

LONG-TERM PLANNING FOR LEADERSHIP CHANGE

Mohamed Aris Hashim
Haemophilia Society of Malaysia



WFH

WORLD FEDERATION OF HEMOPHILIA
FÉDÉRATION MONDIALE DE L'HÉMOPHILIE
FEDERACIÓN MUNDIAL DE HEMOFILIA

Published by the World Federation of Hemophilia (WFH)

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World Federation of Hemophilia
1425 René Lévesque Boulevard West, Suite 1010
Montréal, Québec H3G 1T7
CANADA
Tel. : (514) 875-7944
Fax : (514) 875-8916
E-mail: wfh@wfh.org
Internet: www.wfh.org

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Long-Term Planning for Leadership Change

Mohamed Aris Hashim

Introduction

Many hemophilia organizations are run by dedicated people in their late forties or older. Some of these leaders are the founders of the organization and have personally experienced the pain and frustration of non-existent or limited medical care as patients or concerned parents. Others are health professionals who have felt helpless in the face of slow government procedures or an inadequate medical system. Today's leaders are extremely motivated and united in their commitment to improving hemophilia treatment and care.

But what will happen when these leaders retire?

This monograph was written to help hemophilia organizations prepare for the future. The term "leader" refers to voluntary leaders, such as board members and voluntary directors.

What motivates people to establish and lead a hemophilia organization?

Every country has a different hemophilia landscape and priorities, some of which depend on the country's current healthcare system and economy. Obviously, each has a different means for capturing the hearts and minds of new members and potential leaders to ensure continuous and consistent interest in the organization.

In some countries, the primary motivation to join together is to fulfill one main purpose, such as putting repeated pressure on the government and health authorities to provide a sufficient supply of factor replacement and basic hemophilia treatment facilities in public hospitals. Issues such as freedom from pain and joint deformities, and efficient delivery of health care at a low cost, are the central thrust of these organizations. These issues are urgent, visible, and emotional to those involved, motivating the founders of the organization, and capturing the hearts of members and future leaders. The

urgency encourages them to share an incredible amount of time and energy to make a difference in the lives of people with hemophilia. Most become aware of the international standards in hemophilia treatment through various activities and publications of the World Federation of Hemophilia, so they feel a sense of urgency in improving care and meeting their health and psychosocial needs.

In some countries, things are not very good, but they are not too bad either. Generally, people with hemophilia on a national registry will be treated with plasma-derived products as on-demand replacement therapy in government hospitals. A large number of adults are able to do limited home infusion and a few are given secondary prophylaxis, as necessary. In short, the government support is in place. The national health budget includes hemophilia treatment and care, but it is relatively insufficient due to various challenges related to national economic wealth. Urban residential patients are visibly better off than their counterparts in rural areas and small towns since medical infrastructure and expert competency is concentrated in larger hospitals. In such an environment, a combination of motivational strategies found in both developed and developing countries would be practical for young volunteers. They would be motivated to stand united, to exert credible influence on health authorities, and steadily increase the national hemophilia budget. At the same time, they would be interested in assisting current leaders to plan and execute hemophilia outreach programs or domestic twinning in the smaller district hospitals.

In other countries, the national hemophilia association is well established, comprehensive care is available, and many people with hemophilia are on prophylaxis and using state-of-the-art recombinant products. Their daily lives seem to be less affected by their bleeding disorder than the lives of those not receiving adequate treatment. The need to join a hemophilia association may seem less urgent, yet in these countries, members can still help

maintain the level of treatment and care already attained, support research for a cure, or help improve hemophilia care in other countries. Through a WFH twinning project, organizations can launch activities such as a joint summer camp that benefit both parties.

Challenges in leadership change

The challenges in preparing for leadership change vary. In some countries, it is difficult to find young people who are interested in leading – or even joining – a hemophilia association. Ironically, some may feel that hemophilia is not a big part of their lives, because current and past leaders made it possible to receive prompt, adequate treatment, leading to a life that is less affected by hemophilia. In other countries, the challenge is quite the opposite. Many young people with hemophilia do not reach adulthood or are unable to take on critical positions in the organization because of illness and complications of hemophilia. With a smaller pool of candidates, it becomes more difficult to fill top positions in the office and on the board.

How can hemophilia organizations plan for eventual leadership change so that existing standards in health care are maintained, and improved upon? How can they recruit, select, motivate, and retain prospective leaders?

Organizations can start by developing a succession plan.

What is succession planning?

Succession planning is an ongoing process of systematically selecting, training, and retaining prospective leaders for all key positions in an organization. This may occur over a period of years. The new leader becomes the successor when she or he is appointed or elected as the replacement for a current leader.

Succession planning can be compared to a relay race in which one runner has to pass the baton to the next runner. If that person drops the baton, the whole team loses the race.

The succession plan can outline how prospective leaders will be identified and assessed, and how

their talent will be developed over the long term in preparation for a possible leadership role. The plan may also describe what leadership qualities would benefit the organization at the next stage of its development and what difference it will make to members. The plan should be transparent to general members to reduce any anxiety they may feel about the eventual change. Ideally, the succession plan will be incorporated into the society's overall strategic plan so that members know *when* and *how* the transition will take place, and *who* will be involved.

What are the benefits of planning ahead?

By planning ahead, associations can avoid common problems, reduce anxiety for all involved, and

- **Avoid disruption in organizational activities while key people search for a suitable replacement.**
- **Increase the number of potential leaders.** By planning ahead, the organization has more time to create a group or "pool" of people interested in taking on leadership roles, providing more than one possible successor. Talented members should be given training throughout the year, and be encouraged to consider future leadership roles while there is still plenty of time for gradual promotion. New leaders who have been mentored by past leaders in a supportive environment are more likely to be motivated, confident, and competent.
- **Reduce possible concern among general members and healthcare providers.** If the new leader has already been an active member for years, general members and healthcare providers are more likely to quickly accept the new leader. They will already be aware of his or her abilities, and will have established mutual trust by sharing hardships and the aspiration to improve hemophilia treatment and care.
- **Be better prepared for elections.** Some constitutions state that leadership candidates must already be members, and

that key positions must be decided by popular vote at an annual general meeting (AGM). It takes time to recruit members and train those who are interested in taking on more responsibility.

- **Avoid possible bias.** When a leadership change is unplanned, existing leaders may subconsciously choose successors that they like personally or that resemble themselves in some way.
- **Qualify for grants or other financial assistance.** An increasing number of funding agencies require formal documentation and timely implementation of succession plans that encourage building talent from within the organization. Patrons and supporters are more likely to continue donating funds if they are confident in the new leadership and feel that their contributions will be well managed.
- **Maintain a positive public image.** If the transition is smooth, the public, and possibly the government and health authorities, may be more likely to support your organization. Conflicts and power struggles between rival factions could be damaging to the organization, especially if reported widely.

When should an organization begin planning for leadership change?

During the early years of an organization's establishment, replacement planning may not be considered an issue of top priority. It takes a few years to develop, build, and consolidate the organization. However, it is ideal to plan for leadership transition before it becomes a pressing issue. From the very beginning, leaders must accept the fact that they will one day turn over the responsibility to someone else. A strong leader will strengthen the organization before passing the leadership baton by assisting in the search for potential successors, and encouraging the people that seem capable of eventually taking the organization to new heights. The worst thing a leader can do is procrastinate in replacement planning! It takes a few years to really prepare someone to take charge of a

voluntary organization if you want that person to come from among your members.

How is a succession plan developed and implemented?

Tailor the plan to the needs of the organization, as well as the wishes of its members. This may take place gradually over several years as resources increase. Therefore, some associations may be faced with selecting or electing a new leader before it is possible to develop a talent pool. The outline below describes a basic plan. Readers can decide on which steps the organization needs to focus.

1. Build a strong foundation by expanding and maintaining the membership base.
2. Strengthen systems and processes.
 - Examine your organizational structure and revise aspects that are limiting growth.
 - Document systems and procedures to support transfer of knowledge.
3. Develop a leadership talent pool.
 - Introduce early leadership training.
 - Motivate and retain potential leaders.
 - Offer mentoring to those with obvious talent and commitment.
4. Select new leaders.

1) Build a strong foundation by expanding and maintaining the membership base.

Members are critical to the survival and growth of any hemophilia organization and every effort must be made to attract new people. A large membership base can provide strength in numbers, political clout, and more opportunities for funding. Some members can provide added value through talent, competency, and intellectual capital.

It may be necessary to find new ways to attract as many people as possible to become members, such as including all persons with bleeding disorders, or trying to reach not only people with hemophilia and their families, but also their friends, relatives, neighbours, and healthcare professionals. As the membership list

grows, so grows the talent pool for potential leaders.

To attract and retain members, organize a variety of activities aimed at different age groups. Children may be interested in junior camps that offer a lot of interesting safe but fun games, quizzes, drama, competitions, team challenges, information technology, hydrotherapy, and outdoor activities. The youth members may be interested in social activities, music, career guidance, swimming, gym workouts and muscle toning, photography, trekking, camping, fishing, go-carting, and travelling. Parents may be keen on getting information on parenting skills, as well as updates on treatment, safety issues, hepatitis management, scientific findings in gene therapy, annual hemophilia conferences, and workshops. Medical and healthcare providers may be interested in gaining the latest know-how in managing hemophilia. They may also seek opportunities to participate in international meetings or workshops organized by the World Federation of Hemophilia or pharmaceutical companies. Donors may want public recognition at annual general meetings, social events, and charity functions.

Add or revise activities annually so that members feel their needs are being met, and remain interested in the organization and its leaders. Year round activities are therapeutic to members, but they also show how an individual can play an effective role as an ordinary leader at any level in the association. This can inspire people to take on leadership roles themselves, and form a more cohesive group. *(See appendix 1 for individual development plan.)*

2) Strengthen systems and processes.

a) Examine your organizational structure and revise aspects that are limiting growth.

Well-established organizations may find that some aspects of their constitution are no longer appropriate. For example, if an organization allows leaders to remain in executive roles for a term of only two years, the organization may enjoy a regular change in perspective, but may never benefit fully from the experience gained by those people by the end of their short term.

b) Document systems and procedures to support transfer of knowledge.

The transition between leaders will be smoother if board policies and procedures are written down. It is also helpful to have step-by-step instructions recorded for detailed systems, such as a patient registry. That way, you will be prepared if an executive board member or another key leader resigns unexpectedly.

3) Develop a leadership talent pool.

a) Introduce early leadership training.

Talented people are future assets for the organization; truly we sow what we plant! Younger members should be encouraged to take charge of some of the organization's activities and make decisions in as many areas as possible. Delegating duties, responsibilities, and authority – and accountability for those things – gives less-experienced members an opportunity to grow. As time goes on, mutual trust between current leaders and potential leaders may also grow.

No one should be forced into a leadership role. People should take on top positions only if they feel they can make a difference, and they have demonstrated a strong commitment and strong interpersonal skills, such as the ability to influence people. To develop into willing leaders, young people need to be given the opportunity to contribute their own ideas and develop their own leadership style. They should be given enough time to complete their tasks in a non-threatening environment with positive guidance.

By being deliberately introduced to responsibility and authority early on, younger people may be more interested in remaining involved, and eventually running the activities of the organization.

Some reasons people may not want to lead a hemophilia organization:

- I am under-qualified to take on a leadership role.
- The current leaders are fantastic. I don't think I could be as good as any one of them.
- The standards for being a leader are too high. I just want to be an ordinary member.
- The workload would be too heavy for me.

- I can speak very little English. How can I talk to top government officials and communicate with other organizations and officials of the World Federation of Hemophilia?
- Let doctors run the society. Since they are the treaters, they know more about hemophilia.
- My job and career come first.
- There is no need for a hemophilia association anymore. The healthcare system is in good shape.
- My current profession does not permit me to reveal to the public that I have hemophilia.
- My family, especially my sister, may have difficulty finding a spouse if people know that she has a brother with hemophilia.

Some strategies for encouraging young people to develop leadership skills:

- Get them involved as early as 15 years old.
- Invite them to meetings.
- Incorporate their ideas into annual activities.
- Acknowledge their contributions.
- Invite them to write about their experience at camp and workshops for the organization's newsletter.
- Encourage them to participate in regional and international hemophilia camps and workshops.
- Tell their parents and teachers about their success in organizing activities.
- Use a lot of computer and information technology with them. (i.e., web site construction and electronic updates about the organization's activities).
- Launch a mentoring program between senior and junior members.
- Allow them to become front liners in some activities. (i.e., Master of Ceremony for an official function).
- Document current annual activities in training manuals for reference purposes.

b) Help potential leaders fine-tune relevant skills.

The next challenge to existing leaders is to keep people involved as they grow older and life makes other demands. Mutually identify performance gaps that could be improved through further training. Then give them a chance to fine-tune those skills, especially if they have consistently demonstrated

outstanding leadership ability. Also, increase their technical knowledge of hemophilia treatment and care by slowly exposing them to scientific and medical information, including jargon and hard-to-pronounce words.

Some leadership skills that may require fine-tuning are:

- Public speaking
- Writing reports and minutes
- Managing public relations
- Managing media relations
- Coaching and mentoring
- Problem solving
- Effective decision making
- Budgeting and financial management
- Facilitating meetings
- Handling telephone calls
- Influencing people
- Fundraising
- Strategic planning
- Organizing camps and workshops

c) Communicate regularly with prospective leaders and address any concerns they may have.

Apart from training, maintaining motivation is vital to ensure that people who have demonstrated leadership potential do not leave the organization. Besides providing consistent encouragement, current leaders should strive to communicate regularly with them, and ask for feedback. Tell them that they are being considered for future leadership roles and discuss the time frame for succession. Throughout the year, look for opportunities to motivate these prospective leaders during the organization's daily activities and through the activities of the World Federation of Hemophilia. Some examples are: the World Hemophilia Congress, workshops, meetings, international summer camps training, and twinning projects.

However, beware of putting too much pressure on the prospective leaders. Remember that they have other demands in life too, such as studies, work, travel, and socializing. Avoid using negative persuasion, such as trying to convince them to do volunteer work to "pay back" society.

At some point, a few people who have repeatedly demonstrated an interest in leadership drop out unexpectedly even though they know the organization has plans for them. Sometimes it is due to reasons beyond control, such as a job transfer or illness, but sometimes they drop out due to fear or other issues that can be addressed. It is possible a solution can be found and the person will return to the organization.

Some reasons for dropping out of leadership training:

- Reluctance to really take charge
- Fear of failure
- Sudden perception that it is hard to duplicate the output of past leaders
- Perception that existing leaders do not really want to give-up their power and authority completely
- Clash of ideas and opinions with peers (i.e., the other potential leaders in the proposed team)
- Pressure and/or little support from family to hold top post
- New professional career and/or sudden promotion requires longer hours
- Mandatory job transfer to another city
- Pursuit of higher level of education
- Serious illness
- Emigration to another country
- Marriage or starting a family

d) Offer mentoring to those with obvious talent and commitment.

One way to build the confidence and skills of future leaders is to offer individual attention. This usually has a positive effect on people no matter how minimal. A helping relationship or “mentoring” is easily done without formal, pre-determined conditions. It can take place anytime, anywhere, and by anyone who wants to help another person on a regular, voluntary basis. In hemophilia organizations, mentors are usually the current leaders and older members. They can mentor less experienced people effectively because they have gone through similar experiences. They can demonstrate managerial skills and provide psychological support while completing voluntary tasks. This extra support can increase the person’s self-confidence and strengthen his beliefs. Often the

beliefs of a strong mentor have a powerful effect on the beliefs and behaviour of their “students”. For mentors, the experience is usually rewarding because they can pass on their knowledge and skills, thus leaving a part of themselves as a legacy for the next generation.

4) Select new leaders.

a) Elections

In most hemophilia organizations, the final selection for positions on the executive committee or board is decided by popular vote at the annual general meeting (AGM). In larger hemophilia organizations the final nominations and election are handled by the general members. In some very small organizations, the final decision makers are the existing leaders. If a leadership pool has not already been developed, there may be fewer nominated candidates than the number of vacant posts.

b) Selection processes

If an unpaid position does not warrant an election and more than one person is interested in the position, you need to decide what professional qualifications and personal characteristics the position requires. There are many different assessment and selection methods you can use, such as a performance-based selection process or a measurable rating system.

Performance-based selection: Identify the knowledge, skills, and personal suitability for the position as selection criteria to screen the candidates. Then assess candidates on how well they can perform the actual duties of a position and their problem-solving ability instead of just asking them about relevant experience. To do this, give the prospective leaders an opportunity to demonstrate their ability through written exercises or tasks and simulations. The tasks and simulations can be done with a group of candidates while the selectors observe and take notes about each person’s performance. This can be done as part of a leadership training program or individual candidate assessment.

Measurable rating systems: Decide on specific selection criteria to screen the candidates. It may be helpful to divide the criteria into two categories: MUST HAVE attributes and DESIRABLE attributes. The “must have”

attributes spell out the characteristics and qualifications (education and experience) that are absolutely necessary for the candidate to fulfil a particular leadership role. The criteria should be specific and, when possible, measurable. It may take much discussion to decide on these criteria, because the team must first project what the role will entail over the next five or more years. (Take into account the organization's long-term strategic plan if there is one.) Then decide what attributes would be mandatory to adequately fulfill that role. The attributes may be different than those of the current leader if the direction of the organization is going to change. Eliminate anyone who does not meet *all* of the "must have" attributes.

The "desirable" attributes will be considered in the second round of interviews to further screen the candidates that met all the "must have" criteria. The criteria are subjective, debatable, and sometimes emotionally driven. These criteria must be mutually agreed upon by the decision makers. Some people like to give each criterion a point value so that candidates can be given a score. The points awarded to each candidate per criterion can then be added up to determine the best person for the job. It is difficult to determine what value each criterion should be given, however, and it is debatable whether or not the score really reflects the best candidate.

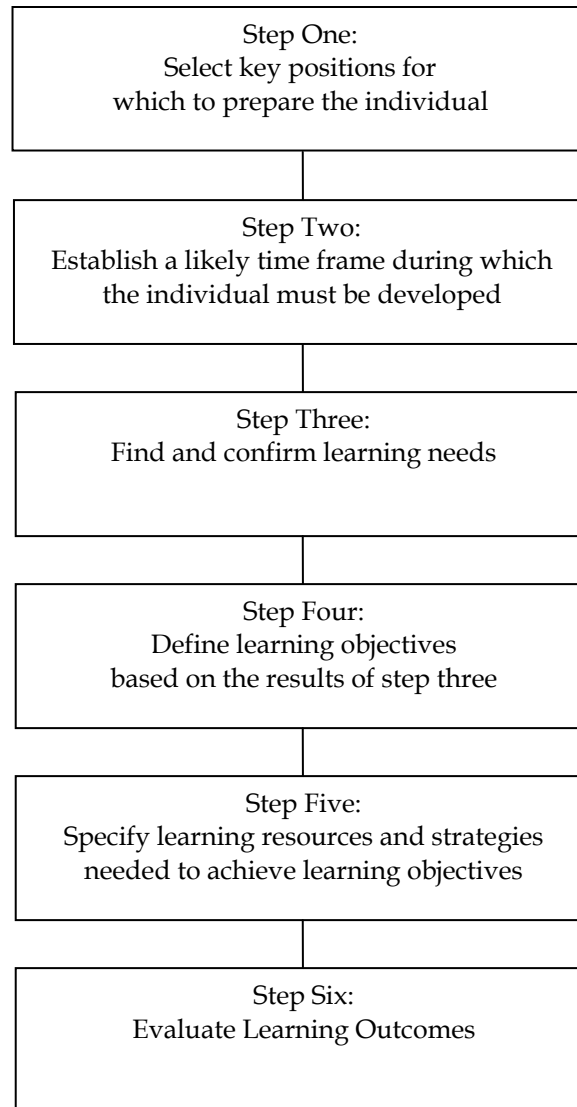
Conclusion

Succession planning is vital to ensure leadership continuity from within voluntary organizations. The constitution of the organization should represent a dynamic legal document that promotes succession planning throughout its lifecycle. A relatively new organization may want some of its top leaders to stay longer to overcome the initial teething problems. However, a more mature organization should actively encourage replacement planning from within.

Every hemophilia organization should develop its own way of managing the succession planning process, considering its own lifecycle, needs, and circumstances. It is never too late to initiate a succession plan.

Appendix I

A Model for an Individual Development Plan



Appendix II

Decision-Making Exercise

OBJECTIVE: Choose the best candidate for President of your national hemophilia organization.

SCENARIO: Describe your organization or a fictitious hemophilia organization. Include the number of members, the number of years in existence, the number of years the current president has been in power, and the future direction of the organization.

* * * * *

STEP ONE: List the characteristics or qualifications that the future leader *must* have. These are the things that are absolutely necessary to fulfill the responsibilities of the president. After brainstorming a list, make sure the criteria uphold your organization's constitution and strategic plan.

STEP TWO: List the attributes that would be DESIRABLE for the president. These are the characteristics that the person "should have" but are not absolutely necessary to uphold the responsibilities of the position. Some people find a rating system helpful.

STEP THREE: Compare each candidate against the established MUST HAVE attributes. Eliminate those that do not meet every criterion.

STEP FOUR: Screen the remaining candidates against the "desirable" criteria. If using a rating system, give each candidate a score based on the point value indicated to the right of each attribute. This procedure will probably provoke much discussion, and it should. A healthy debate is welcome because many of the criteria are not easily quantified.

STEP FIVE: At the end of the scoring exercise, a total mathematical score called Index of Performance will be generated to measure the relative performance of each individual candidate. The candidate who acquires the highest score in the Index of Performance would accordingly appear as the best choice at this point.

STEP SIX: This final step in the selection process is the risk evaluation. The intention is to try to assess the future risks, to identify and evaluate remote yet possible unprofitable consequences that may be found in every finalist if the person is elected. Why? To determine the degree of acceptable risk and to minimize the impact of Murphy's Law ... Anything that can go wrong, will go wrong!

The decision makers can ask thought-provoking questions to weigh the risk that each candidate brings to the table.

Example:

What is the probability that this candidate will be promoted and/or transferred out of the city or country by his employer? Is the probability High, Medium or Low?

If it does happen, how serious would the impact be to the overall management of the hemophilia organization? Is the impact High, Medium or Low?

By doing this projection exercise decision makers will be able to choose the candidate that carries the least amount of risk or, at least, an acceptable risk. This person represents the best candidate for the presidency.

