

## **Abstract**

**Aims:** To explore the concept of leadership mindset for early career psychiatrists who seek to develop their leadership potential as they step into the leadership arena.

**Method:** Qualitative themes were extracted from dialogue on leadership development at a Royal Australian and New Zealand College of Psychiatrists forum for early career psychiatrists.

**Results:** Three key themes were identified: adapting to a professional identity as psychiatrists; developing a mindset for leadership; and, acting intentionally to seek opportunities for leadership.

**Conclusion:** Shifts in professional identity occur in the transition from trainee to specialist as early career psychiatrists become increasingly aware of broad systemic factors in clinical care. The concept of a leadership mindset, distinct from a skillset of knowledge and expertise, may be an emergent quality for psychiatrists who are seeking to develop their leadership potential.

**Keywords:** Psychiatry, leadership, mindset

## **INTRODUCTION**

Sustaining high-quality care in turbulent times requires unprecedented leadership. (1,2) As psychiatrists, we work amidst such turbulence, under a constant grind of pressure. We ask: how do we effectively meet systemic challenges within complex organisations, and lead, rather than merely survive as individual professionals?

Like other medical specialties, our training does something to address this question.

(3) Leadership and management requirements are mandatory for psychiatric trainees to attain fellowship of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). The objectives of this training include developing an understanding of organisational change, management roles and quality improvement. However, there is just one specific objective that seeks to apply concepts of adult learning to managing career transitions and stresses in undertaking leadership and management roles as psychiatrists.

Typically, health leaders learn core competencies as apprentices-in-training and step out on a sequential path, where frontline experiences may be followed by the adoption of larger scale roles. (1) Leadership can emerge from all levels but the most successful leaders may be those who are adept at complex reasoning; can deal with uncertainty; and, anticipate and contribute to changes in health systems. (7) These are vital qualities for psychiatrists, who work across many different aspects of healthcare.

Leadership development is a dynamic process that can be framed as mindset rather than skill set acquisition. (8) A mindset may be defined as a filter through which we look at the world(9) and can be considered a starting point for any professional development. (10) It emphasises a way of being, not a set of skills. It examines underlying beliefs and how they shape practices. A mindset approach focuses on leadership that is dynamic and attuned to complex working environments.(8,11)

To inspire the next generation to take up the reins of leadership, we need to understand what effective leadership looks like, mindful that effectiveness is in the

eye of the beholder. (12,13) Leadership can be developed but it requires time, resources and expertise to nurture.(14) Developing leaders is also a shared responsibility of members and leaders of professional bodies and medical educators.(14) This paper reports on ideas generated from a specific training opportunity created by a group of early career psychiatrists to support leadership development.

## **Method**

At a peer-led national forum focused on leadership and mentoring, we asked early career psychiatrists (n=17) from major New Zealand centres three questions: How has becoming a consultant changed you? What is the identity and mindset of a leader in psychiatry? As an early career psychiatrist, what do you need to be an effective leader? The discourse was captured in written format. The themes were summarised and interpreted using manual thematic analysis.

## **Results**

Three main themes were captured: the change in identity as a medical specialist; viewing leadership as a mindset; and, realising leadership potential by actively seeking opportunities for development.

### *Adapting to a professional identity as a consultant*

Transitioning from trainee to consultant was described as a significant step, characterised by markedly increased autonomy and expectations regarding clinical skills. This was accompanied by an amplified burden of responsibility; an awareness of wider team dynamics; limitations on resources; and systemic and political influences on decision-making. As a group, we identified a need to develop

assertiveness and diplomacy to manage and sustain relationships effectively.

#### *Adopting a leadership mindset in psychiatry*

We described mindset as a way of being and seeing, from which to strengthen values and inner qualities. This was viewed to be different from the skills required to develop a technical identity that is based on a high degree of clinical competence as a medical specialist. Core values of care, compassion and perseverance were identified as part of a leadership mindset. We acknowledged role models who provided effective qualities of leadership, demonstrating discipline, motivation and courage to challenge the status quo.

#### *Seeking opportunities for developing leadership potential*

We identified the importance of intentional, proactive measures to create opportunities for leadership. This included formulating goals and potential directions in our career trajectory and forming a relationship with a mentor for support and advice. Mentors were seen to be a helpful source of wisdom and support in approaching key career decisions. Peer support was also identified as valuable in developing leadership. Self-reflection and self-awareness were viewed as important tools to build resilience, counter a fear of failure and to realise our leadership potential.

## **DISCUSSION**

At the core of leadership is the quest to make sense of unknowable and unpredictable situations; and in doing so, to find meaning and direction. (12,15,16) We believe that psychiatrists would benefit from specialised training in leadership (14,17) as a part of

their early career development.(18) Specific opportunities might focus on our working contexts and professional relationships. (12) This might include gaining constructive feedback from mentors and trusted colleagues to facilitate reflection. Furthermore, mentors may identify leadership potential and provide guidance on how this potential might be realised. (19,20)

Leadership, as a matter of influence, may extend beyond a formal or hierarchial position, skill set or task. (18,21,22) We are aware that there is no single prototype for leadership in psychiatry although traditional elements of emotional intelligence and a high degree of technical skill have frequently been emphasised. Emotional intelligence requires mastery in persuasion and combines self-awareness, self-regulation and empathy. (23) Technical competence has been highlighted as a conventional marker of credibility. (24,25) However, these traditional elements of leadership may be of limited utility (12) when adaptive problems supersede technical ones. (22) In these contexts, we need to re-prioritise, define a new leadership identity, discard what is not required and innovate to find solutions that go beyond the technical. (26)

Leadership can be considered an inward journey, anchored in our ability to grow as persons. (13) Psychiatrists at the early stages of their career shape their identity as leaders, starting with the ability to understand, manage and project oneself and then work with others to attain a shared vision (14). This transition involves adaptation (27) and awareness of the need to invest in opportunities to nurture nascent qualities of leadership. (28) If we are to provide sustainable high-quality care in turbulent times, leadership is more than developing competency in running a team. (14)

Developing a leadership identity fuses the totality of our qualities, skills and adept thinking. This fusion may enable us to respond to subtle, moral, emotional and relational challenges of leadership. (12,22)

In transitioning from the status of a trainee to consultant, we have become more aware of the trials we face: a diverse range of patients with chronic conditions; a complex and costly health system; and, higher demands on resources. (6,7) Early career psychiatrists have declared their vested interest in the future of psychiatry. (27) We acknowledge that psychiatrists starting their careers may not necessarily connect leadership with mindset. However, we believe mindset to be at the vanguard of leadership, from which emerge possibilities to innovate and inspire. (10,22)

Central to creating an environment that fosters growth in a leadership mindset is the belief that leadership can be learnt. It is essential that our organisations value this learning and provide active opportunities to undertake development in this area. For early career psychiatrists, our senior colleagues and managers can serve as k by giving feedback that promotes learning and success. (10) To realise our potential, we believe the profession of psychiatry must be more intentional and proactive in creating opportunities to develop a leadership mindset across the career trajectory.

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