effort designed to produce higher outcomes than is possible by an individual alone (Ahmed, 2002). Argyris and Schon (1978) argue that a collection of individuals only become an organisation when the individuals act for the good of the organization. A learning organization, on the other hand, is defined as “an organization
skilled at creating, acquiring, and transferring knowledge, and at modifying its behaviors to reflect new knowledge and insights” (Garvin, 1993:p.80). It is underpinned by continuous cycle of learning. What is learned in turn becomes the beginning point of a future learning opportunity. However, such learning needs to be consolidated in the fundamental structures of an organization. Whilst there are many competing models that address this issue, Senge’s (1993) postulation of the generative, or Argyris and Schon’s (1978) double-loop, organizational learning framework, is particularly relevant to the ongoing discussion. For the purposes of convenience, these terms will be used interchangeably.

**Generative and Double-loop Learning**

Argyris, (1991) argues that most organizations use the single loop, or adaptive (Senge, 1990), model of learning, which in essence deals with problems at surface level and ‘fixes’ the problem by modifying behavior, but the underlying structural issues remain unresolved and as such are prone to resurfacing in other contexts. A learning organization has to be able to learn in ways it is able challenge the assumptions that give rise to errors. Hence, Argyris (1991) argues that the double-loop, or generative (Senge, 1994), learning is preferred. It emphasizes “continuous experimentation and feedback in an ongoing examination of the very way organizations go about defining and solving problems” (Ahmed, 2002:p15). They also reflect upon previous contexts of organizational learning that may have contributed or inhibited further learning and review current practices on the basis of this insight, which Argyris and Schon (1978) call deutero-learning, which is also subsumed within the generative framework. Critical to generative learning is the way leadership infuses the different types of knowledge into the organization, firstly by identifying them and secondly by establishing structures for their dissemination (Nonaka, 1994).

**Forms of Knowledge**

Ahmed (2002) argues that there are two forms of knowledge: tacit knowledge and explicit knowledge. Explicit knowledge resides in the written or codified information, such as books. Tacit, on the other hand, is the intangibles that can only be transferred through demonstration or coaching others in certain skills. In adopting the utility of these definitions, the author acknowledges that their complexity is far greater than is explicated here. Most organizations are as able to recognize and implement explicit knowledge as they are at fixing a problem at surface level, as found in the adaptive model of learning (Nonaka, 1994). It is in the area of tacit knowledge that major problems arise. People interpret facts or explicit knowledge based on their prior knowledge, experiences and world views, which produce skills and tacit knowledge. These interactions in turn are translated into new knowledge. A basic assumption in the creation of a learning organization is the primacy of sharing tacit knowledge and new ideas. Therein, lies the paradox of the modern organization. It invests in the creation of knowledge and yet antithetical structures exist that constrain individuals from passing them on (Ahmed, 2002).

The act of and willingness to share are critical to organizational learning paradigm. It is the role of leadership to ensure that both structural and cognitive blockages are identified and are aligned with the overall organizational vision. Organizational structure refers to the formal mechanisms by which organizations coordinate the collective effort of its membership (Garvin, 1993).

Argyris (1991) argues that one of the major problems encountered by organizations in their transition to a double-loop learning model of learning is the dysfunctionality of the existing views on problem solving, or, as he calls, ‘mental models’. Leadership is shown by challenging existing mental models
and instituting new ones that are aligned with organizational goals (LeBresseur, Whissell and Ojha, 2002).

**Mental Model**

Mental model is a particular world view by which we make sense of and impose order on the external world (Morgan, 1991 & 1997). Similarly, organizations, and their constituent members too, solve problems by their construction of what that external reality is and impose their solution. Problems occur when organizations are wedded to their existing frameworks of thinking, which precludes new ways of conceptualizing solutions. Heifetz and Laurie (1997) argue, however, that a learning organization is premised on its individual members’ freed capacity to reflect on organizational practices and by contributing opposing views.

By unleashing its work-force’s cognitive potential the organization is not limited to its past methods of problem solving, which may be inappropriate to apply to the current situation. Yet this seemingly simple approach remains the main discriminating factor between those companies who have made successful transition to being a learning organization and those that have not (Argyris, 1994). Senge (1994) argues, for example, along with others (Argyris, 1994; Ruchlin; 2004; Kaser and Miles, 2001; Garvin, 1993), that key to learning is to explore and re-explore. Exploration by definition requires some level of risk-taking (Sterman, 2001). An environment where new ideas are not shared due to the fear of being blamed is not conducive to developing a generative learning organization, as it is fear, or its corollary lack of safe organizational environment and trust (Ruchlin, 2004), which leads to defensive practices at every level. Lack of trust betrays a critical cultural message from the leadership that such behaviors are not tolerated (Kaser and Miles, 2001). It is in the area of organizational culture that the most significant communication occurs about acceptable forms of behavior, and leadership is integral to its creation and maintenance. Schein (1996) argues, for example, that leadership has the real power to influence culture so that there is congruence between the explicit, or formal, and the implicit, or cultural, organizational communication.

**Organizational Culture**

Schein (1985) defines organizational culture as “basic assumptions and beliefs that are shared by members of an organization, that operate unconsciously, and that define in a basic “taken for granted” fashion an organization’s view of itself and its environment. These assumptions and beliefs are learned responses to a group’s problems of survival in its external environment and its problems of internal integration” (1985: p6). Hence, the utility of culture ultimately rests on its regenerative patterns of desired behaviors within the framework provided by commonly held views about how things get done. In discussing the mental models shared individually by employees and by organization collectively that are seen as antithetical to the goals of a learning organizations, one can argue that an organizational culture that supports respect, openness, trust and safety can anchor its principles and give rise to the maintenance of a generative learning. It is the role of leadership moreover, to erect structures that will ensure the evolution of a learning culture (Schein, 1996). However, in order to create a learning organizational culture, “leadership is required at many levels” (Ruchlin, 2004:p49) A learning organization requires all individuals demonstrating leadership in their learning and sharing this knowledge with others.

**Leadership**

Kotter (1990) argues that leadership within an organizational context is about helping organizations cope with change. In this sense everyone has to be invested in this process and have the potential to
be leaders. Whilst in its conventional sense leadership is underscored by its capacity to create grand visions “and to achieve it through the alignments of the interests of all the major stakeholders” (1990:p107); even within this perspective good leadership needs to instill ownership by inviting individuals to take responsibility and leadership in their part in creating a learning environment. Hence, in a learning organization, one needs to develop a dual definition of leadership, which paradoxically requires a change in our existing mental model or a cognitive shift in how we perceive leadership.

A leader in one interaction may need to be a follower in another in order to facilitate the learning dynamic. Hence, Banutu-Gomez (2004) contends that “leaders must teach their followers not only how to lead but also how to be a follower” (p143). To do this, moreover, the formal leadership must acknowledge their own mental model by engaging in a process of unlearning the behaviors and practices that block their own development and give rise to their ‘learning disability’. Hence, Senge (1994) contends that in order to learn we must unlearn first. Likewise, leadership must role model this behavior to others and in doing so embed new ways of interacting in formal and informal structures that support the maintenance of such culture. In order to appreciate the recursive nature of learning within and between individuals in an organization, leadership must first of all see the connection of the whole to its parts, to appreciate the complexity that is a generative organization. They have to be systemic in their thinking (Johannesen et al, 1999).

**Systems Theory**

As was stated above, an essential component of good leadership within a learning organizational culture is its ability to see the big picture, the interconnectedness of the whole. Systems theory posits that the system is greater than the sum of all its parts. That is the parts in any system exist in a perpetual state of interdependence (Morgan, 1997). Change in one will have an impact on its connected parts. Systems theory asserts that system provides feedback upon itself and is self-correcting. This is called the homeostasis. Likewise in a learning organization, as its goal becomes self-renewal in order to maintain its internal harmony through generative learning, a learning organization becomes adaptable rather than adaptive. Adaptable organizations sustain themselves through recursive relationships within its internal environment and between itself and the external drivers of change (Ahmed, 2002). Hence, the critical role of the leadership is not only to cultivate a learning leadership culture in all its constituents across the organization, but also to create the conditions for this to occur.

**Leadership and Learning Organization: A Synthesis**

In this sense leadership has a profound role to play in the development of a learning organization (Banutu-Gomez, 2004; Senge, 1997: Ruchlin, 2004; Bennet and O’Brien, 1994; Dodgson, 1993). A learning organization is characterized by its capacity to anticipate changing environmental demands (Bennet and O’Brien, 1994). This approach is founded on the theoretical framework provided by the generative learning model. In order to achieve this, however, a systemic integration must occur between the myriad parts of the organization. Chiefly, the individuals who make up the organization, but who are collectively greater than the sum of each part, must be reconceptualized as the knowledge creators and carriers. It is within the relationships that exist across all the organization that the learning organization becomes a lived experience (Bennet and O’Brien, 1994). Bennet and O’Brien (1994) posit that lived experience can only gain currency where structures are in place through organizational philosophies and collaborative interdependent work arrangements that ultimately find expression in a team approach.
Structures are critical in as much as they have the function of supporting the desired cultural shift (Bate, Khan & Pye, 2000; LeBrasseur, Whissell & Ojha, 2002). Leadership has a determining role in the types of structures that an organization should have in order to elicit the desired set of behaviours supportive of a learning culture (Kotter, 1990).

An example of one such structure may be a flatter, non-hierarchical management structure that allows a free exchange of ideas, of risk taking in expressing and exploring ideas, without the fear of reprisals. Argyris (1996) argues that organizations suffer from defensive routines due to this phenomenon, which he says gives rise to the duality between our espoused way of behaving and our actual behavior. Unless the leadership can instill a sense of trust and safety, which are the pillars of high achieving risk-taking organizations, through respectful feedback, this duality can do no more than to reinforce the existing a barrier to change (Argyris, 1996).

However, this duality can also possess a paradoxical solution to the challenge of realigning unhelpful mental models. By pointing out the difference between our espoused behavior, our goal as an organization, and our actual behavior, our current position leadership can create the necessary creative tension (Senge, 1990, 1997). Whilst this tension is necessary in having a learning organizational culture, the resultant insecurity affects the level of organizational anxiety. The role of the leadership is then not only to manage this anxiety so as not to stifle learning, but also to grasp it as a unique opportunity to role-model the new approach, that solutions to problems will be generated by the efforts of all and not from the formal authority of leadership (Doddson, 1993; Fulmer, Gibbs, & Keys, 1998).

Such scenario is achievable if people are sufficiently intrinsically motivated through shared vision, and externally through appropriate reward mechanisms. One of the greatest challenges for leadership in creating a learning organization and culture is to be aware of their own shortcomings and admitting to them. Such admission requires risk taking. If the leadership does not, but ask others to, then this leads to Argyris’ (1991) espoused versus actual values of the organization. The systemic consequence is clear. If leadership maintains the gap between its value dualities by exhibiting contradictory behaviors, the resultant effect will undermine the basic premise of a learning organization. One can infer the internal learning processes of an individual in this context and the consequences of this for the organization as a whole. The writer will attempt to illustrate this point further through the vehicle of a brief case example.

Consider a middle manager who makes a mistake in her calculations of an investment strategy. There is the consequent loss of resources to the organization. Leadership reacts to this by dismissing the manager, with the ultimate view expressed being that it was an individual mistake, a conclusion reached in the absence of a full review of its own systems and its potential role in the error. Yet the CEO announces in every meeting that the organization thrives on innovative ideas and that it is the basis of their past successes. He encourages safe risk taking to achieve higher returns and to come and see him about any organizational issues. Using the individual learning framework, the learned behaviour is that organization cannot be trusted, and that what it does and what it preaches are different. Self preservation then takes priority, which leads to defensive attitudes. This is a phenomenon often observed in such organizations (Kaser and Miles, 2001; Ruchlin, 2004). This pattern of organizational behaviour is then replicated in subsequent interactions of others. The alternative resides in the adoption of the generative model. It would have required that the leadership use the error as a learning opportunity for the individual and the system by engaging in a dialogue that was safe and was designed to produce meaningful corrective action. This would have by necessity required reflection on the operant mental models to review assumptions about how
problems are solved in a high risk-taking environment. Such an approach can reverberate in the opposite direction to the adaptive model described in the earlier version. Generative approach would have created the environmental forces for there to be structures to ensure open dialogue, but would have influenced communication in a trusting and safe, risk-taking culture. The test of success then could be observed in the mechanisms that allowed this new knowledge to be shared and enacted in everyday relationships to produce positive return on investment for all the stakeholders. In either scenario, the case illustrates the powerful role leadership plays in influencing the ultimate organizational behavior (Banutu-Gomez, 2004; Anonymous, 2005; Kotter, 1990; Senge, 1990).

Conclusion

It has been argued that leadership has a critical role in the creation and maintenance of a learning organizational culture. This role is predicated on the systemic understanding of a learning organization where the definition and practice of leadership must reflect the interdependent nature of relationships in learning organizations. Relationship is the main vehicle by which knowledge is created, shared and disseminated throughout the organization in its continuous goal of anticipating and meaningfully negotiating change in a fluid organizational climate. By communicating a unifying vision and promoting a set of values and beliefs exemplified in its culture, and erecting appropriate structures for its maintenance, leadership enhances the capacity to become a learning organization. Ultimately, learning is a natural process of exploring and being able to change, unhindered by the limitations imposed by our socially derived mental models (Argyris, 1996). Leadership’s role is thus to unleash what has been lying dormant.

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Science Can Influence Good Leadership?

Professor Jack McIntyre
Chair, Appointments Committee, The IIOPM
Professor of Psychiatry, University of Rochester, USA

Professor Russell D’Souza
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Introduction

Can you recall "those days" at work where nearly everything seems to go awry. From that traffic jam delaying your first meeting to opening an inbox full of bad news, your patience and well-being are tested more often than you would like.

For leaders, reactions to these challenges can set the tone for the rest of the work-place. Add on to this the slew of distractions we face, which are estimated to cost Australian work-places billions of dollars each year, and it's amazing we get anything done!

As an academic organisational psychiatrist and neuroscientist who studies people of all ages and walks of life, insights have been gathered over the decades that can alleviate distraction, dissatisfaction and suffering especially for people at work, including executives and leaders. It's become clear the work-place deeply shapes our wellbeing -- it's the place many of us spend the majority of our days and lives.

So how can we take insights from science to inform wellbeing in the workplace, particularly for leaders? To begin, here are three strategies for leaders to consider:

Focus and Presence

At a presentation made recently to a group of leaders, a member of the audience asked how we can avoid feeling overwhelmed by the inundation of information and data in our personal and professional lives -- a great area that we know that organisational psychological medicine and science can begin to shed light on. The reality, we answered, is that technology is neither going away nor slowing down any time soon. Information will continue to overwhelm us, likely in record amounts we've never seen before. But how we relate to it, mentally and physically, matters greatly.

For instance, the moment you feel your phones vibrate inside your pockets, your impulse often drives you to take it out immediately and to interrupt the task at hand. Of course, this may be necessary if you're waiting to hear from someone or are on call; however, for the vast majority of people that are especially at work, research shows it can take people up to 23 minutes to rebound from distractions - for the person to truly dive back into what he or she was originally focused on.
From evidence from neuroscience research, we know that simple exercises such as mindfulness, meditation and focusing on the breath can increase focus and strengthen connections in the brain related to executive function of the frontal cortex and goal-directed behaviour. We also know that multitasking is a myth, so closing your email and silencing notifications while dedicating yourself to the task at hand will pay off, and can enable you to be more focused and to think more clearly about important decisions for you and your team.

**Listening**

The most common challenge we hear about from organisations participating in the Institute’s workplace curriculum is how leaders -- and any employee for that matter -- can be physically present, but mentally absent from the conversation or task at hand. This is called ‘presenteeism’ and has recently been identified to cost billions to the US and Australian Workplace. This can be especially dangerous for leaders, who set the tone for interactions and group gatherings.

If leaders are bent over their smart phones rather than paying attention to an employee presenting in front of them, how can they possibly make the most informed decision about the topic being discussed? How can they expect their teams to feel heard or valued? But even less overt forms of distraction, such as seeming to pay attention, but having your mind on the next meeting, will be felt by those around you.

Being truly present -- feeling yourself in your seat, noticing your breath, being aware of emotions as they arise and focusing on listening and the body cues of those around you -- can improve quality interactions in the workplace.

We would argue to take this a step further and consider not only listening, but listening with compassion. We're just beginning to understand how the brain works, but there's early evidence suggesting that you can train yourself to become more compassionate, and that such training alters activity in the brain and your ability to behave altruistically toward others. This centres around an idea that everyone shares the wish to be happy and avoid suffering. We've seen compassionate leaders in action, and there's a noticeable difference in how members of their teams engage with one another.

**Emotionally-Balanced Decision Making**

At an interpersonal level, office politics and leadership dynamics can affect our stress and well-being. You're likely aware of the negative effects of stress, but stress is known to shape the brain in key areas, including the amygdala (important for negative emotions such as anger and fear) and the prefrontal cortex (influencing self-control and decision-making). When your brain is in "reactive" mode or is on the defence, your interactions with others are at risk of coming from a place related to negative emotions -- the amygdala, in the sub cortical area of your brain.

Several studies, including one from the Laboratory Wisconsin University, are beginning to unearth how these relationships work, but what we know so far points to a relationship between activation of the prefrontal cortex and emotion regulation. Creating distance between yourself and your emotions by noticing them can help with this, and can be achieved through mindful awareness and practice.
Taking time to partake in stress-reducing practices such as physical exercise, stretching, meditation and journaling (to name a few) can help create the space needed to make decisions that are not only thought through, but also respectful and coming from a place of emotional balance.

Conclusions

Many academic studies support the view that compassionate leadership in the work-place has a positive transformative effect on organizational life. Recently there has been an explosion in organizational research and literature calling attention to issues of compassion and care in organizations. Evidence reports that a compassionate leader requires self-reflection and personal transformation. Leaders who can evaluate their own strengths and weakness are better equipped to recognize and utilize the talents of others. They embrace employees as whole persons, discover human potential, create supportive teams, encourage positive engagement, and foster organizational growth and ethical membership in the community.

Further Reading and References

Stress Management – Critical Aspects

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Stress refers to the consequence of the failure of a person to respond adequately to mental, emotional or physical demands, whether actual or imagined. Stress is simply a fact of nature -- forces from the inside or outside world affecting the individual. The individual responds to stress in ways that affect the individual as well as their environment. Because of the over-abundance of stress in our modern lives, we usually think of stress as a negative experience, but from a biological point of view, stress can be a neutral, negative, or positive experience.

In general, stress is related to both external and internal factors. External factors include the physical environment, including your job, your relationships with others, your home, and all the situations, challenges, difficulties, and expectations you're confronted with on a daily basis. Internal factors determine your body's ability to respond to, and deal with, the external stress-inducing factors. Internal factors which influence your ability to handle stress include your nutritional status, overall health and fitness levels, emotional well-being, and the amount of sleep and rest you get.

Signs of stress may be cognitive, emotional, physical, or behavioral. Signs include poor judgment, a general negative outlook, excessive worrying, moodiness, irritability, agitation, inability to relax, feeling lonely, isolated or depressed, acne, aches and pains, diarrhea or constipation, nausea, dizziness, chest pain, rapid heartbeat, eating too much or not enough, sleeping too much or not enough, social withdrawal, procrastination or neglect of responsibilities, increased alcohol, nicotine or drug consumption, and nervous habits such as pacing about, nail-biting, and neck pains.

The Body’s Management Mechanism for Stress

When you perceive a threat, your nervous system responds by releasing a flood of stress hormones, including adrenaline and cortisol. These hormones rouse the body for emergency action. Physiologists define stress as how the body reacts to a stressor, real or imagined a stimulus that causes stress. Acute stressors affect an organism in the short term; chronic stressors over the longer term.

Alarm is the first stage. When the threat or stressor is identified or realized, the body's stress response is a state of alarm. During this stage, adrenaline will be produced in order to bring about the fight-or-flight response. Here a human being may either stand tall and face the stress (fight) or may run away from the stressful situation (flight). Resistance is the second stage of stress management by the body. If the stress persists, it becomes necessary to attempt some means of coping with the stress. Although the body begins to try to adapt to the strains or demands of the environment, the body cannot keep this up indefinitely, so its resources are gradually depleted.

Exhaustion is the third and final stage in the stress management model. At this point, all of the body's resources are eventually depleted and the body is unable to maintain normal function. The initial symptoms may re-appear (sweating, raised heart rate, etc.). If stage three is extended, long-term damage may result, as the body's immune system becomes exhausted and bodily functions become impaired, resulting in decompensation and damage to the physical structures and organs of the body.
This results in various stress-related disorders, like high blood pressure, heart disease, diabetes, acidity and arthritis developing in the person.

**Other Key Aspects of Stress Management**

**Time management:** Good time-management skills are critical for effective stress control. In particular, learning to prioritize tasks and avoid over-commitment are critical measures to make sure that you’re not overscheduled. Always using a calendar or planner and checking it faithfully before committing to anything is one way to develop time-management skills. You can also learn to identify time-wasting tasks by keeping a diary for a few days and noticing where you may be losing time. For example, productivity experts recommend setting aside a specific time (or multiple times) each day to check and respond to email and messages rather than being a continual slave to incoming information. Banishing procrastination is another time-management skill that can be learned or perfected.

**Anger management:** is a major part of stress management skills. Taming your tempers and urges to burst out is never easy. That’s why there are specialized clinics and psychiatrists or psychologists who can help people manage their angers and all other negative emotions. Anger is like throwing hot coal on others, the sad part is that it is our own hands that get burnt.

**Prioritizing Goals:** Prioritize goals and be realistic of targets set for yourself. It is important that we don’t feel disheartened if we can’t reach where we want, as soon as we want. Do something to inspire you and get you back on track. Success is never possible in a jiffy, it always takes a while. Just like the time tested adage, “Rome was never built in a day”.

**Own Space:** One must have some personal time aloof from family and friends, which one needs to use wisely to think and introspect in order to understand one’s own life better.

**Exercise, Nutrition and Sleep:** One must get adequate rest and sleep. Sleep is essential for the body and the brain to repair itself. One must get an average of 7-8 hours of sleep a day. One must also eat healthily, eat a lot of fruits and natural foods rather than colorful foods, cakes, pastries and fried food. One must have some form of exercise daily. It is known to release the happy hormones in our body and improves our metabolism, making us fitter and more active. Too much adrenaline in stress is not good and exercise helps in the release of happy and good hormones.

**Talking about stress:** One must always talk about stress when it rises. Take help from a senior, talk to your family members or ask a close friend for advice. You must seek help from a counselor if the stress demands so, or if you want no one close to you to know about the problem.

**Maintain a Diary:** One must keep a stress dairy or a journal to see on a day to day basis what makes one unhappy or stressed. We must also try and see if that situation can be changed. One must learn to compromise and change, being flexible to adapt rather than holding your guns and being rigid, because it won’t help.

**Money management:** Learn to manage your finances. Ask help from an expert and put your basics in place while saving for a rainy day only. It is only after doing so, that one should plan ahead and think of expenses beyond. Finances in place can really help reduce stress.
Relaxation techniques: Yoga, meditation, walks, going to movies, playing with your pet, going dancing, listening to music, watching your favorite television channel, pray, get a hobby, read. Relaxation varies from person to person and anything that helps you relax and make you happy must be pursued diligently.

No quick solutions: Avoid alcohol, smoking, drugs and tobacco. These are just temporary solutions and mood elevators that are actually addictive and harmful in the long run.

Counseling and/or health services: Visit a doctor and/or a counselor and seek help if you really think something is wrong. They will give you the best possible help and help you find solutions even when you find they aren’t any.

Laugh: You’ve heard the expression "Laughter is the best medicine." It's true. Laughter is one of the best stress-busters there is. Conjuring up a big belly laugh out of nowhere might be impossible when you're under stress, but there are ways to utilize this stress management technique. Rent a comedy or go to the theatre to see one. Flip through your cable stations until you find a sit-com and take a half hour break while you beat some stress. The internet is another place to find laughter. There are sites devoted to the joke of the day, comics, animations, and more. Check them all out. If possible, share your laughter with a friend. Double the laughter means double the stress relief.
How Important are the Leadership Theories in Healthcare Organisations?

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Introduction

Leadership is a complex multidimensional concept and has been defined in a number of different ways. In simple terms, leadership could be viewed as a process by which one person designates “what is to be done” and influences the efforts of others in order to accomplish specific purposes.

Management is about the present and it is about maintaining the status quo in organisations whereas, leadership is about the future and addresses change, values and behaviours. Yukl (2006, page 5) noted ‘there is a continuing controversy about the difference between leadership and management.’ It was articulated by Bennis and Nannus (1985, page 21) that management and leadership are linked with different types of people and added ‘managers are people who do things right and leaders are people who do the right thing’.

Various leadership theories have emerged in the 21st century and each of theories have their own relevance and applicability in the health care organisations. One of the significant factors which distinguishes successful organisation from the less successful organisation is the presence of dynamic and effective leadership (Jones et al 2000, page 10). Leadership deals with inspiring, motivating and enabling people to function at the best of their abilities to contribute in the growth of the organisation.

This article examines 2 influential leadership theories that are relevant in healthcare organisations and they include: a) Trait Approach leadership theory and b) Transformational leadership theory.

The Trait approach of Leadership

The trait approach of leadership works on the presumption that that having a leader with a certain set of traits is crucial to have effective leadership. It is the leader and the leader’s personality that are central to the leadership process. The trait approach is based on the assumption that some people are natural leaders and possess unique personal qualities (intelligence, age, experience) or personality traits (introversion, dominance) not possessed by other people. (Yukl, 2006, page 20-22). In the healthcare organisations, trait approach of leadership is still active and kicking, particularly amongst managers running NHS and independent healthcare organisations. (Thorlby R. and Maybin J, 2010). For example, it is not an uncommon scenario that a Chief Executive of a successful NHS organisation would be given responsibility for another that is being failing.
It can be argued that the trait approach is not a useful approach for training and development of leadership. For example, even if definitive traits could be identified, teaching new traits is not an easy process because traits are not easily changed. Although the trait approach does not provide a definitive set of traits, it provides direction regarding which traits are good to have if one aspires to be in a leadership position. For example, applying personality tests and other similar questionnaires, people can gain insight into whether they have certain traits deemed important for leadership, and whether they can pinpoint their strengths and weaknesses with regard to leadership. Furthermore, health care organisations can specify the characteristics or traits that are important to them for a particular position, and then use personality assessment measures to determine whether an individual fits their needs. Many health care organisations use standard personality measures such as Myers Briggs’s Type Inventory (Briggs Myers, 2000) to appoint senior managers including Consultants and these measures provide valuable information about an individual’s unique attributes for leadership and where the individual would suit best for the organisation. This is based on the presumption that selecting the right people for the right position will increase the organisational effectiveness.

**Transformational Leadership Theory**

Transformational leadership theory focuses upon the connections formed between leaders and followers. Transformational leaders motivate and inspire people, for example, by helping group members see the importance of the higher good of the task. These leaders are focused on the performance of group members but also want each person to fulfill his potential. The leaders with this style often have high ethical and moral standards and strive towards achieving their good by engaging people in the process.

Transformational leadership is relevant in today’s health environment because it focuses on inspiring people and empowering people to succeed in times of uncertainty. As the name implies, this leadership aspires to change and transform people and is concerned with emotions, values, ethics, standards and long-term goals. It also includes assessing and identifying followers’ needs and treating them as full human beings. This type of leadership involves influencing the followers to accomplish more than what is usually expected of them and often in this process incorporates charismatic and emotional leadership. Transformational leaders are often portrayed as charismatic or visionary individuals who seek to overturn the status quo and bring about radical change (Conger, A (1999), page145-179). It is also concerned with changing peoples’ values and moving them to a new vision. However, the question is who is to determine whether the new directions are good and more affirming and that the new vision is a better vision?

Transformational leadership has significant influence in the health care organisations. (Bevan, H (2005, page 19). This type of leadership is very relevant in healthcare organisations which are striving to improve the quality of patient care, effective service provision and addressing issues such as patient choice, patient satisfaction etc. Transformational leadership has a pivotal role in participating change, as followers and leaders are together in the transformation process. In healthcare organisations, an example of transformational leadership would be a Chief Executive who attempts to change his company’s corporate values to reflect a fairly high standard of fairness and justice. In the process, both the Chief Executive and the followers in the organisation may emerge with stronger and higher set of moral values.

**Conclusion**
In summary, leadership is a process whereby an individual influences a group of individuals to achieve a common goal. Leadership produces change and movement and aims towards establishing direction, aligning people and also motivating and inspiring people. Health Care Managers need leadership theories as this would enable and equip them to focus clearly on having a clear vision and thus improving quality of lives of patients & ensuring effective service provision in the context of health care organisations. In the current times of rapid change in health care services, healthcare managers need to develop understanding of the leadership theories as the leaders must possess skills & knowledge to tackle various difficult issues and deliver good outcomes. Health Care Managers need to develop better understanding about leadership processes, as it would enable them to focus not only on the short term perspectives, but also on the long term oriented goals to provide a vision and direction to the followers.

Keeping people motivated and committed in an era radical accelerating change is one of the most difficult challenges health care leaders would face in healthcare organisations. Therefore, health care managers need to be more flexible and creative in how they operate both externally and internally. The health care managers need to focus on developing a transformational leadership models that would enable tapping the full potential of each health care professional in order to create effective and successful health care organisations.

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Jones GR, George JM and Hill CWL (2000) Contemporary Management (2nd Edition), Magrohill, Boston USA.
A quantitative study of interest is that by Wellman, Perkins and Wellman (2009), assistant professors from Northwestern State University, Los Angeles. They researched the question, “What is the relationship, if any, between educational leaders’ spirituality and leadership practices?” Spirituality was defined as an ‘independent variable’, and measured by the inventory on spirituality which was developed by Rayburn and Richmond (2003).

This inventory included three subcategories, called caring for others, transcendence, and seeking goodness, truth and forgiveness. Five leadership practices were selected based on the work by Kouzes and Posner (2003). These were described as, “challenging the process, inspiring a shared vision, enabling others to act, modelling the way, and encouraging the heart”. Together these five practices were identified as the dependent variable. The data was gathered from a survey of 71 participants out of 100 randomly selected, Texan school principals (35 females and 36 males) during 2004-5. The data was analyzed using several statistical operations.

The findings yielded statistically significant relationships between spirituality, as measured on the inventory on spirituality and the five leadership practices. More specifically, the findings showed:

1. A relatively strong relationship between spirituality and modeling the way;
2. A significant relationship between spirituality and inspiring the way;
3. A strong relationship between spirituality and challenging the process;
4. A moderately strong relationship to enabling others to act;
5. A moderately strong correlation between spirituality and the leadership practice of encouraging the heart.

Furthermore, there was a stronger effect between the horizontal or interpersonal dimensions of spirituality and leadership than the transcendent dimensions.

In the discussion of the findings, the authors say, “The results of this study revealed that spirituality and good leadership practices are correlated at a very significant level for the participants in the survey”. In their concluding remarks, the authors indicate that an empowered, spiritual, scholar-practitioner might be an ideal blended form of leadership, because “spirituality is having an anchor that provides the courage to do that which is right for others in a manner that is caring, just, equitable and democratic”.

Valuing the Human Capital in Education  
(Spirituality in Education)  
Spirituality and its Relationship to key education leadership practices

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These findings are important for educational leaders. Firstly, they show an empirical link can be established between a particular construct of human spirituality and educational leadership praxis. The findings suggest that this link can be positive, and complementary alongside ‘good leadership’. Further reading revealed that the inventory developed by Rayburn and Richmond (2003) intentionally excluded religious dimensions of spirituality, which were placed under a separate list. The research does not explore the subtle, context specific ways that spirituality works within school leadership praxis, and the specific ways that teachers and their teaching might be affected. This research identified the prevalence of certain practices, but not as to why the participants practiced them. It might be the fact that spirituality can be neatly made into an ‘independent variable’ from leadership practices such as inspiring a shared vision and modeling the way.

**Key ‘take home’ points:**

In reflecting on this research by Wellman, Perkins and Wellman (2009) it is important to note that:
1. Spirituality is correlated highly “with good leadership practices”. It suggests,
2. That effective spirituality needs to go hand in hand with competent leadership.
3. How relevant does one perceive their own spirituality is to ‘modelling the way’, which was one of the leadership practices identified in this study.
4. In what ways do you intentionally blend or integrate your personal meanings of spirituality into the daily life of your educational leadership?
5. Explore keeping a weekly journal in which you record critical incidents that demonstrate your pursuit of the characteristics of spirituality mentioned in this research, such as goodness, truth and forgiveness.

**Further Reading and References**

Realizing the Human Resource of Healthcare Organisations

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Introduction

Healthcare occupations are challenging to the core, in an era of exacting standards and competing philosophies, it can often feel impossible to achieve job satisfaction. Maybe this in part is responsible for a more transient, less engaged healthcare workforce, or is it what organisations do or don’t do that makes the difference?

“The number of employees in the UK who have been in their current job for more than five years is falling – dropping from 24% in 2006 to 20% in 2007”. CIPD Recruitment, retention and turnover survey 2008.

Without doubt organisations who are the best at recruiting, retaining and developing people will continue to have strong competitive advantage and be best able to meet the needs of service users.

People are the difference – Retain, Develop and Innovate

Developing healthcare workers might not seem to be a new concept, however, in the age of regulation and revalidation; we continue to express training through autocracy “Jumping through hoops”. If our care for people should be individualised it therefore would appear intuitive, that our approach to retention and development of the workforce should be also.

Development definition

“When someone or something grows or changes and becomes more advanced”
Cambridge Advanced Learner’s Dictionary (2005)

Maintaining core skills is undeniably vital to exceptional patient care, however it is possible to identify a need to shift our thinking to include a more focused person centred development concept of:

1. Respecting
2. Caring
3. Energising
4. Nurturing individual career development
5. Maximising individuals potentials
6. Mentoring and generally looking after people in a socially inclusive way.

“Employees leave their boss not their job!”

Focus on People

During austere times, governments, organisations and individuals’ focus is rightly shifted onto productivity and efficiency matters. This article calls for a re-focus on value, working with employees to provide enhanced options around retention and the sharing of resource to meet individual patient
needs. Who knows, we may even discover efficiencies and increased productivity pursuing this alternative approach.

“The best organisations have the best employees”

The very idea of a career now makes less and less sense for most people’s working lives. (Flores and Gray 2007). However, it is now the time to re-engage the idea of career and provide more individually valued based support for employees.

Value focused organisations develop their workforce by:
1. Clarifying the expectations of all workers.
2. Ensuring leaders / managers have the right skills and time available to respond to all employee situations appropriately and effectively.
3. Creating a clear understanding of what the organization expects of its resources and how it will hold them accountable for performance, both individually and as a collective.

Creating Clinical Knowledge Diffusion Systems

Mastery of skills creates the value, and requires Care, Commitment, Courage, Communication and Considered Challenge. Within healthcare we use a multitude of systems:
- Clinical Supervision
- Management Supervision
- Reflective Practice
- Mentoring
- Coaching
- Appraisal
- Personal Development Plans
- Revalidation

all of which form part of how we achieve improved individual performance. Musicians, athletes and artists naturally look for improvement through diffusion of skills. They seek out perceived experts and try to surpass them. They analyse the minutia and replicate it themselves, therefore gaining knowledge, comprehension and understanding related to their individual needs. Jankowicz (1996) states in defining what knowledge is that:

“Knowledge itself is not an object, or indeed a process, which has existence in a particular location. Knowledge transfer makes use of bi-directional processes, including discussion and exchange by both parties involved. To the extent that mutual negotiation over meaning occurs, something new may be created in addition to the knowledge that existed previously”.

Jankowicz (1996)

Huang et al (2007) further support the notion of knowledge being the difference by identifying that:

“The competitive advantage of future enterprises will rely heavily on knowledge, and enterprise capabilities in knowledge extraction, knowledge utilization and knowledge creation.”

Effective Clinical Knowledge diffusion is about knowing yourself and how you learn, which in turn unlocks the best approaches to your own personal development.

For some that might be “the coffee and a chat” for others it could be focused, contracted and formalised supervision processes. Realising how potential is unlocked is the value based approach that retains, develops and innovates us all.

**Practically “What can we do?”**

Many ideas remain just that, “ideas”, or in turn are alternatively poorly implemented, leading to the exact opposite of the intention. This can lead to reduced morale, perceived increase to workload and workers’ desire to leave the organisation.

Therefore, if we are to achieve what Price (2008) identifies as “The central challenge for healthcare service providers is to harness the commitment, enthusiasm, skills and professional knowledge of staff to effective ends.”

What can be practically and easily applied to deliver the difference?

1. Initiate multipoint (360-degree) assessment and feedback systems to help understand how others perceive performance, convey to all that they are respected and appreciated enough to be asked for honest feedback on colleagues abilities.
2. Develop all managers and supervisors to be able to provide effective knowledge diffusion systems that provide real career improvement planning as part of annual and ongoing development plans.
3. Provide clear and consistent expectations to leaders/managers of how much time, effort and resources they should invest in staff development and support them with the tools they need to do it effectively.
4. Identify successful managers who have achieved a high degree of trust and camaraderie from their staff – analyze this success, replicate wherever possible.
5. Create a hierarchy of accountability, holding ourselves individually accountable for the performance of our teams, continually strive to develop high performing teams, through monitoring of the dynamics within the teams and the performance of individual workers in providing mentoring and training opportunities to achieve improvements.
6. Implement and reinforce knowledge diffusion systems that facilitate career growth and achieve organizational goals.

**Practical value based rewards for retention**

Successful recruitment and retention of key staff is imperative to the long-term future of any organisation, which relies heavily upon its human resources to operate. Huff (2006) identifies that, “Like many business leaders, Murphy believes that the pay-off from engaged employees is the gift that keeps on giving. The trick is finding the right kind of recognition to encourage employees to thrive at work and, for the best ones, to stick around for years.”

Through social exchange theory that involves the exchange of tangible and intangible resources governed by the norm of reciprocity (Gouldner, 1960) what are we able to do?
• Provision of long service rewards could be considered as reciprocity for length of service, in order to increase retention and decrease the resources spent on recruitment.

• Undertake Five-Year Development (Fixed Term) Plan - Junior Staff:
  o Increase in annual holiday entitlement from 25 days to 28 days
  o Increase in base salary of 15% on completing 5 years of employment
  o Award of a spot bonus in the range of 10 -15% during or at the 5 year employment based upon meeting agreed performance criteria
  o Opportunity to have a sabbatical after the 5 year employment commitment in order to participate in Charitable Project

• Longer Term, Senior Staff:
  o Award some shares
  o Award of a bonus in the range of 15-20% of base salary based upon meeting agreed performance criteria
  o Increase in annual holiday entitlement from 28 days to 30 days
  o Provide the opportunity to change employment status from full time to part time
  o Contract the experts across the networks (allowing use of experts across multiple organizations)
  o Increase flexibility of work hours
  o Improve pension
  o Life assurance increases
  o Offer flexible retirement options

It is not to suggest rewarding longevity in lieu of performance, but rather high-performers should be rewarded for their performance and longevity.

Reward opportunities can provide incentive to staff in all career phases. In order for an organization to have a competitive edge in the employee marketplace, it needs to continuously re-evaluate its reward structures. These opportunities should be built into mid-year or annual performance evaluation. Allowing managers to have appropriate reward structures available and using them effectively could be the critical difference between retaining or losing talent.

The Challenge

Retain, develop and innovate through value based development and knowledge diffusion systems. Make meaningful, motivated mentoring happen. Focus on assigning mentors who have been with an organisation for several years, are in senior roles, to employees who have been employed by the organisation for less than three years. Managers and mentors working together, interested in assisting in the career progression of junior staff and want to support investment in employee development can relate potential career goals to the business requirements and strategic intent of their organisation, leading to increased retention, improved motivation and better care for patients.
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Mindful Leadership:
Compassion, contemplation and meditation can develop effective leaders

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The highly visible corporate leadership failures of recent years have deeply shaken public confidence in business leaders. All too often these leaders have placed self-interest ahead of the well-being of their organizations. After the companies got in trouble, their leaders then refused to take responsibility for the harm caused to the people they served. The problems at British Petroleum, Hewlett-Packard, and failed Wall Street firms, along with the actions of dozens of leaders who failed in the post-Enron era, are glaring examples of these lapses in leadership.

As a result, there has been a widespread loss of trust in business and political leaders in the past decade. Reactions to these issues range from anger and despair to more generalized suspicion of institutions and their leaders. The Harvard Center for Public Leadership 2009 National Leadership Index revealed that 69% of those surveyed believe there is a leadership crisis in the U.S., with politicians, media, finance, and business leaders getting the lowest ratings. European studies report similar results.

“In the past two decades far too many leaders have been selected more for charisma than character, for style over substance, and for image rather than integrity”.

Once lost, trust is very hard to regain. The root cause of the problem rests not with having strong leaders, but in choosing the wrong leaders for the wrong reasons. In the past two decades far too many leaders have been selected more for charisma than character, for style over substance, and for image rather than integrity. If charisma, style and image are the selection criteria, why are we surprised when leaders turn out to lack character, substance and integrity?

Leadership’s lost decade

The past ten years have seen so many leadership let-downs that this period can appropriately be characterized as “Leadership’s Lost Decade.” Failed leadership led to the dot.com collapse of 2002, resulted in hundreds of leaders acknowledging accounting misstatements following the bankruptcies of Enron and WorldCom, and caused the meltdown of global financial markets in 2008 that triggered the Great Recession and the ongoing jobs crisis.

These failures, which destroyed so many strong organizations, occurred because leaders focused on short-term results and rewards, while placing their personal needs ahead of the organizations and institutions they were charged with leading.

In examining these failures, we cannot identify a single leader who failed due to lack of intelligence (IQ). On the contrary, the unsuccessful leaders we have observed in person or through their words and deeds appear to have failed due to low levels of emotional intelligence (EQ).
Many failed leaders seem to lack an awareness of themselves and their actions. Often they do not have a deep understanding of their motivations, and they have not fully accepted their crucibles – fears and failures emanating from earlier experiences, many of which date back to childhood. These characteristics often cause leaders to lose sight of their values, especially when they are under pressure to sustain their success. In other cases, leaders who lack self-awareness get seduced by success and its rewards – money, power, and recognition.

**A new generation of authentic leaders**

“Authentic leaders are genuine in their intentions and understand the purpose of their leadership is serving their customers, employees and investors, not their self-interest.”

Authentic leaders are genuine in their intentions and understand the purpose of their leadership is serving their customers, employees and investors, not their self-interest. They must practice their values consistently, balance their extrinsic and intrinsic motivations, build trustworthy relationships, and operate with high levels of personal discipline.

The emergence of a new generation of authentic leaders must happen at all levels of organizations to rebuild confidence in corporations. In the new era, leaders need to empower other people to lead, rather than controlling them through hierarchies. Leaders need to inspire those around them, giving them the confidence they need to step up to leadership challenges throughout the organization.

Being authentic also requires high levels of emotional intelligence, as described by Daniel Goleman in his book by that name. The central element of EQ is self-awareness – a deep sense of oneself and one’s impact on others. From experience most leaders struggle for many years to develop this level of self-awareness, myself included. All too often they are distracted by their desire to achieve success in the eyes of others and the recognition that comes with it.

**Developing mindfulness**

It is important to gain a deeper understanding of how people become self-aware and on examining the concept of mindfulness, which the East has developed through the practice of meditation. Mindfulness – the awareness of one’s mental processes and the understanding of how one’s mind works – offers leaders a path to address challenges and adversity in a non-judgmental, non-threatening way. It is a logical step in the process of gaining self-awareness that needs to be integrated with actual experience in leading in challenging situations and gaining awareness through feedback and group support.

“Mindfulness enables leaders to be fully present, aware of themselves and their impact on other people, and sensitive to their reactions to stressful situations.”

Mindfulness enables leaders to be fully present, aware of themselves and their impact on other people, and sensitive to their reactions to stressful situations. Leaders who are mindful tend to be more effective in understanding and relating to others, and motivating them toward shared goals.

Meditation enables people to be more aware of their circumstances, less reactive to stress, more compassionate, and better equipped to approach challenging issues in a calm, thoughtful manner. In addition to meditation, many people increase their mindfulness through prayer, introspective discussions, yoga, therapy, and reflective exercises.
New neurological research on the impact of meditation on the brain demonstrates that it can re-shape the part of the brain that impacts emotional intelligence, much more so than can be done for the hard-wired elements of the brain that determine IQ. *Driven to Lead*, 3 a new book by Harvard Professor-emeritus Paul Lawrence, discusses how the mind can be remodeled for leadership.

Lawrence starts with Charles Darwin’s original theory that “It is not the strongest species that survives, nor the most intelligent, but the most adaptive to change.” He extends this theory in what he terms “renewed Darwin” to the development of the mind’s leadership qualities. Developing clarity through reflection and mindfulness enables leaders to integrate their four drives – security, material acquisition, bonding with others, and the search for meaning – into an integrated decision-making process.

**Mindful leadership: A new way to sustain effective leadership**

To gain a deeper understanding of how meditation works, Mingyur Rinpoche explored how we could combine the notion of mindfulness meditation and authentic leadership to develop “mindful leaders.”

“Mindful leadership aims to develop self-aware and compassionate leaders by combining Western understanding of authentic leadership with Eastern wisdom about the mind, developed thousands of years ago.” Mindful leadership is a *secular* idea that enables people to sustain effective leadership throughout their lifetimes. It enables them to be fully present, aware of themselves and their impact on other people, and focused on achieving the goals of their organizations. Mindful leadership aims to develop self-aware and compassionate leaders by combining western understanding of authentic leadership with Eastern wisdom about the mind, developed from practices that have been used for thousands of years.

**Gaining self-awareness and self-compassion**

For leaders to become self-aware, they need to understand their life stories and the impact of their crucibles, and reflect on how their life stories and crucibles contribute to their motivations and their behaviors. Leaders who do not take time for introspection and reflection on their life stories, crucibles and experiences are more vulnerable to being seduced by external rewards, such as power, money, and recognition. These leaders also may feel a need to appear so perfect to others that they cannot admit vulnerabilities and acknowledge their mistakes.

In the process of becoming more self-aware, leaders learn to accept their weaknesses, failures, and vulnerabilities, just as they appreciate their strengths and successes. In so doing, they gain compassion for themselves and the ability to relate to the world around them in authentic ways. This frees them from the need to adopt pretenses to impress other people. In understanding themselves and who they are at a deeper level, people learn how to reframe their failures and negative experiences into positive growth opportunities.

Leaders with low EQ often lack compassion for themselves. Without self-compassion, it is difficult to feel compassion and empathy for others. Many people appear to be highly compassionate towards people they care about or who are close to them, but then express disdain, rejection and hostility for people whose beliefs and characteristics are different than their own. These leaders have a tendency to use or manipulate other people, particularly those with less perceived power. As a result, they are unable to establish authentic relationships that can be sustained over time.
Leaders that lack self-awareness also often lack the ability to self-regulate. Some leaders exhibit high levels of self-control and self-discipline in normal times. When they are under pressure or feel vulnerable, they revert to their worst traits, such as emotional outbursts or excessive use of power and control. Others move in the opposite direction, feeling immobilized or withdrawing, just when their leadership is needed most.

“Authentic leaders never let their organisations lose sight of a shared sense of purpose and common values.”

Leaders who develop self-awareness and self-compassion are better able to cope with high levels of stress and pressure. They maintain the capacity to empower people to perform at a very high level even under very difficult circumstances. Authentic leaders never let their organisations lose sight of a shared sense of purpose and common values. With the unity that results from this alignment and consistency, organizations are able to take on very challenging goals, overcome great difficulties and adverse circumstances, and achieve exceptional results on a sustainable basis.

The final step in gaining self-awareness requires going beyond the introspection and reflection that mindfulness meditation brings. True self-awareness - and mindful leadership - happens by gaining shared awareness through a personal support group.

Mindful leadership is emerging as a key attribute to authentic leaders. These leaders are genuine in their intentions and understand the purpose of their leadership, not their self-interest. They then must balance their extrinsic and intrinsic motivations, thus have the ability to build trustworthy relationships. These confirm the ability to operate with high levels of personal discipline.

It offers the promise of using long-established practices from the East in a secular manner to develop higher levels of self-awareness and self-compassion. In turn, the greater level of calm, clarity, and tranquility of mindful leaders will lead to more effective leadership and to developing more authentic organizations.

“Mindful leadership will help the new generation of authentic leaders to restore trust in their leadership and to build sustainable organizations known for their harmony. Its ultimate goal is to create a more harmonious and peaceful world for all to work and live in.”

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Israel’s Psychiatric Health Services - Reforms and Problems

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Introduction

Israel has had universal national health insurance since 1994. The previous system had involved medical insurance via the labor unions, and had covered about 95% of the population. The National Health law in 1994 created health maintenance organizations (HMOs) that are private, non-profit and are funded partly from general tax revenues and partly from citizen progressive fees. The HMOs were required by the initial law to cover all aspects of health care, but psychiatry was specifically excluded from implementation in the initial phase. Since 1994 there were yearly discussions between the Ministry of Health, the Ministry of Finance and various mental health professional, provider, and patient organizations about the inclusion of mental health in the national health services.

Prior to 1994 mental health services, and in particular hospitalization for serious mental disorder, was provided directly by state supported hospitals, of which there are 10, and hospital affiliated psychiatric outpatient clinics, which were spread unevenly throughout the country, and who often had long waiting lists.

Reforms and Problems

From 1994 to 2015 the difficulties in transferring mental health services into the general medical insurance program could be divided into several categories:

1. Financial concerns. The treasury felt that mental health services had an elastic demand and that service utilization might rise rapidly and endanger the financial stability of the HMOs.
2. Psychiatric hospital directors had much power as senior government employees, answering directly to the Minister of Health, and objected to becoming contractors to HMOs, who could demand that they compete in providing hospital services with new providers and accept supervision by non-psychiatric physicians and economists in the HMOs.
3. The staff of government run clinics that had been established with the birth of Israel in 1948 until 1994 tended to be psychodynamic oriented psychologists and social workers, and resisted the idea of becoming part of medical insurance, where medical concepts such as triage, evidence based therapy, and adherence to medical supervision, could all threaten their independence.

The above issues were resolved in negotiations sometime in 2013 and psychiatry officially became part of national health services in Israel on July 1, 2015. This last year has been a roller coaster of hopes and crises. Among the issues that have reached the attention of the popular press are:

1. The objection of public sector psychologists and social workers, who have been doing long term psychotherapy and maintaining long queues, to accept the need for short term and evidence based therapies and a strict limit on the length of time for waiting in public facilities in the health services.
2. A mass exodus of psychiatrists from hospital staffs to work in positions now funded in outpatient services by the general HMOs, allowing them higher income, less on-call duty and avoidance of work with the more difficult seriously mentally ill.
3. Objections by family medicine physicians to accept a larger share of the follow-up care of patients with psychiatric disorder, on the model that is used with other medical disorders such as myocardial infarction, where the hospital treatment might be done by a specialist, but the follow-up care by the family physician.

The above controversies seem often to be motivated by guild interests, professional inertia and resistance to decentralization of administrative powers by professional leaders. There has been limited visionary leadership, or willingness to accept change gracefully. The one player who seems to have a clear sense of purpose is the Ministry of Finance, who wants to keep Israel's percent of GDP spent on health to 7.5%, one of the lowest in the OECD, and which helps keep Israeli exports competitive.

In the spirit of compassion, one must note the Israeli leaders are preoccupied with so many national, political, economic and social problems (most of which are being dealt with rather successfully) that there seems to be little energy left over for creativity and courage in organization and management of health services in general and in psychiatric services in particular.
What is the role of Ethical Leadership in Organisations?

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Introduction

This article discusses the nature and role of ethical leadership by giving an overview of ethical theories and discussing why ethics is central to the leadership in organisations. The article also discusses the principles of ethical leadership and describes the unique perspectives of various leadership thinkers in this area.

Ethical Theories and Perspectives relevant to Leadership

In regard to leadership, ethics is concerned with the nature of the leaders’ behaviour, and with their virtuousness. In any decision making situation, ethical issues are either implicitly or explicitly involved. The choices leaders make and how they respond to given circumstances are informed by their ethics.

Ethical theories in relation to leadership fall under two broad domains, i.e., theories about leaders’ conduct and theories about leaders’ character. The ethical theories of conduct can be further subdivided into two kinds: theories that stress the consequences of leaders’ actions (teleological theories) and those that emphasise the duty or rules governing leader's actions (deontological theories). Consequentialistic theory states that the morally correct thing to do is that which results in the best overall outcome, irrespective of the means used to achieve those consequences. One example of consequentialist theory is Utilitarianism, first proposed by Jeremy Bentham and further established by John Stewart in the 19th century. The morally correct course of action is an action that maximises social benefits whilst minimising social costs (Schumann, 2001). The second set of theories approaches ethics from a different viewpoint, i.e., leaders’ character and these are called virtue based theories. Virtue ethics goes back centuries, i.e. to the writings of Socrates, Plato and Aristotle. Virtue ethics essentially emphasises that in assessing what is the morally right thing to do, it is not the consequences of your actions that matter, but rather the attitude (virtues) motivating your actions. (Pellagino, 1995). Virtue based theories focus on the character of leaders, and the stress qualities such as courage, honesty, fairness and fidelity (Valasquez, 1992).

In the next few paragraphs, various perspectives on ethical leadership by prominent leadership scholars related to ethics and leadership will be considered.

Robert Greenleaf (1977) offered a different perspective on ethical leadership called ‘servant leadership’. This perspective has strong altruistic ethical lower tones and emphasises that leaders
should be attentive to the concerns of their followers and shall empathise with them and should take care of them and nurture them.

James McGregor Burns (1978) offered a perspective on transformational leadership which involves attempts of leaders to move the followers to high standards of moral responsibility. Burns argued that it is important for leaders to engage themselves with the followers and help them in their personal struggle regarding conflicting values. Burns' perspective on ethical leadership essentially argues that it is the responsibility of the leader to help the followers assess their own values and needs in order to raise them to a higher level of functioning, to a level that will stress values such as liberty, justice and equality (Ciulla 1998). However, this ethical perspective on leadership has attracted criticisms. For example, how do you choose what a better set of moral values is? Nevertheless, Burns’ perspective offers a different perspective and it makes ethics a central characteristic of leadership process.

Donald Heifetz, a psychiatrist, analysed many world leaders and offered a unique approach to ethical leadership. According to Heifetz, leadership involves the use of authority to help followers deal with conflicting values that emerge in a rapidly changing work environment and social cultures. It is an ethical perspective which emphasises that it is the leaders’ duty to assist the follower in struggling with change and personal growth (Heifetz, 1994). Leaders have ethical responsibility to treat fellows with dignity and respect, i.e. as human beings with unique identities. Beauchamp and Bovie (1998) stress that ‘respectful people’ demand that a leader needs to be sensitive to his followers’ interests, needs and conscientious concerns.

Conclusion

Ethics plays a central role in the leadership process and enables leaders to establish and reinforce organisational values. The values promoted by the leader have a significant impact on the values exhibited by the organisation. As a result of this, because of their influence, leaders play a major role in establishing the ethical climate in their organisations. Ethical leaders play a key role between the stakeholders and organisational objectives. When leaders have high ethical values, it encourages the employees to work on the same level.

Leaders often have more power than followers and therefore, they have huge ethical responsibility for how they affect other people. Leaders need to engage followers to accomplish major goals and it is imperative that they treat followers and their ideas with respect and dignity. Various prominent leadership scholars have made contributions to the ethics of leadership. The research in relation to ethical leadership is still in the early stages of development and there is a strong need for further research that can advance the understanding of the role of ethics in the leadership process. This would enable the leaders and managers to better understand themselves and understand their own leadership, thus improving productivity of the organisations.

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The Leadership role in creating a Learning Organisation

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Introduction

This paper briefly explores and discusses the leadership role in organisational development specifically related to implementing the culture and behaviours of a learning organisation. The paper explores both the challenges and barriers to achieving the developments and identifies the organisational benefits through implementing the right leadership styles to achieve the learning organisation.

Culture and Environment

Pagonis (1992) highlights rigorous and systematic development is required to create a learning organisation. Culture is the predominant driving factor in achieving a learning organisation, and its successes and failures will be determined predominantly by culture. Whilst it remains poorly understood it has become clear within the literature that culture is identified as the reason why businesses succeed or fail (Thornbury 2003.) The idea of implementing a learning organisation as part of organisational development is identified as an organic development. To achieve success the change will need to travel up the organisation; Senge (1999) suggests that insights and decisions that travel down an organisation become obsolete by the time they reach the front line staff. Wilson and Beard (2014) conducted research into constructing a sustainable learning organisation. Within the key findings it was identified that a ‘bottom up’ approach had contributed to developing a learning organisation. If, as suggested, the development needs to travel up the organisation, where does the leadership within this type of organisational development and change fit in?

Challenges for the leader in initiating the development

The leader's role in developing the learning organisation requires commitment and depth of understanding, the abolishment of mental models that instil confidence and competence, a strategy to nurture ignorance and incompetence prompting real learning experiences, patience, reflection and willing are required, a new balance between outcomes, results and operations (Senge, 1999.) Promoting the learning organisation will bring challenges for the leader and it is imperative that the leader pays attention to the challenges and skilfully addresses them whilst still promoting the learning organisation positively. In reviewing the implications and challenges the leader will be presented with Tichy and Sherman (1993) identifying that the leader will need to effectively express the vision and get ‘buy in’. This particular task will prove initially challenging to the leader as the proposed change needs ‘buy in’ from the team and the organisation. To ensure that the leader is able to achieve the ‘buy in’, the benefits of a learning organisation will need to be communicated across the organisation, identifying the benefits for individual members, the senior management team in terms of performance and the organisation as a whole (Marshall et al 2009.) To achieve success the leader will need to be able to effectively communicate how the change will take place and what the initial implications will be in implementing the change, but more importantly the benefits of the change. Bennis and Nanus
(1985) developed the idea that during change the leader must have the capacity to communicate the idea. The education process can then be repeated throughout the team, becoming another shared responsibility implementing operation through consensus rather than authority (Senge 1999).

**Leadership styles required to encourage development**

The leader will need to evaluate their role and what their role will be within the new learning organisation (Senge 1999.) In evaluating the leader role, the style of leadership most appropriate to leading the change will need to be adopted or enhanced, dependent on the type or style of leadership the leader already uses within their practice. Transformational leadership supports the development of learning organisations within the works of Johnson (2002). Transformational leadership is described as being the leadership that raises both the leader and the follower to higher levels of morality and motivation, the transformational leader has the ability to change the organisation. The proposed change is one of transformational change and the transformational leader has the correct traits and skills and intention to transform the change into reality. Tichy and Devanna (1986) offer the concept that a transformational leader is able to recognise the need for change, create the vision and effectively communicate that vision, and finally enlist the organisation and its members in the change process. In selecting a supportive leadership style, servant leadership also holds qualities which would allow the proposed change success. By implementing the theory of leadership being the process of influence, the team becomes involved from the initial stages in the change, the leader and the team are able to participate jointly in achieving a common goal (Greenleaf 2008.) If the leader and the team are committed jointly to this goal the change has a greater chance of success. In overcoming the initial challenge of achieving buy in, the leader faces a greater challenge, the one of acceptance. It is crucial during the initial stages of the change that the leader accepts their own weaknesses and the rationale that their weaknesses will need to be compensated by other team members. Hackman (2004) offers the suggestion that developing leadership requires other members to be supported to develop their skills to supplement, compensate and complement the weaknesses of the leader. This, combined with Senge’s (1999) theory that when implementing the learning organisation there will be an initial lack of control and increase in chaos, the leader may be left feeling vulnerable during the change. However, it is worth remembering that the proposed change is visionary. It will shape the future of the team, the leader and the organisation. If successful the organisation will gain the imagination, spirit and intelligence of all its employees (Senge 1999).

**Organisational benefits**

The implications for the organisation can be referred to as organisational developments. To successfully become a learning organisation the organisation will need to have an understanding of the role of mental models and how mental models will impact on the success of the proposed change. Mental models shape how we act when issues arise. (Senge 1992) based on the works of Argyris' double loophole learning – analyses the theories and the thinking that inform the actions, it challenges and redesigns the thinking, it involves reconsidering if the first outcome is an intelligent idea, it allows the organisation to challenge the premise of a problem rather than the effectiveness of the solution (Martin 2013). By supporting the proposed change the organisation has the opportunity to ensure that double loophole learning is formally recognised and utilised collectively throughout the organisation.
Barriers to achieving success

One of the major barriers to success is the organisation’s attitude towards the success of achieving. The learning organisation achieving the ‘buy in’ is essential if the proposed change is to be successful, the leader must ensure that they have ‘buy in’ across the organisation. Morden (1997) offers the opinion that consistency, simplicity and repetition are key factors in achieving success, Redding and Catalanello (1994) suggest that learning can be achieved in pockets within an organisation; these pockets of learning can then be shared with the wider organisation. To achieve success with the proposed change there will need to be an acceptance that immediate change will not occur and that with nurturing, persistence and patience the change will occur in stages, travelling through, up and along the organisation with eventual success across the wider organisation.

Conclusion

The proposed change is visionary. Senge (1999) offers the idea that the heart leads the way because the idea may never have been implemented into practice and there is no evidence to support the eventual success. The leader needs to believe that the change is possible and provide others with the conviction that the learning organisation can be achieved.

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Finding Authentic Happiness in a Modern World

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How often have you come home from work complaining of a severe backache or a throbbing headache? How often have you felt like throwing everything out of the window and going to a quiet calm place to gain some peace? How many times have you felt sorry about various things that you have done on the spur of the moment that caused remorse and regret later? The cause of this is unknown to you and a large number of visits to various doctors have failed to alleviate your problems. It is none other than STRESS – the hidden adversary. Stress is indeed a funny emotion. It is not even an emotion, but rather a universal phenomenon that is ever increasing on an alarming scale. Stress is universal and seen worldwide, affecting people in various ways and attacking all humans irrespective of size, shape, race and colour. Stress starts right before birth when the baby starts moving in the womb and remains with us faithfully till we reach our tomb. The aim of this article is not teach you about the rights and wrongs of life, but rather to tell you about how we let stress and stressors influence our life in more ways than one. Let us now embark on a trip that shows us how stress affects us in every phase of life.

The infant – Right from birth, the infant has a lot of stresses to undergo. He is born into a large world from the dark monotony of the womb not knowing what to expect. For the first few years of his life he has to face the stress of survival. There is nothing that he can accomplish on his own. He is dependent in entirety on his guardian or his mother for his food and living. This period is equally stressful for the mother as she has to battle on one side with her household chores, her workload and her duties as an Indian wife while on the other side her baby yearns for her. Failure in either duty is faced by condemnation by various elders and superiors and thus stress begins. Stress equally affects the child at this stage when he finds that his meals are time bound. He cannot demand and achieve fulfilment. He learns to cope with his stress by smiling and sleeping for most of the day. Remember laughter and smiles kill stress. All the stress faced by a mother is nullified by one sweet smile from her baby and the baby in turn feels secure with one good hug from the mother. As the baby grows and is now walking about the place he faces another form of stress as he slowly is now taught to adjust to the norms of society. The art of toilet training is equally strenuous for both the parent and the child. The baby like all of us is possessive of what is his and refuses to part with his goods. The mother and father at this stage find this refusal hard to accept and enforce martial law on the child. So the battle of the chamber pot goes on and the finally the baby yields causing immense relief to the parent. Bringing up children is by no means an easy task and is in fact a challenge that has to be met. It is very important that in life we make heroes of our children and praise them regularly for all their good efforts, however trivial they may be. Parents are advised to stoop down to the level of their children’s mental acumen and to think and be like them when dealing with them. Be your child’s best friend. There is nothing as solid in Indian culture as the parent-child relationship. There may be pitfalls, fights and disagreements, but it is the job of the parent to make the relationship one to last for ages. Remember, blood is always thicker than water and in the end blood prevails.

The school going child – The child going to school is faced by the daunting task of staying away from his parents for a period of some hours, which had never happened all this time in his life. He was always the apple of their eye and never had they separated him from their enclosure. He now not only
has to move out to a new place, but is with a large number of other children of his kind, and under a new dictator or guardian as he may feel – his teacher. It is indeed a stress for both the parents, who have to set themselves as per the child’s timings and pull themselves out of bed early so that he is not late for school. The child may cry or refuse to go to school. It is very important to instill a sense of security in our children that we are always there for them and this is not a means to separate them. The simple way in which this can be done is to make sure that we accompany them to school and pick them up till they are accustomed to the place. The separation may at times be tough for an over protective parent and may cause stress in them. One must always remember, do not bleed when not needed for your children. Make them tough and able to handle life slowly right from an early age. Once your child comes back from school discuss his day at school using the words he uses and showing him how interested you are in his activity. Show him how proud you are of the fact that he goes to school and always teach him to respect his teachers. The child often imitates what is taught at home. Thus, at home be a friend, guide and philosopher to your child, and build a string bond that will surely pay dividends in the years to come. Once you leave the office switch off and enter a new world when you come home. Play with your children, every single day. It relieves your stress and also makes them happy. They feel secure and free with you. Learn to be a child and go down to their level. Do not try to change them to suit your needs, rather engage them and adapt yourself. Remember that all children are not the same. Never compare the growth of your children, physical or academic with others. If your child may not study or may be as brilliant as others, do not rebuke them by offering comparisons of his peers or the neighbour’s child. Comparison breeds insecurity in any walk of life and makes the child feel that he is not liked. Talk to your children and try to find out in their own language the cause of their problems. Very often some children are slow learners while others, though average in studies, may be good in sports or in art or music. It is very important that we cultivate in our children the talents that they have. It helps them to grow emotionally. While all this is happening there are a large number of examinations that are faced by the child in school. Each coming examination is like a stress for the parent and he has to see that his child is adept and ready to face the challenge. Never feel the stress about your child’s examination. You may very often find that you are spending sleepless nights while your child is happily tucked up in his bed.

The college student – this is indeed a very important phase in our lives that we have all gone through. In college the first problem that we face, after a rather gruelling school career where we were chained and restricted, is unlimited freedom. We are our own masters and there is no time bar and no-one dominating us as we had in school. For many people approaching college is a daunting task, as coming from orthodox families and unisex schools we never see so many members of the opposite sex under one roof, and here we are in one class and may even have to deal and interact with them. At this stage it is important to realize never to bother what others are thinking about you. They are often too busy worrying what you are thinking about them. Remember that you are what you are, so be it. At this point many of us get carried away with a number of vices that come our way. Keep your mind uncluttered and decongested. Then these too shall pass our way keeping us unaltered. Parents are advised not to take the stress of their sons and daughters in college. Give them the freedom that they need and the space they require. You may not like their mixing with some friends. Instead of yelling and ordering them to close the association, call upon your children, sit and talk to them telling them your views, understanding theirs and reaching a common agreement. Always speak to your children about their careers and what they desire to do in life. Never enforce your career upon them. If they want to take up your career make sure that it is the career of their choice and that they are not doing it just to please you or assure themselves of a financial backing. Remember that if you want happiness for a lifetime, learn to love what you do. Tell your children that each man is the architect of his own
fate, hence they should mould their careers and their lives as they wish and that you are always there to guide them. This not only reduces stress, but also brings about a healthy understanding between you and your children. Whenever anything may go wrong teach your children to be truthful. Always tell the truth and face the music. You will feel stress for a few minutes, but the sharper the storm the sooner it is over. Never try to remote control your children. Studies are important, and so is pleasure derived in what you do. Everyone likes to do what he likes and not what he should be doing. As for all the collegians, all I can say is realize that all you have today is due to a sincere effort put in by your parents. Remember that they may have views that are not compatible with yours as they have been brought up in a different generation. Nevertheless, respect their views as they have something that you can gain only in time, i.e. the experience of going through life. You cannot change them. Try and change yourself first. Remember, whether in college or at work there is no overnight success. Behind every success there are twenty years of creativity and enthusiasm.

**Stress at the workplace** – Once college life ends most of us get in the groove of either setting up our own business or working as a professional, self employed or for a company. It is here that that stress attacks us all the more as we have the responsibility of earning on our heads. Although cash may be trash and may be the dirtiest thing to handle as it goes through many unwashed hands, it does give you a sense of security and relieves stress. It is at work that we have to perform well, show our talents, meet deadlines and ensure profits to maintain our position in the company. Well here too much of a burden on a weak horse can cause the animal to totter and fall down. Learn to switch off when you leave work, as carrying work tension at home serves only to augment stress. Remember, never fall in love with your company. Behave as though you can be fired each day so that you can fire the company each day. It is a reciprocal arrangement. Learn to respect the opinion of others and always be open to criticism. The two main causes of stress in today’s world are greed and our huge self esteem. We do not wish to bow even though we may be wrong. A quick sorry always relieves stress faster than a letter of apology written later remembering the incident when it can be forgotten at short notice. Always be thankful and pay others compliments when needed. It helps and projects you as a better person in the company. The sweetest thing anyone can hear in any language is his own name. Try to remember the names of all the people you work with as well as the people with whom you deal. Calling them by their first name always adds that personal touch at the workplace. The largest fires in the world can be prevented by a glass of water poured at the right moment. Never get angry with your subordinates for mistakes made. It adds to your stress. For every minute you are angry you lose sixty seconds of happiness. Do not remember a small fault and never forget a small act of kindness. Before you shout always be aware of the consequences that it may have on you and your position at work. To care of all stresses ensure that you are seen in your industry. Your competitors of today may be your partners or bosses tomorrow. Do not forget that anyone can be nice to a king, but a man of focus can be nice even to a waiter. Always aim high at work so that you shall reach somewhere below it. When you reach for the stars you may not get one, but shall not come up with a handful of mud either. Remember the saying ‘If you can dream it then you can do it’. Learn to accept obstacles at every turn and overcome them. Never lose hope and have faith in yourself. The most important way to solve any problem is to begin. You do not need to maintain rigid schedules or diaries. Be sure of what is in your day ahead. Rise each morning fresh with the zest to face life to the fullest wanting to meet the new day with a radiant smile on your face. The difference between man and animals is man’s huge ability to think. While we have a large number of jobs to do there are times like when we bathe and when we shave that can be used to plan out our day ahead. It reduces a lot of stress that may ensue later. In life nothing is permanent. Karma is not an ever enduring chain. What is done today can always be undone tomorrow.
Stress in marriage – the major complaint that most people have is that with stress at work they have a family life that is absolutely hay-wire and a wife that is nagging and dominating them all the time. The wife, when asked for her story, complains of the lack of interest shown by the husband towards her and the children in general. At the outset I would like to state that although our job and work feeds us, it is a bond that is built with our children and family that remains lifelong. The human mind is always darkened with ignorance in this regard. Everybody can be great. It is important to be great in the eyes of people that matter to us rather than bothering about the people outside our homes who never really mean much to us. The key to a good marriage is two stable minds and an understanding built between them. Both you and your wife may be working, but remember small tokens to show you care about each other go a long way in life. Call up your wife if possible once or twice from work and do tell her about your day. If this is not possible it can also be done by talking about your day and sharing your experiences with her each evening. Never do all the talking, but also be a good listener. You can show you care by just asking each other every morning if there is anything that you can do for each other during the day. Always help each other to grow and be proud of what you both do for a living. Be equally interested in your children and their development. This may also help to reduce a lot of stress at the workplace, as the feeling of strong emotional security behind you always relaxes a fragile mind. As time passes our needs increase, but there is only one method to tackle stress caused by it, i.e. either we learn to live with what we have and diminish our needs or augment the means of income. Man spends 25 years of life sleeping and after eliminating various activities man has only 7 years for rest and recreation in an average Indian life span of 65 years. Learn to relax in each other's company and in the company of your children. Never be greedy about money in life. It comes and goes. Never make hasty decisions. Consider all the implications before deciding on any major decision together. Life itself is a big menu. When life offers its goodies pick up a few and pass on the rest. In life, it is quality that matters and not quantity. Remember the riches that are in the heart can never be stolen. The grand essentials in life are something to do, something to love and something to hope for.

Stress in old age – As old age sets in it brings with it a feeling of insecurity. Although financially one may be secure there are various factors that affect the old. The children are often married and staying elsewhere and their grandchildren are away from them. Their house, that was once abuzz with the hustle and bustle of life, is now like an empty nest. For the ignorant, old age is winter, and for the learned it is harvest. Remember that the old people are the pride of our society. Although one may feel that they are outdated, they have experience in life that can benefit youngsters and their own children in any walk of life. Our parents have worked to achieve what we are today. Let us not disappointment them when they need our care. As I mentioned earlier children imitate their parents. If you ridicule your parents and elders or make them stay away, it may well be your turn tomorrow. Let your children have the advantage of your parents and their values. Let your parents relive their lives in your children. Be happy and take care of them till the end of their days. Their presence never breaks a family, but rather completes it.

What I have mentioned above is not what many may think is stress management, but to me it is. Stress like charity starts within us and then goes on to become a permanent attitude. Exercise, diets are all part and parcel of a stress management program but along with that there is a general personal attitude reformation and growth of the mind that is the most important. With stress there are physical problems and so are psychological ones. There is only one person who can prevent the development of stress related problems in you. It is you and you alone who can do that. Your mind and your heart
are your best assets. Preserve and take care of them. Reform yourself and you shall find a new meaning to life. Maintain an intact self. Remember,

    Your kindness may be treated as your weakness
    STILL BE KIND
    Your help to others may go unheeded and unnoticed
    STILL BE HELPFUL
    Success shall win you false friends and true enemies
    STILL STRIVE TO SUCCEED
    Honesty and frankness shall make you vulnerable
    STILL BE FRANK AND HONEST
    The good you do today may be forgotten tomorrow
    STILL DO GOOD
    Your forthrightness may be treated as high headedness
    STILL BE FORTHRIGHT
    Virtues and values in life may mean little in today's world
    STILL BE VIRTUOUS
    Your faith in God and love for humanity may be taken up for orthodoxy and foolishness
    STILL HAVE FAITH IN GOD
    AND
    LOVE FELLOW HUMAN BEINGS.
The following nomenclature and terminology have been adapted and copyrighted by the IIOPM for use in the field of organizational psychological medicine.

**INTRASTRUCTURE**: the Mind, an immeasurable entity.
**EXPERIENTIAL PATHOLOGY**: Experiential awareness as it relates to transference phenomena (You experience life based on your earlier life experiences).
**POSITIVE INTERDEPENDENCE**: relates to peer support and teamwork.
**NEGATIVE INTERDEPENDENCE**: relates to peer conflict and team failure.
**EXTRASTRUCTURE**: includes people and the work-place environment.
**BUSINESS ALPHA**: the dominant team leader who may be male or female.
**TRUE ALPHA**: provides emotional incentives.
**FALSE ALPHA**: dominates by subjugation.
**CORPORATE RACISM**: an irrational bias towards members of the workgroup who are considered to be of lower hierarchy.
**COMPATHIC IMPLOSION**: compassion withholding ("the other does not deserve it").
**EMPATHETIC ANHEDONIA**: disinterest (don't care attitude for others' feelings).
**ENTITLEMENT TO MISERY**: "you know nothing better" (therefore, you do not deserve anything better).
**COGNITIVE CONGLOMERATE**: it is the sum of the factors influencing the "fluid" state of the mind.
**ETHICAL ACCEPTABILITY**: acceptance of our past and the here and now.
**DYNAMIC ACCEPTANCE**: template resonance, this ensures freedom from cognitive dissonance (mind discomfort).
**DYNAMIC SYNCHRONICITY**: infrastructure remodeling via self reflection.
**MINDLESSNESS**: a state of being where one is oblivious to that which has been experienced or will be experienced, with a heightened sense of being in the here and now.
**SALVAGEABILITY**: elimination or management of positive and/or negative bias.
**SPIRITUALITY**: (not religion based) it is the acceptance of the other who is in many ways (including the current predicament) different than me.
**TEMPLATE RESTRUCTURING**: a quest towards open-mindedness (taking in and giving up).
**PSYCHOLOGICAL DEBRIEFING**: the repeated filtering process that enables one to reduce the coarseness of cognitive subunits.
**PARADIGM PARALYSIS**: avoidance of hindsight bias (past experiences affecting present action).
**DUTY**: that which is expected of me.

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**Nomenclature adapted and copyrighted by the IIOPM**

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The following nomenclature and terminology have been adapted and copyrighted by the IIOPM for use in the field of organizational psychological medicine.
Organisational Dynamics and Intrastructure Management

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Key concepts related to Intrastructure Management

Mindlessness, defined as the path towards intrastructure betterment, is a state of being where one is oblivious to that which has been experienced in the past or will be experienced in the future, with a heightened sense of being in the here and now. Achieving mindlessness results in a state of static psychodynamics and enhances productivity in the workplace through the development of mindless dedication. This is an important and evolving phenomenon the understanding of which leads to enhanced productivity through intrastructure management.

In the corporate world it is always important to emphasize a top-down approach. Water, used as an analogy, the symbol of nurturance, always flows downward. Therefore, if change occurs at the top of the management chain, then this would result in profound changes at the bottom of the organisation. If the work atmosphere is seen as supportive ("My workplace is my nurturance") there is better acceptance of work related demands. When we talk about productivity, we are often referring to tangible criteria. The human machine does not answer to standard computation as it is managed by an immeasurable entity, the Mind, which may more aptly be assigned the role of the intrastructure. That is to say, 'Manage the Mind', and you manage your manpower. It may more appropriately be stated that open-door policies will not work if the internal door is closed i.e. biased.

The ‘Experiential Awareness’ in the workplace, whether it is subjugative, nutritive or oppressive, results in experiential pathology congruent with the developmental experience and associated transference phenomena. Enhancing, nurturing environments result in positive interdependency leading to peer support and teamwork. Belittling, demoralizing experiences lead to negative interdependency, peer conflict and team failure. Human capital management therefore requires awareness and reflectivity of one's behavior and longitudinal follow through with special attention to pervasive positive change. This applies to the leader and each member of the team.

The CEOs, the department heads and the team managers who are often considered to be the business Alpha must practice emotional incentiveness versus subjugation by domination. The latter is a manifestation of corporate racism which is defined as an irrational bias toward members of a workgroup who are considered to be of lower hierarchy. The negative outcome of such a bias results in compathic implosion, empathic anhedonia and justification of subordinate's entitlement to misery.

The 'Cognitive Conglomerate', which is the result of the sum of the productive and counterproductive dynamic templates influencing the "fluid" state of the mind needs to be positively enhanced by improving ethical acceptability, knowledge of the self and awareness of thinking and behavior which does not create cognitive dissonance (mind discomfort). The improved ability in identifying, modifying and preventing bias; the ability to manage the cognitive conflict of interest and acquiring dynamic Synchronicity results in remodeling of the Intrastructure via self reflection.
The Role of the IIOPM

The IIOPM has created, implemented and utilized the Objectivity and Commitment Module. The purpose of the module is to primarily harness one's intellectual capacity. A state of Mindlessness is induced through creating a temporary psychodynamic paralysis and thus being unencumbered productivity is enhanced. The Objectivity and Commitment Module uses the Bias Management Self Debriefing Instrument. The instrument is worked through every day in a collective manner by the team hierarchy along with his or her associates in a soothing and nurturing environment. The exercise essentially consists of bringing to one's self of awareness key words of the module lexicon and the appropriate approach to be taken. The observational outcome shows that the exercise helps to bring the total focus on the workplace. The workplace is treated with a sense of respect and importance, the anhedonia or disinterest with the workplace is gradually eliminated and oneness with the workplace is established. When this happens, motivation and productivity also improves.