Original Article

Leadership Development through Challenging Workplace Tasks: A Phenomenological Study of Medical Education Leaders

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ABSTRACT

Background: Leadership skills are better mastered when leaders engage in challenging tasks while working in a professional environment as opposed to learning these skills from formal courses. However, there is a dearth in local and international literature regarding the type of challenging tasks that help doctor leaders to excel in their leadership roles. This study was designed to discover what types of professionally difficult tasks are faced by medical doctors working as leaders that influenced their skills in leadership at a commercial sector college of medicine in Lahore, Pakistan.

Methodology: This qualitative transcendental phenomenological study, spanning over a period of 6 months, was conducted with a total of seven physician leaders who had lived experiences of working in leadership positions and handling challenging tasks. A purposive sampling technique was used due to participants' extensive experience of leadership from the study site that comprised Fatima Memorial Medical College and the affiliated hospital. One-on-one interviews were conducted after written informed consent of each participant. Saturation of data was achieved with seven participants, as no new themes emerged when thematic analysis or the Stevick-Collaizi-Keen method was used; therefore, further interviews were not conducted. Trustworthiness was ensured through reflexivity, member-checking, triangulation, and confirmability.

Results: Data analysis yielded one main theme, namely, challenging tasks, which was identified from all seven interview transcripts. Whereas three sub-themes - academic litigation, persuasion and problem solving, and challenging authority while cooperating with peers were identified as the most difficult professional responsibilities that fostered leadership skills among the participants.

Conclusion: The study concluded that leaders volunteering for challenging tasks at their workplace perceived their contribution as quite important for the institution. The medical education leaders believed that handling challenging tasks made it possible for them to manage legal lawsuits and improved their interpersonal and problem-solving skills. However, challenging tasks entail high-stakes decision-making that may lead to oversight or gaps; therefore, it is suggested that some room for mistakes is vital for those who volunteer for challenging tasks if effective leadership channels are to be developed within medical education institutions.

Keywords: Physicians; Workplace-based learning; Challenging tasks; Leadership development; Phenomenology.

INTRODUCTION

There is a paradigm shift in leadership development in academic medicine, with an emphasis on learning by doing rather than theoretical courses. When leadership skills are learnt at the workplace, physicians get the opportunity to refine critical interpersonal and systems-thinking skills during authentic clinical and educational duties through experiential learning. These occasions are unmatched practice avenues to master leadership skills when doctors are leading multidisciplinary teams or managing quality improvement initiatives and facing unpredictable challenges as tasks to be accomplished.[1,2] Given the dearth of effective medical education leaders who can deliver desirable results, upgrading leadership potential among physician leaders is one of the most discussed goals within medical education institutions, conferences, and research articles.[3] Avolio and Hannah assert the significance of leaders engaging in challenging or difficult assignments encountered in a professional working environment. These assignments serve as catalysts which can transform the leadership abilities of professionals. These transformative events are reported to alter current mental frameworks of professionals about top-level obstacles and dilemmas because when professionals face these predicaments as a test, they push them to abandon tried and tested problem-solving approaches and nudge them to make innovative decisions under uncertainty.[4]

Engagement in difficult assignments equips doctors in handling professional issues that do not have clear

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answers in areas such as intellectual acumen, judgment, and social skills.[2,4] These difficult assignments are those job-related tasks that are never done before. As a result, professionals do not have background knowledge and experience of accomplishing such responsibilities. It must be noted that taking up difficult assignments and their successful completion require exceptional conscientiousness and capacity to utilize relevant competencies.[5] Among various techniques, one of the established ways to improve one's leadership potential is to willingly immerse oneself in tough professional activities that are rampant in a hospital environment.[6] However, evidence related to leaders' personal experiences of delivering results while tackling difficult assignments is scarce in medical education. Specifically, there is a gap in the medical education literature regarding potentially challenging tasks that assist leaders in acquiring leadership abilities in a medical education context.[5,7-10] Therefore, the aim of this study was to explore physician leaders' lived experiences of mastering leadership techniques through involvement in difficult assignments in a commercially oriented college of medicine, due to easy access to these leaders. The research aimed to identify the challenging work-based tasks experienced by physicians as medical education leaders that impact their leadership skills at a large private medical college in Lahore, Pakistan.

METHODOLOGY

The study was carried out at the Fatima Memorial College of Medicine and its allied multi-specialty tertiary care training hospital with 510 beds. There are 300 faculty members and approximately 750 undergraduate medical students studying in this institute. College of Medicine and the allied teaching hospital are PM&DC-recognized. With permission from the Dean to collect data from participants and endorsement from the relevant Ethical Boards (FMH-08-2020-IRB-775-M; August 24, 2020; CSM 2014; September 22, 2020), study participants were engaged in a qualitative study spanning over six months, employing a transcendental phenomenological design.[11] The populace of this research comprised physician leaders who were working as PM&DC-certified undergraduate faculty members and were permanently linked with the institution and the hospital. The selected study participants were either heads of the medical college or departments, including basic and clinical sides (Table 1).

The participants were enrolled in the study due to ease of access and their rich background of working in leadership positions, who had lived experiences of honing leadership competencies by engaging in challenging tasks. A non-probability purposive sampling technique was used. The principal researcher interacted with the study participants through personalized semi-structured interviews to grasp the lived phenomenon as experienced by study participants. Free, informed written consent was acquired from all participants. An interview guide was used that was developed beforehand. The interviews were organized accordingly, considering interviewee's availability. Interviews were conducted in participants' official offices. Each interview lasted almost an hour. Participants were informed before the interview that the researcher would not call them by their names to maintain confidentiality. They were also informed that the recorded interviews would be assigned code numbers to protect their identities, especially once results were shared with study participants for verification, known as member checking. All interviews were tape-recorded after formal permission from the participants. In addition, logs were recorded by the principal investigator. Saturation was achieved in seven interviews as similar answers started repeating after five interviews and no new themes emerged from the thick description. Interviews were transcribed and saved in the principal investigator's laptop in a password-secured digital file. After transcription, information was scrutinized and accordingly categorized employing the Stevick-Colaizzi-Keen approach for phenomenological analysis. The first step was to describe the principal researcher's lived experience of 'learning leadership skills by engaging in challenging work-based tasks that impacted the researcher's leadership skills' in order to detach oneself from participants' experiences to reduce the researcher's personal bias. The technical name for this step is bracketing. The second step was horizontalization, which entailed enlisting important statements from the transcribed interviews and those written in field notes regarding participants' experience of the phenomenon under study. The third step involved the creation of an inventory of distinct statements. The fourth step consisted of grouping important statements into wider components of facts or themes that furnished the foundation for interpretation through cluster formation. Within each theme, information was categorized into sub-themes according to the resemblance of gist portrayed by the relevant chunk of data. Then, a depiction of 'what' was developed, which was about participants' understanding of their lived experiences under study. It was triangulated with the maintained logs and published evidence. This step is known as a textural detail of the encounter or what occurred. It comprised actual quotes from the interviews. The succeeding phase included an explanation of 'how' the encounter took place. It is named as a structural description that involved the addition of the location where the phenomenon was faced. Lastly, a summary of the phenomenon was created by outlining participants' narratives and the context of their experiences. The mentioned para-

graph shares the 'core' of leaders' lived events as it shares the concluding aspect related to the phenomenon under investigation.[11]

The trustworthiness of this study was established through reflexivity, member-checking, triangulation, and confirmability of data. The triangulation of data was accomplished by gathering facts from a variety of sources such as interviews, field notes, and literature. Findings were confirmed through member checking by distributing findings of the study among participants to enhance accuracy, validity, and credibility of research findings. The researcher's bias was handled through self-reflection.[12]

RESULTS

Data analysis identified one main theme, namely challenging tasks, and three sub-themes, i.e., academic litigation, persuasion and problem solving, and challenging authority while cooperating with peers.

Composite summary identified that difficult assignments were academic litigation, persuasion and problem solving, and challenging authority while cooperating with peers, which supported physician leaders in enhancing their leadership skills. These challenging tasks pushed these leaders to come out of their comfort zones and cultivated among them resilience, courage, patience, and problem-solving skills. Their journey to becoming effective leaders materialized in meeting rooms, individual units, personal workspaces of leaders, at leaders' homes, surgical suites, and ambulatory care clinics whilst performing their duties in the College of Medicine and allied hospital (Table 2).

DISCUSSION

This study verified that difficult professional assignments had a noteworthy effect on participants' leadership potential, as perceived by participants. At first, the challenging tasks seemed scary and difficult to accomplish. Nevertheless, when physician leaders undertook those difficult tasks, their leadership skills improved as they were compelled to step out of their safe havens. This resulted in marked improvement in their thinking skills and enriched their ability to manage uncommon professional trials. Examples of challenging tasks from this research are academic litigation, persuasion and problem solving, and challenging authority while cooperating with peers. Findings from a published study by colleagues explain that challenging tasks offer credible work-based learning opportunities to leaders. By accepting such tasks, leaders are truly enabled because their professional wisdom is strengthened by investing time in understanding organizational functions, anticipations, and conduct.[13] Medical education literature reports that navigating administrative conflicts and engaging in advocacy facilitate development of essential leadership competencies among physicians, namely conflict resolution, moral agency, and systems-based practice. In fact, when doctors muster courage to confront systemic challenges, they actively participate in health advocacy rather than passively observing the ills of healthcare systems. Most importantly, they learn to critically evaluate policies and promote institutional change, which is considered a challenging task for those in leadership positions.[14] When staff members confront a difficult task, their current abilities are upgraded because advanced competence is required for successfully tackling distinct official predicaments. Such experiences result in creative reasoning, making physicians more effective as leaders.[15] In addition, difficult assignments are also known to satisfy individual's intrinsic drive to show one's true colours as a professional. Organizations that have bright prospects of involving their employees in demanding tasks are recognized as enterprising and coveted organizations.[16] Hence, it is vital for those at the helm of affairs in academic medicine to pioneer groundbreaking launches to attract talent and ensure institutional growth. Progress in medical education within institutions is directly linked to new training initiatives and upgraded clinical services that depend on continuous breakthroughs. Aforesaid institutional initiatives generate hard assignments for those aspiring to be in leadership positions, which not only ensures institutional development but also becomes a hallmark that helps in the retention of top-notch human resources. Above all, this dynamism fosters a spirited environment within an organization that facilitates experiential learning by physician leaders.[17] The results disclosed that participation in hard assignments inculcated important leadership qualities among medical education leaders, for example, persuasion and problem-solving, and challenging authority while cooperating with peers. This exposure made those participating in this study more daring, as they were able to face challenges without any

Table 1: Participants' statistics (n=7)

Characteristics	Frequency
Mean Age of Participants (years)	59.14
Gender	
Male	5
Female	2
Participants' Discipline and Designation	
Professor of Gynae & Obstetrics & Dean	1
Medicine Professor & Principal Medical College	1
Surgery Professor	1
Urology Professor	1
Psychiatry/Behavioral Sciences Professor	1
Pharmacology Professor & Associate Dean	1
Physiology Professor	1
Experience (years)	22.85

Table 2: Qualitative findings in a tabular form

Theme	Comments Verbatim
Challenging Tasks	Participant 3 shared, "Those early days' hiccups and skirmishes actually helped me develop into who I am today."
Sub-themes	
Academic Litigation	Participant 2 explained: "When I joined this institution, around thirty cases in the Prime Minister portal were there against various institutional actions and with the affiliating university. The number rose to fifty-three gradually. A few are quite taxing and difficult...I am trying to settle them. This litigation has enabled me to cultivate a profound understanding of institutional protocols and students and their parents' perspective."
Persuasion and Problem Solving	Participant 7 clarified, "After the COVID-19 issue, we had to choose online teaching. Persuading students was a true test that in order to safeguard their college year, virtual teaching was vital." Participant 7 recounted her experience: "For troubleshooting (for COVID-19), one has to stand firm. You cannot quit as everyone is relying on you. At the hospital, we created quarantine zones, motivated our crew looking after COVID-19 patients, and acquired relevant safety equipment for them to guarantee their protection. Two main goals took precedence; one was to secure the team's wellbeing and the second was to ensure sustainable and effective education."
Challenging Authority while Cooperating with Peers	Participant 3 emphasized the significance of defending one's rights, as he stated, "You face professional difficulties since you are endlessly pursuing excellence in your area of expertise. Once my professorial setbacks were over, then the negotiations with the management got quite disgusting because they were trying to grab my earnings. I did not give in...." Participant 3 added, "My patients are like my family, and they must be regarded as one's family for equitable services. So, if the management would not offer satisfactory amenities, I would leave no stone unturned to pursue them." Participant 6 elucidated: "A call was sent for a patient in the ICU to psychiatry and neurology. When I arrived there, staff told me that the neurologist visited earlier and management had already started. Though antidepressants or antipsychotics should not be prescribed by neurologists, one avoids confronting your colleague. You don't want to create a scene in the interest of team spirit."

restraint. The findings also revealed that difficult assignments made leaders much wiser as they learnt to stay detached from irrelevant conflicts with colleagues and mastered the art of not giving up in the face of administrative hostility. Shi and coworkers suggest that difficult tasks have a proven function in promoting worthwhile leadership skills among mid-tier executives who aim for higher positions within an institution since 70% of training is invariably hands-on. It is recommended that budding heads of departments in a medical institute essentially be involved in hard projects that could compel these individuals to discover innovative ideas and develop grit.[18] Eventually, all such encounters can make leaders bold enough to confront detrimental administrative decisions. Nonetheless, it is important to remember that arduous professional duties should preferably be assigned to competent individuals with an official latitude for slip-ups.[19] This study also concluded that usually challenging assignments have an elevated chance of a debacle. Medical education leaders engaged in such high-stakes tasks do not have sufficient freedom for slip-ups. As reported by Courtright et al, a precarious working environment, where there is no space for errors, is not conducive to leaders' sustainable learning, as they can lose focus and motivation in the given task.[20] Wurdinger and Allison explain that experiential learning relies on a hit-and-miss approach, which makes it both interesting and rewarding. Therefore, stumbling is an inherent component of experiential learning.[19] Medical education institutions are therefore advised to nurture a malleable environment where learning the hard way may be recognised as an opportunity, and those volunteering for difficult assignments are backed despite any setback while pursuing certain outcomes. Importantly, vast and diverse experience is earned through such learning practices that enable leaders to find creative solutions to difficult problems in the years to come. The process of acquiring wealth of experience must not be disregarded. Snelling et al also proposed that medical education institutions should provide an encouraging culture and a productive working environment for leadership growth.[21] Notably, veteran leaders in this study did not explicitly recognize the lethal side of hard assignments. They predominantly admired the role of tough workplace practices and regarded hard experiences as helpful in advancing their professional growth as leaders in academic medicine. However, some mentioned tussles with management regarding monetary matters. Generally, participants discerned professional challenges as opportunities that fostered fearlessness among them. Moreover, the results portrayed that just a handful of leaders readily pursued difficult assignments. Therefore, such tough jobs should be delegated cautiously. Thrall and coauthors maintain that the balance between hard assignments and the degree of leaders' preparedness and institutional goals is a crucial factor needed to speed up positive leadership growth.[22] Medical education institutions must ponder the provision of organised openings, a safe working environment, and authorised leadership development channels that encourage budding leaders to participate in appropriately challenging responsibilities with sufficient mentorship and institutional support.

CONCLUSIONS

Challenging tasks are notably important in shaping leadership abilities according to study participants. Medical education institutions need to encourage leaders who step forward to achieve challenging tasks. Leaders pitching in for hard tasks mostly have a sound reputation as those professionals who can achieve outcomes; hence, they can be named as promising leaders for any prospective assignment of critical significance. Medical universities and colleges essentially need to commit to further development of emerging leaders by supporting them both emotionally and financially.

Selection of participants with comparable experience of handling difficult assignments of similar nature was beyond the control of researchers. Bracketing the principal researcher's perceptions about the phenomenon to be studied was an effort to reduce bias. However, this method does not guarantee elimination of bias. Sample selection from a private-sector medical college limits the transferability of findings to public-sector medical colleges.

Author Contributions

SAA: Conceptualization, Methodology, Writing – Review & Editing, Writing – Discussion, Validation, Project Administration.
KP: Conceptualization, Methodology, Supervision, Review & Final Approval.

Artificial Intelligence (AI) Use Disclosure

Google AI was used solely to identify alternative synonyms or wording during language editing of the manuscript. The AI tool was not used to generate or manipulate original research data, perform statistical analysis, or independently develop scientific conclusions or interpretations. All AI-assisted text and suggestions were critically reviewed, edited, and approved by the authors. The authors remain fully responsible for the accuracy, originality, integrity, scientific content, data interpretation, and conclusions of the manuscript.

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